

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: McLENN First Name: NEIL

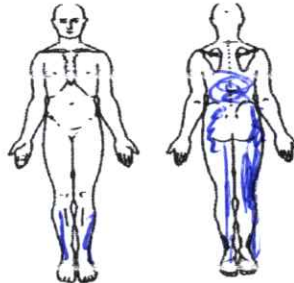
Date 13/5/23

Area Being Treated HIPS/Back/Legs

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y  
If yes \_\_\_\_\_

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



Q Glute LBP  
Peroneus L&B  
Flexor Dig  
Gluteus  
Soleus  
T.B. - Ant.

### Client consent for treatment

Please sign \_\_\_\_\_

Date \_\_\_\_\_

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MPT ilio costalis, QL, Glute med, Glute max, HES, Glute med, Peroneus, Extensor dig, Flexor dig, Tib. ant, D.P. MTP Piriformis</u>	
Reassessment & Postural Improvements:	Advice & Corrective Exercises: <u>Q Leg weight bearing / Squat. x2 AM &amp; PM</u>

Next Treatment/Management Plan: 3 weeks (booked)