

SWEDISH MASSAGE II
S.O.A.P. FORMAT SESSION REPORT
(Incorporating Assessment with Treatment)

Student: _____

Instructor: _____

Date: _____

SUBJECTIVE (What the client tells you):

Client's name: _____ **Age:** _____

Profession: _____

Questions to ask client:

1. What are you hoping to have addressed during this massage session? Do you have any areas of tension or discomfort?

2. What type of exercise or physical activity do you do on a regular basis (generally and specifically to your chief concerns?)

3. Are there any areas you would like omitted from the massage?

4. Are you currently taking any medications? If so, which one(s) and for what condition(s)?

5. Do you have any of the following?

<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Phlebitis
<input type="checkbox"/> Disc Injuries	<input type="checkbox"/> Spinal Problems	<input type="checkbox"/> Scoliosis

6. What injuries or surgeries have you had in your life? When did they happen?

7. Was there any other pertinent health history or information that was revealed to you from the intake or during your follow up questions?

OBJECTIVE (What you can observe or measure):

8. Gender: M F

Height: _____

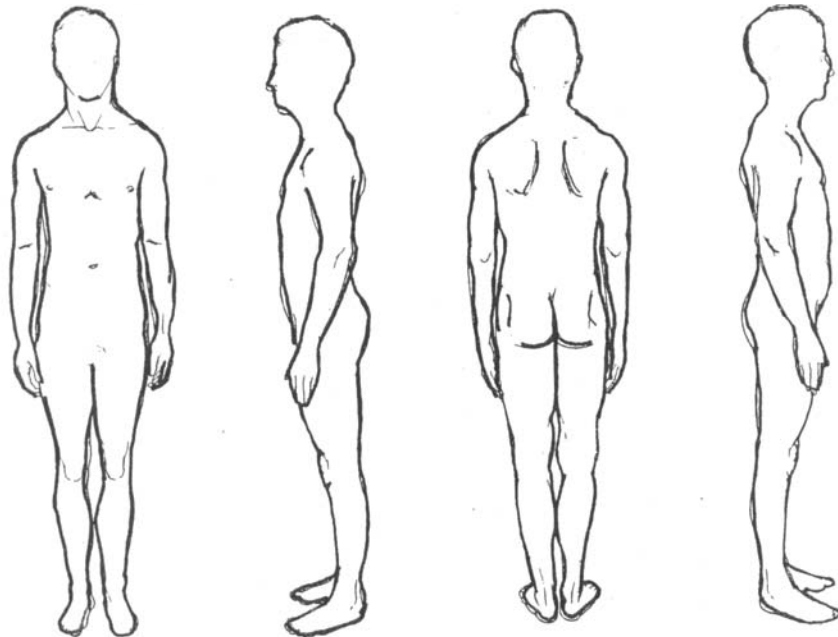
Weight: _____

9a. Postural Assessment:

	Frontal or Posterior View	Side View
Head		
Shoulder girdle		
Spine		
Hips/pelvis		
Upper extremities		
Lower extremities		

**Use another sheet of paper if there is not enough space in the chart to record your findings.*

9b. Charts to record postural & palpation findings:



10. List any other relevant observations other than from the postural assessment (movement patterns, way of walking or sitting, general manner, etc.) that may give more information on how to address your client's concerns:

ASSESSMENT (Your synthesis of information):

11. Interpret the findings from the subjective and objective sections and explain what pathologies may be present and why your client may be experiencing their present complaint(s).

Tissue or structure	Assumption of the condition or state of the tissue or structure	How did you determine if your assumption may or may not be true?
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

**Use another sheet of paper if there is not enough space in the chart to record your findings.*

12a. Thinking of the body as a whole what other muscles or structure(s) will you want to target to help indirectly relieve the client's primary concern and why?

12b. If you will only be doing detailed work to just one area (and doing very general work to the rest of the body), defend why you have made this treatment choice.

PLAN (an overview of your plan of treatment):

13. According to your above assessment (synthesis) what detailed work will you add into your full-body one-hour session?

<i>Which muscles & structures will you address?</i>	<i>What will you try to accomplish in working on the muscle or structure?</i>	<i>What strokes or techniques will you use to try to achieve the preceding goal?</i>
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

*You may work more or less than 10 muscles & structures as is appropriate.

14. What has the client revealed to you that informs you about contraindications, cautions and/or the need for special bolstering or positioning:

15. Treatment performed:

Include information such as:

- *What parts of your plan were you actually able to perform?*
- *If you left out part of your treatment plan, why?*
- *How did the tissues feel and respond as you worked on them?*

16. Notes after session:

Include information such as:

- *Is client more comfortable at rest?*
- *Is pain free range of motion greater after the session than before?*
- *What does the client report about the changes they feel?*

17. Recommendations/Referrals/Follow-up (if appropriate): _____

18. Self-reflection:

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

INSTRUCTIONS

SWEDISH II 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.

1-7. 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 (#7) 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.***

8. Gender, Height, Weight:

Simply record the information in the spaces provided.

9a. Postural Assessment:

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

Examples:

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

9b. Charts to record postural & palpation findings:

Use the body outlines to help visually record information you have entered in the Postural Assessment chart. For instance you can draw on the diminished or exaggerated curves of the spine. You can also use the outlines to record areas of soreness or tension, taut bands, adhesions and/or fascial restrictions. You may find it useful to use colored pencils, pens or markers.

10. List any other relevant observations other than from the postural assessment (movement patterns, way of walking or sitting, general manner, etc.) that may give more information on how to address your client's concerns.

ASSESSMENT:

11. Interpret the findings from the subjective and objective sections and explain what pathologies may be present and why your client may be experiencing their present complaint(s).

Tissue or structure	Assumption of the condition or state of the tissue or structure	How did you determine if your assumption may or may not be true?
a. Knee joint	Limited range of motion in flexion	AROM (100°) & PROM (120°)
b. Rectus Femoris	Shortened	Ely's Test (120°)

12a. Thinking of the body as a whole what other muscles or structure(s) will you want to target to help indirectly relieve the client's primary concern and why?

Take all the information you have gathered so far and look at the big picture. For instance are there areas on the front of the body that should be addressed to help the back? Is there something going on with the ankles or knees that is impacting the client's lower back complaint?

12b. If you will only be doing detailed work to just one area (and doing very general work to the rest of the body), defend why you have made this treatment choice.

We want you to be seeing the big picture and performing detailed work beyond the area of the client's complaint. However, if you feel that you should do a full body with focus only to the area mentioned by the client, that may be the best plan. But you need to defend your logic and choice making here.

PLAN:

13. 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	a. Myofascial release with active movement b. Muscle stripping c. Friction, especially at achilles tendon

14. What has the client revealed to you that informs you about contraindications, cautions and/or the need for special bolstering or positioning

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

15. Treatment performed:

Include information such as:

- *What parts of your plan were you actually able to perform?*
- *If you left out part of your treatment plan, why?*
- *How did the tissues feel and respond as you worked on them?*

Example: I performed my entire treatment plan except work to the arches of the feet was limited due to extremely ticklishness.

16. Notes after the Session.

What does the client report about the changes they feel? You can also 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 <40° before the session to >60° after the session.

17. Recommendations/follow-up (if appropriate):

Include the following information if relevant:

1. Should the client rest the involved muscles?
2. What strengthening/stretching exercises may be appropriate with this particular client?
3. 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.*

18. Self-reflection:

What was the one most useful or meaningful thing you learned while 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.*

STROKES & TECHNIQUES

The following is an overview of some strokes and techniques that you have learned so far and some of their effects:

Body Mobilization Techniques (BMTs):

- warms and loosens joints
- stretches tissues, muscles, tendons and joint capsules
- realigns scar tissue; lengthens overly contracted tissues
- increases range of motion

Compression:

- stretches connective tissue & muscle fibers
- increases muscle tone, by stimulating muscle spindles

Core exercises:

- strengthens weak muscles (some of which are postural muscles)
- targets muscles that help to stabilize the torso during activity, thus creating postural stability as the limbs move through space
- can correct imbalances in tissue length

Cross fiber friction:

- prevents adhesions and excessive scar tissue formation during tissue healing
- separates adhesions
- causes a local hyperemia (an increase of blood supply)

Effleurage:

- increases rate of superficial circulation of venous blood and lymphatic fluid
- decreases swelling caused by injury or strain
- provides greater nutrition to and drainage of waste from tissues
- slow, rhythmic effleurage reduces sympathetic nervous system firing, decreasing muscle hypertonicity and related pain

Jostling:

- relaxes tense, held tissues and joint structures due to overstimulation of proprioceptors

Muscle spindle technique/approximation:

By manually bringing the two ends of muscle fibers closer, the spindle cells within the fibers feel the muscle shorten. They will then cause the muscle fibers to relax in order for the muscle to be comfortable in this shortened position.

Muscle stripping:

- increases circulation to a targeted band of muscle
- prepares muscle for deeper work such as friction and ischemic compression

Myofascial release:

- restores elasticity to the Myofascia by restoring critical interfiber distance
- creates elongation of the connective tissue
- releases fascial restrictions and adhesions
- increases ROM if fascial restrictions and adhesions were limiting movement
- aids in relieving postural distortions (by lengthening adaptively shortened tissues and disinhibiting eccentrically lengthened tissues)
- increases circulation in chronically congested or ischemic muscle tissue
- helps to relieve trigger points
- helps to relieve muscle spasm
- increases Golgi Tendon Organ firing which can reflexively calm the muscles
- relieves pain caused by:
 - fascial tension on cutaneous neurons where they pierce the fascia
 - tension on nerve roots as they exit the vertebral column
 - entrapment on terminal nerves as they travel through muscles

Passive movements:

Passive movement stretches joint tissues such as tendons, ligaments and the joint capsule, stimulating synovial fluid secretion and breaking up adhesions.

Petrissage:

- increases deep venous and lymphatic flow, thereby mimicking the circulatory benefits of contraction of skeletal muscle
- deeper petrissage can loosen muscle and connective tissue adhesions
- decreases muscle tone

Reciprocal Inhibition:

- can bring fast relief (often instantaneous) from muscle cramps
- stretches muscle tissue in targeted muscle

Stretching:

- increases the resting length of the muscle
- reduces adhesions
- providing longitudinal stress to tissues (healing from injury), to aid in the proper alignment of new scar tissue formation.

Tapotement (percussion):

- when performed over the thorax, loosens chest congestion
- facilitates muscle contraction, if done to the belly of the muscle
- initially nervous reflexes cause blood vessels in the skin to contract, after prolonged application blood vessels will dilate due to the release of histamines
- increases muscle tone by increasing sympathetic nervous system firing

Vibration:

- reduces pain by blocking nerve signals (gate theory of pain)
- over the thorax loosens mucus in the lungs
- over the stomach and intestines stimulates peristalsis and causes movement of gas