Tarrengower Remedial Massage

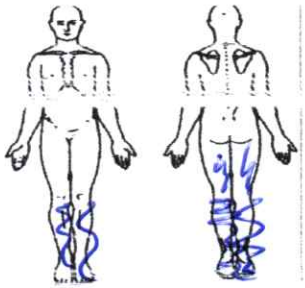
CLIENT RECORD: Follow-up Consultation

Last Name: OLVER First Name: Noel Date 8/6/

Area Being Treated _____ Current Presentation LOOTRADIOPS:

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

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



Ankles
→ T.P Post
→ +Flexors / Ext.
→ Plantar Fascia.

Client consent for treatment

Please sign _____ Date

OBJECTIVE EXAMINATION:

Observation:
Cramping in H/S during Treatment

Motion tests (Active, Passive, Resisted, Special Tests):
Dorsi flex L5° R (Spring)
R5° R (Spring)

Palpatory **Assessment:**

Treatment:
MFT Biceps Fem, Semi Ten., Semi mem, Gastroc, Soleus Peroneus long. & Brev, Flexor D.g., Flexor Hall.
O/P - T.P Post.

Advice & Corrective Exercises:
+ Glute Bridges, Calf Stretch
HYDRATION

Reassessment & Postural **Improvements:**
Dors. flex L 7° R (Spring)
R 7° R (Spring)

Next Treatment/Management Plan: as needed.