

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: GUESON First Name: Franz

Date 19/4/23

Area Being Treated Hips/Legs

Current Presentation LOOTRADIOPS:

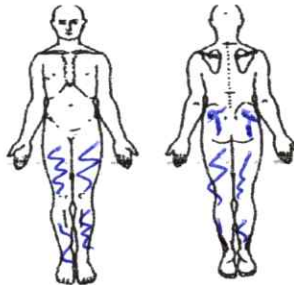
Has your Clinical Impression

changed? Y N

If yes \_\_\_\_\_

\_\_\_\_\_

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



R Tibial Fracture (prox).  
→ Rehab.

### Client consent for treatment

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

Date \_\_\_\_\_

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>MFTT TLF, Glute Med, Glute Max,</u> <u>H/S, Gastroc, Soleus, Tibiant,</u> <u>Peroneus L &amp; S., Planter Fascia</u> <u>Releim, <del>Vas</del> Vas Lat, Vas Med</u>	Advice & Corrective Exercises: <u>towel scrunch, roller on</u> <u>Planter fascia</u> <u>exercises from Physio &amp;</u> <u>EP.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 2 weeks prior to o/s Trip  
(booked)