

## INSTRUCTIONS

### ADVANCED WESTERN TECHNIQUES and their CLINICAL APPLICATIONS S.O.A.P. FORMAT SESSION REPORT (Incorporating Assessment with Treatment)

In writing your session report focus on the A, B, C's (accuracy, brevity and clarity).

#### SUBJECTIVE:

The intake offers an opportunity to develop the therapeutic relationship including demonstrating compassion and understanding and developing trust. Many actual intake forms would be longer and ask more detailed questions.

1-9. Fill in the responses to the questions on the form. **Be sure to ask follow up questions to get more complete information.** Use the section at the bottom of the page (#9) to include other relevant history that may have come up.

#### OBJECTIVE:

From your intake follow through with assessment tests that may clarify some of your hypotheses at this point. Be sure to record tests that have negative results if they help to support your treatment choices. Don't be restricted by the form. **If you need more room simply attach an extra page.**

#### 10. Postural Assessment:

Note any asymmetries, misalignments or differences that you notice from the front, posterior or side:

*Examples:*

- *Anterior pelvic tilt*
- *Forward head position*

#### 11. Active Range of Motion:

- a. Note the active range of motion for each movement in degrees.
- b. Note if the movement produces pain or is painless.

*Examples:*

- *Normal 90°, painless*
- *Limited 20°, painless*
- *Limited 50°, sharp pain*

## 12. Passive Range of Motion:

- Note available passive range of motion for each movement in degrees.
- Note end feels for each movement.
- Note if each passive movement is painful or painless and where in ROM pain presents.
- Note if crepitus is present.

### *Examples:*

- Normal 90°, tissue stretch, painless*
- Limited 30°, tissue stretch, painless*
- Limited 50°, bony end feel, sharp pain at end of movement, with crepitus*

## 13. Muscle Length Tests:

- Note muscle length compared to average extensibility.
- Note end feel.
- Note if pain or discomfort is present when muscle is passively stretched.

### *Examples:*

- Normal 90°, tissue stretch, painless*
- Limited 30°, soft tissue approximation, painless*
- Limited 50°, bony end feel, sharp pain at end of movement*

## 14. Resisted Isometric Tests:

- Note strength of each contraction compared to contralateral side.
- Note if each contraction causes pain, or is painless.

### *Examples:*

- strong, painless*
- strong, very painful*
- slightly weak, painful (a 6 on a scale from 1 to 10)*
- markedly weak, painless*

## 15. Special Tests:

- Note if special test causes pain.

### *Examples:*

- painless*
- painful*

## 16. Palpation:

Use the chart to document taut bands, tender points, tender areas, adhesions, trigger point and their referrals. Write the name of the affected muscles right on the diagram as well as any pertinent notes. Explicitly indicate the exact locations of any trigger points. Feel free to use a more detailed drawing if it helps you to be clear (see the end of the instructions for additional charts that you can use.)

Suggestion: Use colored pencils, pens or markers.

## **ASSESSMENT:**

Arrive with the client at goals of treatment and prioritize the list.

### **17. What may be present based on your subjective and objective findings.**

If there is an injury, explain the objective findings that are consistent with that kind of injury, what degree and what stage.

*Examples:*

*To be given by instructor.*

### **18. How may habits, exercises, posture, etc. be impacting the client's complaint(s)?**

*Examples:*

*To be given by instructor.*

### **19. Functional goals** – What are the specific tasks or activities of daily living the client wants to perform.

*Example:*

*Lift without pain for 10 minutes at a time her 3 year old grandson.*

*Comb hair comfortably with right hand.*

*Return to swimming twice a week.*

### **20. Treatment goals** – Based on objective data

*Examples:*

*Decrease headache pain*

*Decrease stiffness*

*Decrease adhesions in gastrocnemius*

*Decrease hypotonicity in the rhomboids on both sides*

*Decrease feelings of stress*

*Increase neck mobility*

*Decrease inflammation to the left knee*

*Increase circulation to the forearm flexors*

*Decrease muscle spasm to the right upper trapezius*

*Increase ROM to the right ankle*

*Decrease pain*

*Increase relaxation*

**PLAN:**

Describe how the client will be treated, including the techniques, modalities, and specific ways the treatment will be applied, as well as frequency and duration of treatment and any homework or self-care recommendations to the client.

**Symbols you can use in writing your treatment plan:**

Decrease	↓	And	&	Massage	Ⓜ
Increase	↑	At	@	Full-body	FB
Right	Ⓡ	With	w/	Adhesion	X
Left	Ⓛ	Pain	Ⓟ	Times, repetition	X
Both, bilateral	Ⓑ	Tender points	●	Trigger points	Ⓢ

**21. Overview of treatment plan:** Include the length of the session, modalities to be used, and body parts to be given extra attention.

*Examples:*

- 1 hr Swedish with some shiatsu focus on back
- 1 hr Swedish full body, 45 minutes of time detailed work on legs and low back
- 1½ hr Swedish & reflexology, focus on neck, shoulders & feet
- 1 hour Swedish & myofascial, focus on legs and low back
- 1 hr Swedish/myofascial/TP, focus shoulders & neck
- 1 hr Swedish/Sports/ice packs, reduce inflammation right knee

**22. Details of treatment plan:**

Example:

Which muscles & structures will you address?	What will you try to accomplish in working on the muscle or structure?	What strokes, stretches, PNF or other techniques will you use to try to achieve the preceding goal?
1. Gastrocnemius	a. lengthen fascia b. ▲ circulation to taut bands c. ▼ adhesions d. ▼ trigger points	a. Myofascial release with active movement b. Muscle stripping c. Friction, especially at achilles tendon d. Ischemic compression followed by passive stretch

**23. Contraindications/cautions/special positioning/bolstering used and areas omitted from treatment:**

*Example: Client is more comfortable with a small pillow under their head when in supine.*

## 24. Notes after the Session.

Use assessment techniques to reinforce results of the session. Write which movements were performed and note changes in degrees of movement and pain level.

*Example: After session had client move neck through AROM to see if they had less pain. AROM for rotating neck to the right side was increased from <math>40^\circ</math> before the session to >math>60^\circ</math> after the session.*

## 25. Recommendations/Follow-up (if appropriate):

Include the following information if relevant:

- Should the client rest the involved muscles?
- What strengthening/stretching exercises may be appropriate with this particular client?
- What would be an appropriate plan for subsequent massage treatments? Frequency? Length of time? Record homework that you give to client to support the client's goals.

*Examples:*

- *It was recommended to the client to drink plenty of fluids and not jog for the next 24 hours and then see how they feel.*
- *Core exercises were suggested 3x a week to build abdominal strength to help support lower back to reduce lower back pain. Client was shown how to perform exercises. Client performed the exercise correctly in the office once. Written instructions were provided to client.*
- *It was suggested for the client to come back one more time in the next ten days for another 1 hr session with focus to the neck. At which time we will probably be able to adjust for a deeper level of friction work as the healing process progresses.*

## 26. Self-reflection:

What was the one most useful or meaningful thing you learned doing this session report?

*Examples:*

- *I realized I can blend assessment tests for the neck right into the flow of my session and use many of the MLT positions as stretches.*
- *I realized I was doing very detailed work well, but am having a hard time keeping the flow I used to have in Swedish I when we were doing full-body sessions.*