

Tarregower Remedial Massage

CLIENT RECORD: Follow-up Consultation

Last Name: WITHERS First Name: EVEN

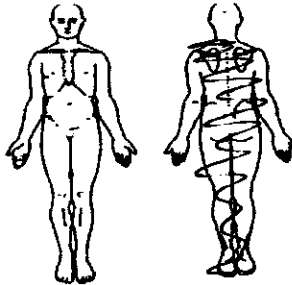
Date 18/9/23

Area Being Treated Back/
Glutes, legs

Current Presentation LOOTRADIOPS:

Has your Clinical Impression
changed? Y
If yes _____

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



Tight back, calves.

Client consent for treatment

Please sign _____

Date 18/9/23

OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Lx Flex 2cm ↓ Knee S @ H/S</u> <u>Lx Lat Flex L 4cm ↑ Knee S, @ QL</u> <u>R Knee PB.</u>
Palpatory Assessment:	
Treatment: <u>MFT iliacostalis, longissimus</u> <u>QL, Semi Spinalis, lat dorsi</u> <u>G Med, G Max, Biceps fem, Semi</u> <u>Tend, Semitend, gastroc. Soken</u>	Advice & Corrective Exercises: <u>Calf Stretches</u> <u>Heel Drops.</u>
Reassessment & Postural Improvements: <u>Lx Lat Flex L Knee S, @ QL</u> <u>Lx Flex Med Shin S, @ H/S.</u>	

Next Treatment/Management Plan: 6 weeks (booked)