

SPORTS MASSAGE ASSOCIATION



LOGBOOK AND CASE STUDY - RECORD OF CONSULTATION

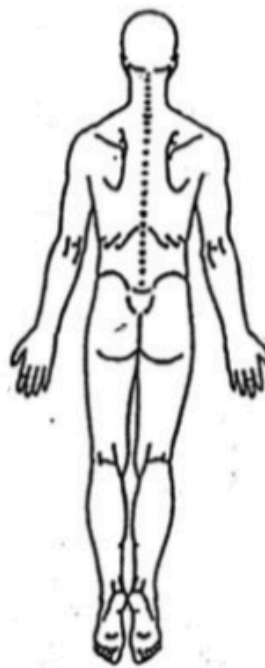
Date :		Client ref :		Portfolio ref :		Therapist :	
Reason for Consultation :							
Client expectations :							
Demographic : Tick ✓	Male or Female	Pre-adolescent	Adolescent	Adult	Older Adult	Special population	
GP name and address :							
Previous medical history :							
Medication :							

SUBJECTIVE EXAMINATION

Date of birth :		Occupation :		Sports and hobbies :	
Onset and duration of symptoms :				Site and spreading of complaint :	
Behaviour of symptoms :				Any other lifestyle :	
I confirm the above information is correct to the best of my knowledge. I consent to continue with a physical examination. Note. A chaperone must be in attendance when the client is under the age of 18 years					
Client signature :				Therapist signature :	
Chaperone name :				Chaperone signature :	
Hypothesis (What do you think the condition may be) :					

OBJECTIVE ASSESSMENT

State at Rest :		Initial Observation (Face Posture Gait) :	
Initial observation :	Range of Movement/End Feel :		Resisted Tests :
Initial Palpation :			Muscle Palpation :
Joint Line Palpation :			



KEY

P1 = pain



= spasm



= paraesthesia



= anaesthesia

A1 = ache

↘ = direction of pain

✓ = full ROM

✓✓ = full ROM with overpressure

Posture:

ANALYSIS AND PLAN

Problem list (Summary of findings) :				
Treatment Plan : 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.				
Informed consent : The treatment options have been discussed and I give my consent for treatment to continue Client signature :				
LEVEL 3 :	Effleurage	Petrissage	Tapotement	Compressions
	Vibrations	Passive Stretching	Frictions	
LEVEL 4 :	STR	Connective Tissue	Corrective frictions	
	Trigger points/Neuromuscular	MET (PIR, RI)	PNF	
LEVEL 5 :	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:
Future revisions to treatment plan:
Self-evaluation:
Tutor Comments:
Signature
Student Comment:
Signature