

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: HERCOTT First Name: KEN

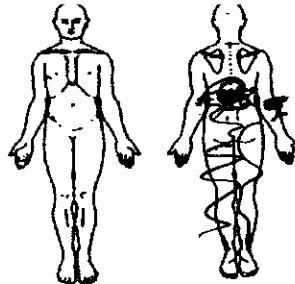
Date 21/2/22

Area Being Treated Lx & ioxe arm Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? YN

If yes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



Stress?  
R Tennis Elbow.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Client consent for treatment

Please sign [Signature]

Date 21/2/22

### OBJECTIVE EXAMINATION:

<p>Observation:</p>	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p><u>Lx Flex - 3/4 Shin S. @ Prox. gastroc</u></p> <p><u>Rad dev R 15° PB</u></p> <p><u>UL dev R 45° PB</u></p> <p><u>Wrist flex R 90° S. @ ECRL</u></p> <p><u>Wrist ext R 90° PB</u></p>
<p>Palpatory Assessment:</p>	
<p>Treatment:</p> <p><u>MFTT TLF, Glute med, ES, H/S, calves</u></p> <p><u><del>ES</del> @ Wrist extensors</u></p> <p><u>PBS Extensors @</u></p>	
<p>Reassessment &amp; Postural Improvements:</p> <p><u>Lx Flex + Scm S. @ Prox gastroc</u></p>	<p>Advice &amp; Corrective Exercises:</p> <p><u>Wrist ext → Flex slow on return</u></p> <p><u>3x5 daily</u></p>

Next Treatment/Management Plan: 2 weeks (booked)