

**SPORTS MASSAGE ASSOCIATION**



**RECORD OF CONSULTATION – SUBSEQUENT TREATMENT(S)**

<b>Date :</b>	<b>Client ref :</b>	<b>Portfolio ref :</b>	<b>Therapist :</b>
<b>Feedback since previous treatment</b>			

**CURRENT ASSESSMENT**

<b>Observation :</b>	<b>Palpation :</b>
<b>Range of Movement/End feel :</b>	<b>Resisted Tests :</b>
<b>Problem List :</b> Summary of findings	
<b>Treatment Plan :</b> Note this is the information the client requires in order to make an informed decision at continuing with the treatment or not. It should be discussed with and agreed by the client before you continue.	
<b>Informed Consent :</b> The treatment options have been discussed and I give my consent for treatment to continue. Note. A chaperone must be in attendance when the client is under the age of 18 years	
<b>Client signature :</b>	
<b>Chaperone name :</b> (If applicable)	<b>Chaperone signature :</b>

<b>LEVEL 3 :</b>	Effleurage	Petrissage	Tapotement	Compressions
	Vibrations	Passive Stretching	Frictions	
<b>LEVEL 4 :</b>	STR	Connective Tissue	Corrective frictions	
	Trigger points/Neuromuscular	MET (PIR, RI)	PNF	
<b>LEVEL 5 :</b>	Active Isolated stretching	PNF - CRAC	Myofascial release	Positional release
Location : Massage Room/clinic?		In Situ? State where :		
Massage Medium?				

**Reassessment :**

**Changes to treatment plan/findings :**

**After care advice :**

**Client comments/feedback :**

**Analysis and Evaluation of effectiveness of treatment :**

**Student Signature :**