

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLENNAN First Name: NEIL

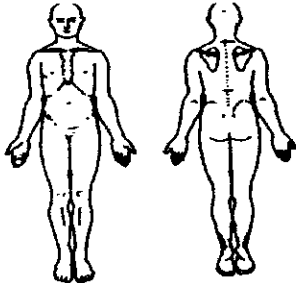
Date 8/3/23

Area Being Treated LB/HIPS/legs Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

Response to previous treatment (+ve, -ve/ISQ): _____



@Peroneals.

Client consent for treatment

Please sign [Signature]

Date 18-3-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>mftt the whole Med, all the legs</u> <u>HIS, CRESTOC, Peroneus (LB)</u> <u>Stripping Peroneus LB</u>	Advice & Corrective Exercises: <u>heel raises</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 5 weeks (booked)