Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

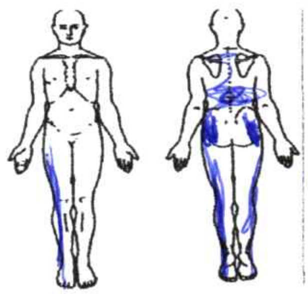
Last Name: M^c LEAN First Name: NEIL Date 29/4/23

Area Being Treated Lx/Hip/Leg(R) Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)
If yes

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

? origin @ankle?
mp?



(R) Peroneus ↓ Lat malleolus

(R) Ti. b ant ?
(R) Flexor Dig ?
(R) Soleus

Client consent for treatment

Please sign [signature] Date 29-4-23

OBJECTIVE EXAMINATION:

Observation: (R) ankle swollen. Joint? Flexibility improvement → wood chopping?	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:**	
Treatment: MFTT ilio costalis, QL, longissimus Glute Medius, Glute Max, TFL, H/S, Gastroc, Soleus, Peroneus L & B, D.P MT,P Glute Med, Glute Max, Piriformis	Advice & Corrective Exercises: - Monitor (R) ankle.
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: 2 weeks (booked)