

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McLEOD First Name: NEIL

Date 26/12/23

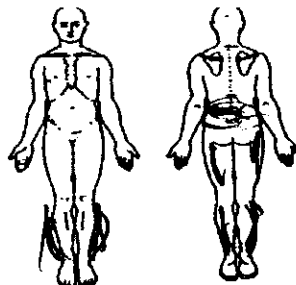
Area Being Treated Ex/Lx/Hips

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y (N)

If yes _____

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



⊗ lower legs
glutes
lower back

Client consent for treatment

Please sign [Signature]

Date 26-12-23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTI- G Med, G Max, SemiTond</u> <u>Semi Mem, Bluepsrem,</u> <u>Gastroc, Peroneals</u> <u>DIP MTRP - P.iformis, GMax</u>	Advice & Corrective Exercises: <u>Piri formis - stretch</u> <u>Ext Oblique / lat Dorsi</u> <u>stretch.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: Neil seeing EP tomorrow for ①
leg strength work