

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: McLean First Name: Neil

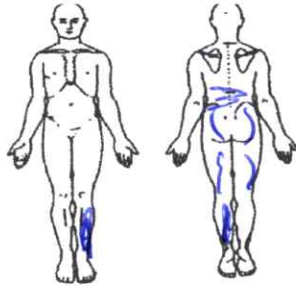
Date 09/22

Area Being Treated LX, Legs

Current Presentation LOOTRADIOPS:

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

Response to previous treatment  
(+ve, -ve, SQ): five



Ⓛ calf/skin  
lower back  
ankles

### Client consent for treatment

Please sign [Signature]

Date 10-8-22

### OBJECTIVE EXAMINATION:

<b>Observation:</b> <u>Neil moving a little more freely. Discolouration of Ⓛ calf not as extensive</u>	<b>Motion tests (Active, Passive, Resisted, Special Tests):</b>
<b>Palpatory Assessment:</b>	
<b>Treatment:</b> <u>MFTT TLK, QL, Glute Med, Glute max, HTS, calves, Ⓛ Tib Rot</u> <u>DIP MTP Glute Med, Ⓛ Gastroc.</u>	<b>Advice &amp; Corrective Exercises:</b> <u>Short walk - regular</u> <u>Ankle Rot while Seated.</u>
<b>Reassessment &amp; Postural Improvements:</b>	

Next Treatment/Management Plan: 3 weeks (booked)