

# Tarregower Remedial Massage

## CLIENT RECORD: Follow-up Consultation

Last Name: Robertson First Name: James

Date 27/10/23

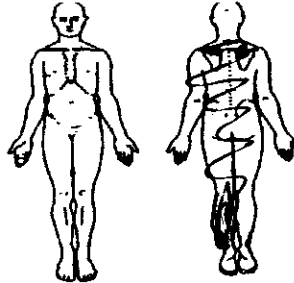
Area Being Treated ①Calf

Current Presentation LOOTRADIOPS:

Has your Clinical Impression changed? Y N

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

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



①Calf  
Superheat Backline

Client consent for treatment

Please sign

Date 27/10/23

### OBJECTIVE EXAMINATION:

Observation:	Motion tests (Active, Passive, Resisted, Special Tests):
Palpatory Assessment:	
Treatment: <u>mass - Gastro, Soleus, Tib Post</u> <u>H/S, G Med, C Max, TLF,</u> <u>longiss, iliocostalis, QL</u> <u>Lat Dorsi</u> <u>PdS Piriformis</u>	Advice & Corrective Exercises: <u>Calf raises/heel drops</u> <u>Piriformis Stretch.</u>
Reassessment & Postural Improvements:	

Next Treatment/Management Plan: 2 weeks (booked)