

SPORTS MASSAGE ASSOCIATION LOGBOOK CONSULTATION FORM

Please use this form to create your logbook, using one form per treatment and anonymising identifying client data



Date	Client Number	Treatment number
	Client should only be identifiable to you; this number shows how many different people you have treated	This should show the running tally of hours you have completed overall

Reason for Consultation

For example: relaxation, painful DOMs, aches and pain (list affected body parts), relieve stress, time for self, want to try a massage, etc

Client Expectations

How do they expect to feel when they leave? Relaxed, less pain, invigorated, energised, etc

Demographic (mark as appropriate)

Male/Female/Other		Use client's own description			
Pre-adolescent		Adolescent		Adult	

GP Name and Address

This should be completed

Previous Medical History

Detail past illnesses, fractures, traffic accidents, surgery, current medical conditions, allergies. You should have an eye on possible contraindications. Describe the client's presenting condition.

Medication

Consider prescribed and over-the-counter medication, note name and dose. Are there any side effects to these drugs or contraindications (i.e. warfarin and blood thinning or statins and joint pain)? Any herbal remedies or supplements?

SUBJECTIVE EXAMINATION

Date of Birth	Occupation
Age is significant in some conditions so this should be recorded	Can indicate if job is manual or repetitive, for example.

Sports and Hobbies
Indicate general physical activity levels and their impact on the presenting condition. How often does the client train or compete? Which sport/s? Do they have enough recovery time?

Any other lifestyle information? (eg alcohol/smoking, nutrition, etc)
Find out about the amount of stress in the client's life, sleep quality, children (and birth history), marital status - build up a picture of the client's lifestyle. Have they had massage before or used any other alternative therapies/treatments? What was the outcome?

Client objectives for treatment (eg aches and pains, functional problems, etc)
Similar to above - why have they come for treatment specifically? This is their input, not yours. This could be along the lines of relieving pain in the lumbar region, fewer headaches, being able to touch toes, better movement through shoulders, etc

I confirm that the above information is correct to the best of my knowledge. I consent to continue with a physical examination. <i>Note: A chaperone must be in attendance when the client is under the age of 18</i>
--

Client Signature	Therapist Signature

Chaperone Name	Chaperone Signature
Only needs completing if a chaperone is necessary - link back to DoB	

OBJECTIVE ASSESSMENT

Initial Observation (Facial expression, posture, gait)

When the client first enters the room - are they limping, rigid, relaxed, stooped, have a pained expression, etc?

State at rest (any pain or discomfort)

While they are sitting, do they have any pain or discomfort? If so, set up a pain scale - eg VAS 1-10

Observation (asymmetry, swelling, redness, deformities, etc)

Comparing side to side: are their shoulders level, head crooked, is anywhere swollen/red from inflammation, are they swayed to the left or right or are they balanced?

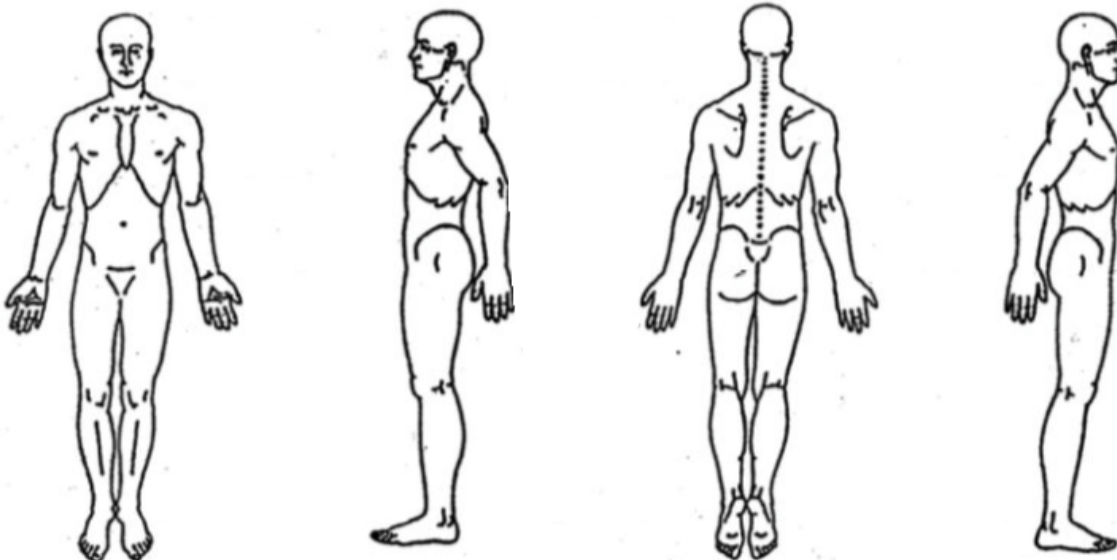
Movement Patterns (AROM, reduced function)

Joints should be assessed for active and passive ROM and notes made of any changes*

**Refer here for more information: <https://www.dshs.wa.gov/sites/default/files/forms/pdf/13-585a.pdf>*

Palpation (skin temperature, oedema, tension, etc)

If they have come for tension, does the muscle they complain of feel tight to touch? How does it compare to the opposite side? Any other observations from palpation?



Postural Observations

The body charts should be used to detail your observations - perhaps using a colour-coding scheme to indicate differing areas of tension (eg over-stretched versus over-short) or for noting bruising/haematoma or skin conditions.

ANALYSIS AND PLAN

Problem List (summary of findings)

What did you find that you plan to treat? Which muscles are tight and causing postural changes or discomfort/pain, for example?

Treatment Plan (areas to be worked on, timings, techniques, client position etc)

Note: this is the information the client requires in order to make an informed decision on continuing with the treatment or not. It should be discussed with the client before continuing

This should be all the detail you have told the client to gain INFORMED CONSENT (as above), but in a good level of detail. Which areas (left/right, bilateral), which limb, which techniques, which positions (prone/supine/side-lying/seated), where will supports be placed?

Informed Consent

The treatment options have been discussed and I give my consent for treatment to continue

Client Signature

TREATMENT

LEVEL 3: highlight techniques used

Effleurage		Petrissage		Tapotement	
Vibration		Friction		Compression	
Passive stretching		**	**Which muscles are being stretched?		

LEVEL 4: please detail use of more advanced techniques and justification for their use in the changes/findings box

Location (massage/clinic room, pitchside, changing room)

Massage Medium (lotion, wax, oil, etc)

Note the product used in case of allergic reaction

Changes to treatment plan and findings during treatment

The plan above is written before treatment starts - if you found things you also treated, or didn't stick to your original plan, this should be mentioned here - noting client's informed consent to the changes

Reassessment (change in ROM, pain levels, emotional state, etc)

You should perform the objective tests you carried out before treatment again and note the results here so you can measure the efficacy of your treatment. Has the client's pain level changed? Can they now touch their toes or move their arm more freely? This links to the client comments box below.

Aftercare Advice

Detail your homecare advice here - which stretches (demonstrated) for which muscles? Strengthening exercises? Hydration protocols? When should the client come back for a follow-up?

Client Comments/Feedback

The client should be specifically asked for feedback on the treatment and the comments noted here - this should be their words, not yours.

Evaluation of effectiveness of treatment

This is an amalgamation of the client's feedback and your reassessment post-treatment

Future revisions to treatment plan

Next time they come for treatment, what do you plan to do to help their recovery further? Do you need to work on different areas? Do more or less of something?

Self-evaluation

Do you need to research anything from this treatment? What would you do differently, given the chance again? What do you need to practise more?

Any other comments?**Therapist Signature**