

Pathology Client-Based Study and Logs Procedures

1. Locate someone with a pathology.... this should not be hard to do.... most people are dealing with a number of conditions, at one time or another, most of which are, fortunately, mild. Please do not feel you need to seek out the most significant pathology possible. The conditions may include: arthritis, chronic sprains or strains, "tennis elbow", low back pain, diabetes, a heart condition or cancer (speak with your teacher first!), and/or various hormonal, skin, or other body system imbalance/disorder.
2. Take a comprehensive history of your client and record your impressions as well as the client's responses. This should be detailed, but not frightening to the client. Research the condition(s) and write a 1/2-1 page summary of the condition and its implications.
3. Set up a treatment plan and your anticipated outcomes. With the techniques you have learned, establish an appropriate plan of care. If you are familiar with a technique for which you are not yet qualified to practice, make note of its potential need, but proceed with only those skills you currently possess.
4. Discuss your intended plan with the client and, with consent, provide 3 one-hour log sessions (may be modified upon discussion with your teacher). Your actual "plan" may include more sessions but, for this course, you will only be required to provide three sessions.
5. Record the giving logs. Use the provided log forms and make sure you record your impressions.
6. Submit the history, the plan for this client, giving logs, and your impression notes for each, in a folder to be given to your Pathology teacher on week 10 of the course. Logs and paperwork submitted after week 10 will result in a grade of incomplete.

You will be graded on the quality of your history, the detail of your logs, the depth and clinical appropriateness of your plan for this client, and the timely and legible manner of your notes and impressions.

This is a "real-time" exercise in working with clients who have special needs. Approach your client, in this assignment, as you would if they were in your own practice. Try to feel for the spirit of the work at hand. This may be an assignment, but you can still have fun and enjoy the warm feeling associated with caring and giving.

The following pages are taken from the MT2 manual. They serve as a review and summary of the key points to address. The necessary log forms follow.

History-Taking

Evaluation of the client is performed to insure a safe and effective session. A massage practitioner uses assessment skills to evaluate the nature of his/her client's complaint, insuring that the current approach or method of treatment is the most effective for each individual. The massage therapist is not trained to diagnose or treat. In fact, this evaluation procedure is intended to, in part, obtain information about medical diagnosis. This is important information for the therapist, because there are some conditions for which massage is contraindicated.

In taking a history, it is good to begin with a general question, such as "Tell me a little about yourself. . .what brought you here?" Try to pick up the presenting conditions and discuss the options with the client; is a general stress-reduction massage session most appropriate or a com try to determine how specific you may need to work.

If you decide to focus the session on the problem that needs to be addressed, it is helpful to continue the history by asking such questions as:

1. Where is the pain (tension, whatever)?
2. How long have you been aware of it? When did it begin?
3. How did it begin? What brought it on?
4. Have you seen a medical doctor or chiropractor for it?
5. What did they tell you the problem was?
6. Were they able to help?
7. Does anything help?
8. Does anything make it worse?

There are clinical signs and contributing clues which may be overlooked. You can do the client a great favor by helping that person piece together what might have changed in their life about the time that the symptom began, if there is no obvious cause. Investigate posture, stress level, activities, occupation, avocation, shoes (especially at the change of season), pillow, backpacking, etc. -- anything that might have changed.

When you feel you have a picture to work with, tell the client a little about yourself. Be clear that you are not a physical therapist, or doctor, that you do not evaluate or treat specific symptoms medically. There is a distinct difference between assessment and diagnosis. A diagnosis is an assigned name or label for an existing condition that is provided by a qualified health care provider such as a physician. Assessment is an on-going process of information gathering that is used to help in making clinical decisions. Whitney Lowe points out that "the use of these skills of assessment is both an art and a science. One of the most important aspects of assessment procedures is to match the physiology of the tissue injury with the physiological effects of the specific treatment methods. That is the science. However, often, it is the intuitive, artistic and imaginative side of our brain which is more effective at synthesizing feedback from our evaluations and determining how to use that information. That is the art."

If appropriate, and more information is needed, you could check the client's posture, gait, and active range of motion of neck and back, in forward, back and side-bending motions...also emotional information (body-reading, asking), or dietary. While giving the massage, be alert for muscle tension, of course, but also for "empty" areas, temperature or moisture differences, and most of all, energy differences. Be aware that pain may be referred, and let your hands show you which areas need work.

☞ Don't convey negative opinions to client carelessly! ☞

Client Questionnaire

In order to maximize the effectiveness and safety of our sessions together, we ask that you take the time to fill out this confidential questionnaire carefully.

Client Initials: _____ Date: _____ Referred by: _____

Address: _____

Phone (day): _____ (eve): _____ Date of Birth: _____

Occupation(s): _____

Age: _____ Height: _____ Weight: _____ Build: _____

What brings you here today?

Is there any area where you would like extra time spent? Is there any area where you have muscle pain/stiffness/tension (neck, low back, shoulder, other)?

What is your previous experience with professional massage?

Daily activities / sports / hobbies:

Habits: Exercise _____
Tobacco _____ Alcohol _____ Drugs (non-med.) _____
Posture assumed most of day _____
Caffeine _____ Sleep _____ Bowels _____

Medical History - Please indicate below any significant medical problems, as such conditions can influence the type and/or depth of work done in any given area. Thank you.

- _____ Skin condition (acne, rash, allergies, skin cancer, other):
- _____ Lymphatic condition (swollen glands, lymphoma, lymphedema, other):
- _____ Recent injury or accident (whiplash, sprain, deep bruise, other):
- _____ Circulatory condition (heart disease, varicose veins, phlebitis, arrhythmia, arteriosclerosis, other):
- _____ Neurological condition (sciatica, numbness/tingling of any area of skin, stroke, epilepsy, other):
- _____ Joint problems, pain, or stiffness (osteoarthritis, rheumatoid arthritis, gout, hypermobile joints, sacroiliac problems, other):

- _____ Bone conditions (osteoporosis, previous fracture, cancer, other):
- _____ Headaches (migraines, PMS, tension, cluster, other):
- _____ Emotional difficulties (depression, anxiety, psychotic episodes, other):
- _____ Stress
- _____ Previous surgery, please state type and date:
- _____ Other medical considerations:
- _____ List any medications you are currently taking:

- _____ Are you pregnant?

Name of Health Care provider (not Insurance Co.): _____

Phone: _____

Do we have permission to contact him/her should the need arise? Yes _____ No _____

Client understands that the massage will be administered by a student enrolled in a massage program at the Connecticut Center for Massage Therapy. The student practitioner is not a licensed massage therapist.

The student practitioner is neither trained nor licensed to provide medical treatment to diagnose, prescribe drugs or medicines, perform spinal or other joint manipulations, nor any other service which a license to practice medicine, chiropractic, naturopathy, physical therapy, or podiatry is required by law.

Student practitioner, faculty, and school make no claims, representations, or guarantees about specific results. The goal of this session is primarily for the practice time of the student. If there are specific therapeutic needs perhaps a licensed therapist should be consulted.

Client has been provided with descriptions of the service and anticipated benefits. Client understands and agrees to the purpose, nature, and duration of the proposed service, and consents to receive this service.

Client understands that there can be remote risks associated with this work. Client acknowledges that the student practitioner, faculty, staff, and school will not be responsible for any injury arising because of some unreported condition and/or concern.

Client acknowledges being given the opportunity to ask questions before receiving any work, and to question or interrupt the work at any point after session begins.

Client acknowledges having read and understood this document.

Date

Client Initials only

Notes For Discussion of Questionnaire:

Notes on goals/concerns of client...experience with massage:

Highlight any major concerns from medical history. Gather information indicated below on EACH concern you feel the need to research further.

Is there a "diagnosis" that you can research, or has the client described a symptom? What is the diagnosis?

Who diagnosed it? (especially important, find out the type of health care provider, i.e. M.D., chiropractor, naturopath, physical therapist, etc.)

When did the condition begin?

When was it first diagnosed?

How does it affect you now? (What are the symptoms?)

What seems to help it the most? (Especially ask for any information on positioning, exercise, hydrotherapy, rest, in addition to what the client offers spontaneously)

What seems to make it worse? (Include same type of information as above)

Are you taking any medications for it at the present time?

Are you currently under the care of a physician for this condition?

Variety of Touch

Massage therapists need to develop a variety of techniques for the following reasons. Knowing a variety of techniques:

1. gives the therapist many tools to choose from. The therapist is then able to address each client's condition most effectively.
2. promotes self-care by helping the therapist avoid overuse of their hands.
3. adds to the spontaneity and freshness of a massage session by increasing your options in any given situation.
4. will provide you with the ability to match physiological effects of the individual technique to the physiological need or state of the client.

In order to develop your clinical versatility as a massage therapist, you will learn the techniques listed below during your education at CCMT.

Course	Techniques taught
MT1	Effleurage Petrissage Rocking Broad and Superficial Friction Tapotement
MT2	Rhythmic Compression Joint Movements Vibration and Shaking Mechanical Vibration Friction: longitudinal, circular, cross fiber Sustained Compression
MT3	Compressions Friction: longitudinal ("stripping"), deep cross tissue Jostling Proprioceptive Neuromuscular Facilitation Reciprocal Inhibition
EF	Chakra Holds General Session Polarity Holds Energy Balancing
Acupressure	Acupressure with application variables

Massage Therapy Giving Log Description

Subjective

Current State of Health: What does the Client Questionnaire tell you about the client?

- Current symptoms (Sx) or diagnosis (Dx) or known pathology
- Record both physical and psycho-emotional state if appropriate
- Significant factors such as job, posture, hobbies, age, concerns, etc.
- Intake information could consist of history questionnaire, postural analysis, prescription or referral, conversation

Areas of tension and/or symptoms conditions identified by client:

- Areas in body
- Symptoms of tension, pain, etc which are focus for client: location, intensity, duration, frequency

What aggravates or relieves these identified symptoms/conditions?

- What does the client do to relieve symptoms?
- Self-care habits
- Client awareness of what in their daily life aggravates symptoms such as posture, overuse, patterns of work, play, traumas, etc
- Contributing or perpetuating factors

Client Goals for the Session:

- What does the client want to experience at the end of the session?
- Subjective goal/concern of client
- If prescription (Rx), state type of treatment ordered and frequency.
- Need for referral elsewhere
- Decision made whether to work with person or not.
- Careful of Ego-Self-Rescuer Role when discussing/charting desired outcome.

Objective

Practice objective

- Student goals in learning from session could include, integration, of strokes, specific stroke, texture exploration, awareness of body mechanics, state of focus or grounding, time limits, etc.

Procedure followed toward identified, therapeutic goal:

- areas worked, massage techniques utilized, order, general sense of style, pressure of strokes, propping or position that was important
- specific techniques to accomplish the goals set

Palpation findings:

- Describe muscles, textures, range of motion, location, intensity of sensitivity that is either relevant to client goals or is a significant finding through your touch. Be specific.

Assessment

Observed results and changes:

- changes of areas of focus in client's symptoms, musculo-skeletal system, function of mobility, posture, energy level that you saw or felt

Response of the receiver:

- Was the receiver's goal/concern attended to satisfactorily?
- Include both verbal and non-verbal responses such as changes in breathing, facial expression, mind-state, energy level, muscle tone

Plan

Plans/objectives/intentions for future sessions:

- Focus in future massage sessions
- Setting short and long term goals
- Recommended duration and frequency of visits
- Notes about what "worked" for client such as strokes, pressure, organization of routine, or anything else that was significant.
- Additional comments allow space for personal "notes", things you might want to check on or gather before seeing your client again. Or they might include reminders, miscellaneous thoughts and feelings after the session.

Client homework recommendations:

- These could be actual suggestions or merely thoughts if you knew the client better, if you had more expertise or knowledge, etc.
- Any other modalities that might be useful, any referrals or other health care practitioners.
- Plans or suggestions for home care, such as breathing techniques, warm baths, stretches, exercises, stress reduction, specific work-related advice, postural considerations, empowerment/self-responsibility, alternative pain management strategies/techniques, awareness of what makes symptoms better or worse.

Additional Comments:

What did you learn from this session?:

- This is a space for you to reflect on the lessons of this practice. It could be about yourself and your self-care awareness, or it could be about things you learned about massage in general such as the power of a particular stroke, insights into an aspect of massage, reflections on your experience, etc.

The following pages are the log forms you will use:

Client Questionnaire

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Client Initials: _____ Date: _____ Referred by: _____

Address: _____

Phone (day): _____ (eve): _____ Date of Birth: _____

Occupation(s): _____

Age: _____ Height: _____ Weight: _____ Build: _____

What brings you here today?

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Daily activities / sports / hobbies:

Habits: Exercise _____
Tobacco _____ Alcohol _____ Drugs (non-med.) _____
Posture assumed most of day _____
Caffeine _____ Sleep _____ Bowels _____

Medical History - Please indicate below any significant medical problems, as such conditions can influence the type and/or depth of work done in any given area. Thank you.

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- _____ Lymphatic condition (swollen glands, lymphoma, lymphedema, other):
- _____ Recent injury or accident (whiplash, sprain, deep bruise, other):
- _____ Circulatory condition (heart disease, varicose veins, phlebitis, arrhythmia, arteriosclerosis, other):
- _____ Neurological condition (sciatica, numbness/tingling of any area of skin, stroke, epilepsy, other):
- _____ Joint problems, pain, or stiffness (osteoarthritis, rheumatoid arthritis, gout, hypermobile joints, sacroiliac problems, other):

- _____ Bone conditions (osteoporosis, previous fracture, cancer, other):
- _____ Headaches (migraines, PMS, tension, cluster, other):
- _____ Emotional difficulties (depression, anxiety, psychotic episodes, other):
- _____ Stress
- _____ Previous surgery, please state type and date:
- _____ Other medical considerations:
- _____ List any medications you are currently taking:

- _____ Are you pregnant?

Name of Health Care provider (not Insurance Co.): _____

Phone: _____

Do we have permission to contact him/her should the need arise? Yes _____ No _____

Client understands that the massage will be administered by a student enrolled in a massage program at the Connecticut Center for Massage Therapy. The student practitioner is not a licensed massage therapist.

The student practitioner is neither trained nor licensed to provide medical treatment to diagnose, prescribe drugs or medicines, perform spinal or other joint manipulations, nor any other service which a license to practice medicine, chiropractic, naturopathy, physical therapy, or podiatry is required by law.

Student practitioner, faculty, and school make no claims, representations, or guarantees about specific results. The goal of this session is primarily for the practice time of the student. If there are specific therapeutic needs perhaps a licensed therapist should be consulted.

Client has been provided with descriptions of the service and anticipated benefits. Client understands and agrees to the purpose, nature, and duration of the proposed service, and consents to receive this service.

Client understands that there can be remote risks associated with this work. Client acknowledges that the student practitioner, faculty, staff, and school will not be responsible for any injury arising because of some unreported condition and/or concern.

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Client acknowledges having read and understood this document.

Date

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Student Therapist's Notes:

Soap Notes for Clients

Clients Initials: _____ Client Number: _____ Date: _____

SUBJECTIVE: (what the client reports about health history, current symptoms and reason for coming.)

OBJECTIVE: (your observations and the results of the tests you perform; palpatory and other observations and identified session goals.)

ASSESSMENT: (changes in the client's condition as a result of procedures applied; client's response to the work.)

PLAN: (future plans, client homework, and suggestions for next therapist who works with this client.)

Signature of THERAPIST: _____

Please print name also: _____

Clients Initials: _____ Client Number: _____ Date: _____

CLIENT FEEDBACK QUESTIONNAIRE

We would appreciate your help by giving us some feedback about your session today. This information is beneficial to the student to determine how you would evaluate his/her work and helpful to us, the Clinic Supervisors, in evaluating the student's progress.

1. Did your therapist address your needs? (Circle one)

1 Poorly	2 Somewhat	3 Adequately	4 Well	5 Excellently
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Comments: _____

2. Please circle the description of each quality of the massage that most closely describes your experience.

Quality			
1. pressure	too deep	appropriate to my needs	too light
2. pace	too fast	well paced	too slow
3. organization	scattered	adequate	well organized
4. flow/rhythm	choppy	adequate	comfortably fluid
5. use of oil/lotion	too much	appropriate	too little
6. draping	vulnerable, inadequate, exposing	appropriate	too restricted, too over done
7. communication	not enough check in, insufficient	tuned in, appropriate	too much distraction, invasive
8. specific attention to areas of need	did not address specific needs	adequate	good balance & integration between specific and general
9. overall relaxation	not very relaxed	adequate	excellent relaxation

3. Please comment on any of the above items: _____

4. Any comments/general feedback for the student: _____

