

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: HEATHCOTE First Name: Fiona

Date 11/1/23

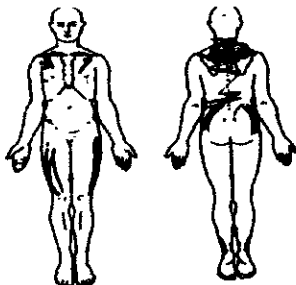
Area Being Treated _____

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? YN

If yes _____

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



Walking & started
@ gym
→ Larapata Trail
→ carrying pack
Spasms @ Post leg
p. minoris.

Client consent for treatment

Please sign

[Signature]

Date 11/1/23

pec minor (carrying pack)

OBJECTIVE EXAMINATION:

| | |
|--|--|
| Observation: | Motion tests (Active, Passive, Resisted, Special Tests): |
| Palpatory Assessment: | |
| Treatment: MFTT: ESG, U/r, Low Scap. Pec Min DIP MTP Supra, Low Scap, Pec Min MFTT: Glute Med, Pec Min DIP MTP Glute Med. PLS per | Advice & Corrective Exercises: <u>YTW</u> <u>p. minoris</u> <u>Phomboid Strengtheners</u> |
| Reassessment & Postural Improvements: <u>form</u> | |

Next Treatment/Management Plan: 3 weeks (booked)