SPORTS MASSAGE ASSOCIATION
LOGGED HOURS
RECORD OF CONSULTATION

Date:	**Client number:** (NB. Client name and address to be recorded separately for the purposes of anonymisation)	**Portfolio ref:**	**Therapist:**
Reason for Consultation: **e.g. relaxation, painful DOMs, aches and pains (list where), relieve stress, time for self, want to try a massage**			
Client expectations: **e.g. how do they expect to feel when they leave – relaxed, less pain, invigorated, energised**			

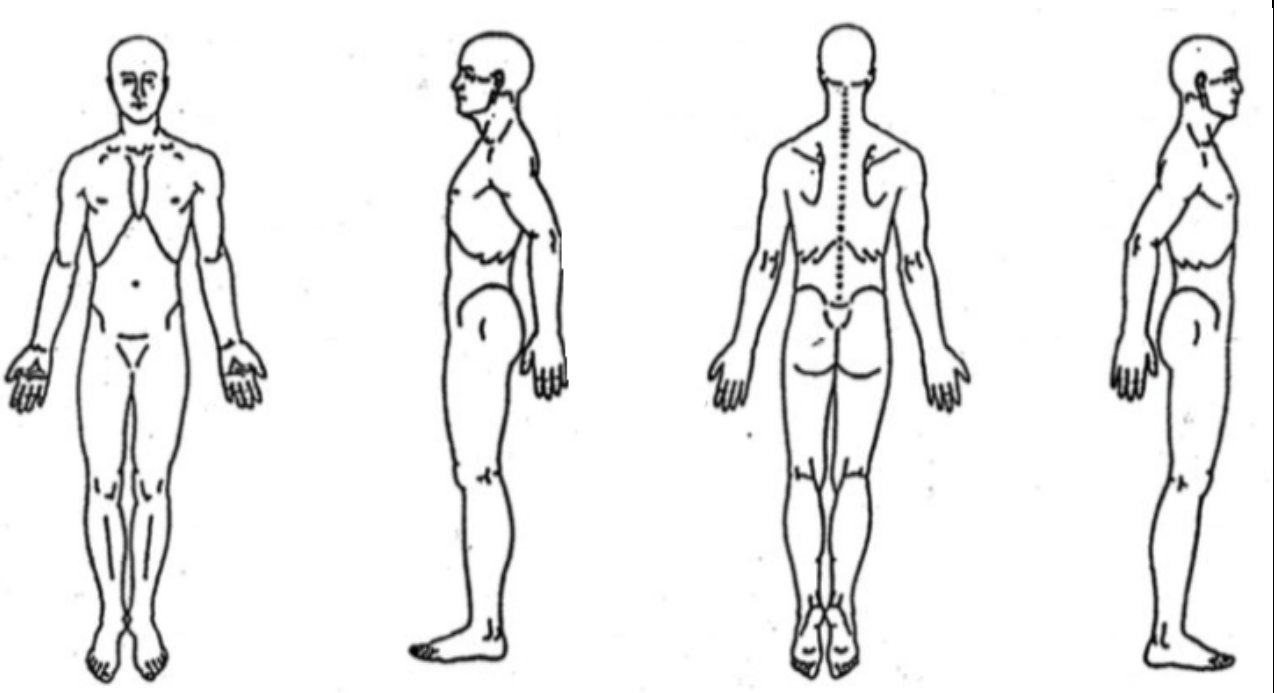
Demographic: Tick as appropriate	female	Adult	Older Adult		
GP name and address: **This should be completed**					
Previous medical history: **e.g. any illnesses in life, fractures, traffic accidents, surgery**					
Medication:					

SUBJECTIVE EXAMINATION

Date of birth: **Age has a significance with some conditions so DoB should always be recorded**	**Occupation:** **Can indicate if job is manual or repetitive, for example**	**Sports and hobbies:** **Should indicate general physical activity levels and therefore impact on presenting condition**
Any other lifestyle information: (alcohol, smoking, nutrition, working environment etc.) **Amount of stress in life, children, marital status – as well as the above build up a picture of the client's lifestyle**		
Client objectives for treatment: (aches and pains, areas of discomfort, functional problems) **Similar to above: why are they having the treatment specifically – this is their input, not yours** **i.e. they want tightness in their back/neck relieved etc, less pain in their lumbar area, be able to move their shoulders better, touch their toes, fewer headaches**		
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: **This relates to DoB to indicate if a chaperone is necessary**		**Chaperone signature:**

OBJECTIVE ASSESSMENT

State at Rest: (Any pain, discomfort) **Whilst they are sitting there, do they have any pain or discomfort? if, so, on a scale of 1 – 10, how much does it hurt – pain scale**	**Initial Observation** (Face, Posture, Gait)**:** **This is when they first enter the room; without removing clothes, are they limping, rigid, relaxed, have a pained expression, stooped over etc**
Observation: (asymmetry, swelling, redness, deformities) **Comparing side to side, are their shoulders level, head crooked, is an area swollen, red etc from inflammation, left or right, central** **Palpation:** (skin temperature, oedema, tension) **If they have come for tension, does the muscle they complain of feel tight to touch, heat indicates inflammation, how does it compare to the contra-lateral side**	**Movement Patterns:** (active range of movement, reduced function) **Joints should be assessed for active and passive range of movement and notes made of any changes** **https://www.dshs.wa.gov/sites/default/files/forms/pdf/13-585a.pdf**



Postural observations:

The body charts should be used to detail your observations – perhaps use a colour coding scheme to indicate differing areas of tension (over-stretched vs over-short) or for noting bruising/haematoma or skin conditions, for example

ANALYSIS AND PLAN

Problem list (Summary of findings): **What did you find wrong that you plan to treat i.e.** **Which muscles are tight causing postural changes or pain** **i.e. tight hamstrings/pecs/glutes (this forms a treatment plan)**
Treatment Plan: (Areas to be worked on, timings, techniques to be used, client position, supports etc.) 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 continuing. **This should be all the detail you have told the client to gain informed consent as mentioned above, but in a good level of detail** **Which areas – left or right – bilateral, which limb, which techniques (specific), where were supports placed, client supine/prone/seated, if stretches are performed, which ones?**
Informed consent: The treatment options have been discussed and I give my consent for treatment to continue: Client signature:

LEVEL 3: (highlight techniques used)	Effleurage	Petrissage Passive Stretching	Tapotement Friction	Compressions

Location: Massage Room/clinic/pitch side/changing room?
Massage Medium: **Should list the product in case of allergy**
Changes to treatment plan and findings during treatment: **The plan above is written before the treatment, if you found issues you also treated, this should be mentioned here**
Reassessment: (change in range of movement, pain levels, emotional state) **You should check re-assess range of movement etc. Has their pain level changed from 6 to 3, can they now touch their toes, move their arm more freely, feel more relaxed – this links to client comments below**
After care advice: **This should be detailed, which stretches for which muscles, (these should have been demonstrated), a further treatment when, how much water, which strengthening exercises**
Client comments/feedback: **The question should be specifically asked of the client and these comments are theirs**
Evaluation of effectiveness of treatment: **This is an amalgamation of the clients feedback and your reassessment**
Future revisions to treatment plan: **Next time they have a treatment, would you do the same or more/less of something?**

Self-evaluation: **Do you need to research anything from this treatment, what could you have done better, what do you need to practice more?**
Any other comments:
Therapist's Signature: