Tarrengower Remedial Massage

CLIENT RECORD: Follow-up Consultation

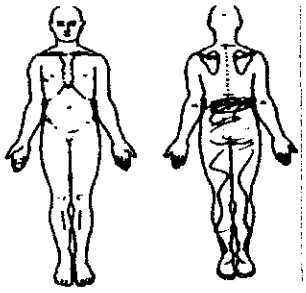
Last Name: CARR First Name: JESS Date 23/2/23.

Area Being Treated _____

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

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

Current Presentation LOOTRADIOPS:



L Ankle
Tib ant
Peroneals
LB
MPS U
Plantar Fascia

Client consent for treatment

Please sign Date

OBJECTIVE EXAMINATION:

Observation:

Palpatory **Assessment:**
L Soleus Hypertonic
L Tib ant Hypertonic

Treatment:
MFR - Uro costalis, QL, Glute Med, Glute max, H/S Gastroc, Soleus, Tib ant.
DIP MT. P - Glute Med, gastroc, ~~Tib ant, Soleus~~

Reassessment & Postural **Improvements:**
Dorsi flex L 50 R Springy
R 50 R Springy
~~Plantar flex~~

Motion tests (Active, Passive, Resisted, Special Tests):
Dorsi flex L 50 R (Springy)
R 30
Plantar flex L 50° R (Springy)
R 50° R (Springy)
Inversion L 20° R (Springy)
R 15° R (Springy)
Eversion L 10° R (Springy)
R 10° R (Springy)
~~Plantar flex~~

~~Advice & Corrective Exercises:~~
~~Supervised stretch~~

- Towel scrunch
- Can / Pipe roll for foot.
- Heel Drops & Raise in doorway

Next Treatment/Management Plan: Ces needed