

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: CILBERTON First Name: Fran

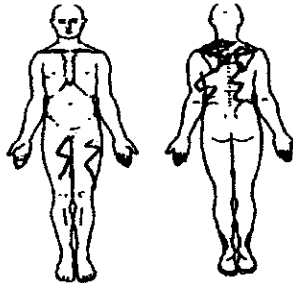
Date 19/2/23

Area Being Treated legs

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y  
If yes \_\_\_\_\_

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



U/T

Lat Dors

Ⓢ Note Ⓢ Tibial fracture  
(Proximal)  
Miniscore 10/10 Ⓢ  
→ See report

Client consent for treatment

Please sign \_\_\_\_\_

Date \_\_\_\_\_

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests): <u>Ⓢ Arm over Ⓢ Arm Under</u> <u>behind back - 1cm gap</u>
Palpatory Assessment: <u>Soleus Hypertonic</u>	
Treatment: <u>MFT - TLF, B4, Lat Dorsi, U/T</u> <u>Low Scap. biceps long, Pec Maj</u> <u>DIP MFT P - Teres Minor</u> <u>Effl. &amp; Petrissage - Gastroc, Soleus,</u> <u>Del Gem.</u>	Advice & Corrective Exercises: <u>Y TW</u>
Reassessment & Postural Improvements: <u>Ⓢ Arm over Ⓢ Arm under</u> <u>behind back 2.5cm overlap</u>	

Next Treatment/Management Plan: Back after seeing physio.