Tarrengower Remedial Massage

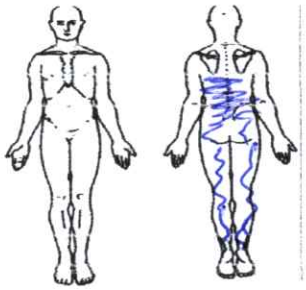
CLIENT RECORD: Follow-up Consultation

Last Name: McLEAN First Name: NEIL Date 8/7/23

Area Being Treated LB/Hams/Legs Current Presentation LOOTRADIOPS:

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

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



Not good during week
→ put leg massagers on
→ improved
DLBP → legs.

Client consent for treatment

Please sign [signature] Date 8-7-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory **Assessment:** Ⓛ Retonens Longus/Brevis	
Treatment: MFR: illio costalis, QL, longissimus Glute Med, Glute Max, Biceps Fem semi tend/Mem, Gastroc, Soleus DIP Tib Post, G. Max, Piriformis	Advice & Corrective Exercises: Glute Stretch Piriformis stretch
Reassessment & Postural **Improvements:**	

Next Treatment/Management Plan: Booked