Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

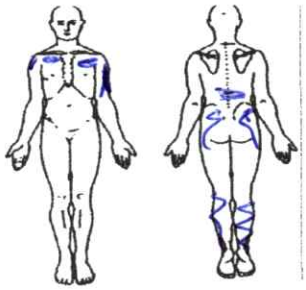
Last Name: GLEESON First Name: FRAN Date 22/10/22

Area Being Treated (R) Side

Current Presentation LOOTRADIOPS:

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

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



(R) calf
(R) Achilles
(R) Hip Flex
(R) Glute

Client consent for treatment

Please sign [signature] Date 22/10/22

OBJECTIVE EXAMINATION:

Observation:
R Achilles ROM --
→ Seeing Physio

Motion tests (Active, Passive, Resisted, Special Tests):

Palpatory **Assessment:**

Treatment:
MFTT TLF, QL, Glute Med
Glute Max, H/S, Calves
DIP MTrP Glute Med

Advice & Corrective Exercises:
Seeing Physio in C'Marine
→ recommended calf lift & hold

Reassessment & Postural **Improvements:**

Next Treatment/Management Plan: Adms (R) Rec Minor & Biceps Long
next Saturday (booked