Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: ROBERTSON First Name:	JAMES Date / 1/1/23
Area Being Treated SBL Calk Cur	rent Presentation LOOTRADIOPS:
Has your Clinical Impression changed? (N) If yes	Dealf superficial Back line
Response to previous treatment (+'ve, -'veISQ): + 've long walk - no adverse impact	
Client consent for treatment	
Please sign	Date
OBJECTIVE EXAMINATION:	
Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment: O Cheshix & Saleus beder then previews Treatment: MFTT - "the Constating QL, Longissions	
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	- Opp Shortca.
Treatment/Management Plan:	