

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: McComb First Name: Anne - Maysee

Date 24/5/23

Area Being Treated _____

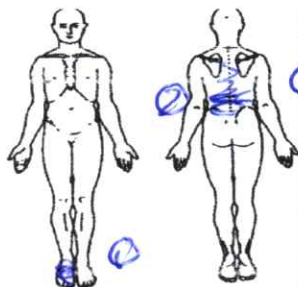
Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

If yes _____

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

took 4 days to improve



① ② Foot.
② "pull" post ribs Q1? Lie

Client consent for treatment

Please sign _____

Date 24/5/23

OBJECTIVE EXAMINATION:

Observation:	<p>Motion tests (Active, Passive, Resisted, Special Tests):</p> <p>DORSI FLEX L 50° R (Spring) R 30° R (Spring) PLANTAR FLEX L +50° R (Spring) R 30° R (Spring)</p>
Palpatory Assessment:	
<p>Treatment:</p> <p>METT @ Peroneals, Gastroc, Flexor Dig Flex. Hall. Ext. dig, Plantar fascia, Soleus - ② TLX, QL, Glute Med, Glute Max</p>	
<p>Reassessment & Postural Improvements:</p> <p>DORSI FLEX L 50° R (Spring) R 50° R (Spring) PLANTAR FLEX L 45° R (Spring) R 40° R (Spring)</p>	<p>Advice & Corrective Exercises:</p> <p>Towel scrunch Heel Raises</p>

Next Treatment/Management Plan: Book when needed.