

Introduction

Medical terminology is key to understanding the language of science.

It is important for massage professionals to communicate and understand other health professionals.

Recording a client's information accurately depends on correct use of terminology and an organized approach to charting.

The “language” of medicine is similar to math because it is, in many cases, universal. Medical professionals around the world, whatever their native language, use many of the same words to describe anatomy, medical conditions, and treatments in patient records.

Until the development of the Massage Therapy Body of Knowledge (MTBOK) in 2010, numerous terms and definitions were used to describe the same or very similar massage methods or skills.

Massage Therapy Terminology

To receive the respect and understanding of other health professionals, we as massage professionals must explain ourselves in terms other health professionals understand and respectfully educate them in our language.

Box 4-1 How We Communicate

Language is made up of socially shared rules that include the following:

- Sounds and symbols that convey meaning
- Word definitions—vocabulary
- Ability to make new words
- Agreed upon sequences of words used to communicate—grammar
- **Terminology:** language specific to a specialized knowledge; i.e. medical terminology.
- **Taxonomy:** the science of classification according to a pre-determined system
- **Nomenclature:** a system of names; a *vocabulary* is a system of names with explanations of their meanings; a *classification* is a systematic organization of things

Massage Therapy Terminology

MTBOK

Goal is to provide a standardized nomenclature for massage therapy

Terms and definitions provided provide a common ground for a language for massage

Box 4-2 Terminology Defined by the *Massage Therapy Body of Knowledge (MTBOK)**

The MTBOK task force believed it was necessary to set down definitions of certain terms for the following reasons, including but not limited to:

- Assisting readers to develop a uniform approach to understanding the MTBOK document and any questions with which they may be concerned
- Helping to establish a common terminology to reduce any misunderstanding
- Clarifying commonly used terms thought to be misused in the field of massage therapy
- Defining terms for which there seems to be a lack of clarity on the way the terms are used in the field

The vocabulary presented defines how the MTBOK stewards and task force intended the meaning of the terms in the MTBOK document only. The value of this work helps the greater profession begin the process of developing a unified language.

Assessment An appraisal or evaluation of the condition of a client/patient that may be based on some or all of the following: the health and medical history, the individual's account of signs and symptoms, the primary health care provider's current diagnosis, functional data gathered from information provided on written intake forms, observation, palpation, range of motion, movement, and special tests as applicable and that help determine a person's ability to perform everyday tasks and activities of daily living.

remediation of symptoms; also referred to as *treatment massage*, *orthopedic massage*, or **medical massage**.

Deep tissue The tissues beneath superficial structures that are being treated. This term is commonly misused to describe a specific technique.

Deep tissue work/massage A generic term commonly used to describe a variety of techniques to address specific deep tissues and structures, regardless of the force/pressure exerted or the level of discomfort/pain experienced during and/or resulting from the application.

Discipline An area of study with shared concepts and vocabulary (e.g., Swedish massage, sports massage, myofascial release).

Massage therapy equivalent or related terms Terms that mean the same thing as *massage*; they also include *therapeutic massage*, *body massage*, *myotherapy*, *massotherapy*, *body rub*, *massage technology*, *bodywork*, *bodywork therapy*, *somatic therapy*, or any derivation of these terms. Massage therapy may be assumed to be bodywork, but not all bodywork is massage therapy.

Massage therapist equivalent or related terms Terms that mean the same thing as *massage practitioner*; they also include *massage technologist*, *massage technician*, *masseur*, *masseuse*, *myotherapist*, *massotherapist*, *bodyworker*, *bodywork therapist*, *somatic therapist*, or any derivation of these terms. Massage therapists may be assumed to be bodyworkers, but not all bodyworkers are massage therapists. *Note:* Some regional regulations make distinctions between these terms to recognize differences in training and/or scope of practice.

Body, mind, and spirit The three primary, interrelated, interacting, and integrated layers that comprise a healthy, balanced, and unified human being. *Mind* includes the thoughts, feelings, and emotions (psychology) and self-awareness. *Body* refers to the three-dimensional structure and functions of the 11 systems that make up the physical body. *Spirit*, the most underlying layer of the three, is responsible for organizing, catalyzing, and enlivening both the mind and body. It includes that aspect that senses a connection to the higher or a deeper meaning in life and the fundamental vitality that animates all human life. When one or more of these layers is out of balance because of some physical, psychological, and/or spiritual reason, a human is considered to be in a state of “dis-ease.” Acknowledging the mind/body/spirit connection, the massage therapy profession holds that massage therapy treatment can lead to improved health outcomes by facilitating the balance and connection of body, mind and spirit.

Bodywork A term used in complementary and integrative medicine (CIM) to describe any therapeutic, healing, or personal self-development practice, which may include massage, touch, movement, or energetic work. One form of bodywork is massage therapy, and the terms *massage therapy* and *bodywork* frequently are used interchangeably. However, although bodywork includes all forms of massage therapy, it also includes many other types of touch and incorporates many other skills and techniques to enhance awareness of the mind/body/spirit connection.

Client A recipient of a service, be it from a wellness or a health care professional, regardless of his or her health status. All patients are clients, but not all clients are patients.

Clinical massage Massage therapy practice that involves more extensive use of assessment and also the use of specific, focused techniques and applications with the intention of achieving clinical treatment or functional outcomes and

Mobilization The process of making a fixed part movable or releasing stored substances, as in restoring motion to a joint, freeing an organ, or making available substances held in reserve in the body, such as glycogen or fat.

Modality A method of application or the employment of any physical agents and devices. This term is commonly misused to describe forms of massage (e.g., NMT, myofascial, Swedish).

Physical agent Tools or materials used in the application of therapeutic modalities. They consist of energy and materials applied to the client/patient to assist in the achievement of the person’s therapeutic goals. Physical agents are classified as thermal (e.g., hot and cold packs), mechanical (e.g., manual traction, compression by pressurized water or compressive bandages, ultrasound), and electromagnetic (e.g., infrared heating, ultraviolet radiation, laser, transcutaneous electrical nerve stimulation [TENS]). Use of ultrasound, diathermy, ultraviolet radiation, laser, and TENS are beyond a massage therapist’s scope of practice unless the therapist has separate training and certification that permits use of these agents.

Soft tissues The skin, fascia, adipose tissue, muscles, tendons, ligaments, joint capsules, cartilage, bursae, myofascial tissue, blood, blood vessels, lymph, lymph vessels, interstitial fluids, synovial fluids, cerebrospinal fluids, nerves, and periosteal tissues.

Special tests Methods used to assess for the presence of and to determine the degree of a condition in a client/patient. These assessments commonly involve specific stressing of particular structures.

Standards of care Treatment guidelines developed by the profession for a given condition, which identify appropriate treatment based on scientific evidence and clinical experience. In legal terms, standards of care represents the degree of prudence and caution a professional having appropriate training and experience would practice. This relates to fiduciary responsibility, scope of practice, and informed consent.

Standards of practice Standards for the practice of a profession that members of that profession or organization are expected to adopt. These standards usually include guiding principles related to professionalism, legal and ethical requirements, confidentiality, documentation, client/patient records, business practices, boundaries, hygiene, and safety.

Supportive environment An environment in which the therapist provides support and loving kindness within clear and appropriate boundaries, free from judging, enabling, caretaking, or counseling.

Therapeutic process The capacity of the musculoskeletal system (and other body systems) to self-correct, come into balance, and achieve equilibrium through the skillful normalization of tissue tone by a massage therapist. Therapeutic processes are time dependent and may be noticed within one massage. They usually are noticeable in other body systems after several massage sessions. A therapeutic process may or may not lead to healing.

Treatment planning The documented process of determining a treatment plan to address the therapeutic goals of the client/patient. The treatment plan is based on the current condition, health history, intake interview, and the findings of assessment procedures. Assessment procedures may include postural and movement observations, palpation, objective evaluations (e.g., range of motion), and special tests. The therapist's clinical reasoning skills, scope of practice, training, and experience, in addition to the interests, concerns, and informed consent of the client/patient, influence the planning process. An integrated treatment planning process may involve working with a health care team to ensure that all health care providers for a particular client/patient understand each other's treatment goals and that these goals are complementary.

Wellness The condition of optimum physical, emotional, intellectual, spiritual, social, and vocational well-being. The concept of wellness is holistic at its core, encompassing the whole person. Several models have been developed to depict the concepts of wellness.

Technique A procedure or skill used in massage therapy, including but not limited to the following:

- *Compression*: The use of compressive force without slip. The force, which can vary in depth and pressure, commonly is applied at a 90-degree angle to the tissue and followed by a lift or release of force.
- *Friction*: Strokes that rub one surface over another with little to no surface glide, providing both compressive and shearing forces. Pressure may be superficial (light) to deep, providing friction effects between various tissue levels. Examples of friction may include warming, rolling, wringing, linear, stripping, cross-fiber, chucking, and circular. Most friction strokes are administered with little or no lubricant.
- *Gliding/stroking (effleurage)*: Gliding movements that contour to the body. The pressure may be either superficial (light) or deep. Variations may include one-handed, two-handed, alternate-hand, forearm, and nerve strokes.
- *Holding*: Holding tissue without movement and with little or no force or weight in the contact.
- *Kneading (pétrissage)*: Lifting, rolling, squeezing, and releasing of tissue, most commonly using rhythmic, alternating pressures. Variations may include one-handed, two-handed, alternate-hand, pulling, and skin rolling.
- *Lifting*: Strokes that entail pulling tissue up and away from its current position.
- *Movement and mobilization (stretching, traction, range of motion, and gymnastics)*: Strokes that entail shortening and/or lengthening of soft tissues with movement at one or more joints. Variations include active movement (the client/patient moves structures without the therapist's

help); passive movement (the therapist moves structures without the help of the client/patient); resistive movement (the client/patient moves structures against resistance provided by the therapist); and active assisted movement (the client/patient moves structures with support and assistance from the therapist).

- *Percussion (tapotement)*: Alternating or simultaneous rhythmic striking movement of the hands against the body, allowing the hand to spring back after contact, controlling the impact. Hand surfaces commonly used include the ulnar surface of the hand, tips or flats of the fingers, open palm, cupped palm and back ulnar surface, knuckles, or the sides of a loosely closed fist. Technique variations may include tapping, pincement, hacking, cupping, slapping, beating, pounding, and clapping.
- *Vibration*: Shaking, quivering, trembling, swinging, oscillating, or rocking movements most commonly applied with the fingers, the full hand, or an appliance. Variations may include fine or coarse vibration, rocking, jostling, or shaking. The speed varies from slow to rapid.

Medical Terminology

Fundamental Word Elements:

Prefixes—always precede roots

Root words

Suffixes—always follow roots

A prefix is placed at the beginning of a word to alter its meaning. A root word provides the fundamental meanings of words. Suffixes are placed at the end of a root to alter the meaning of the word.

Abbreviations

Abbreviations - shortened forms of words and phrases used in writing to save time and space

Jargon - words developed within a system or existing words that have other definitions besides the dictionary meaning

When using abbreviations it is important to provide an abbreviation key either in the forms or in the record and to avoid excessive use of abbreviations.

In written record keeping, words should be clear and concise. The words used in record keeping should be found in either a standard comprehensive dictionary or a medical dictionary and should represent the definition as listed.

Terms Related to Diagnosis and Diseases

Indication

Contraindications

General avoidance of application

Regional avoidance of application

Application is performed with caution

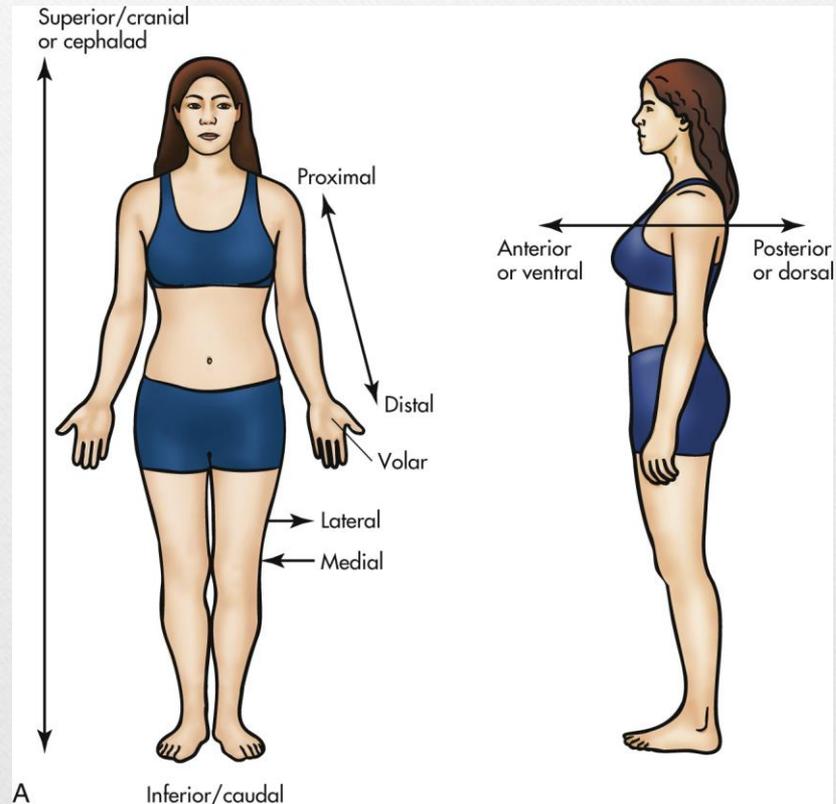
A massage professional must be able to understand medical terms related to diagnosis and various diseases.

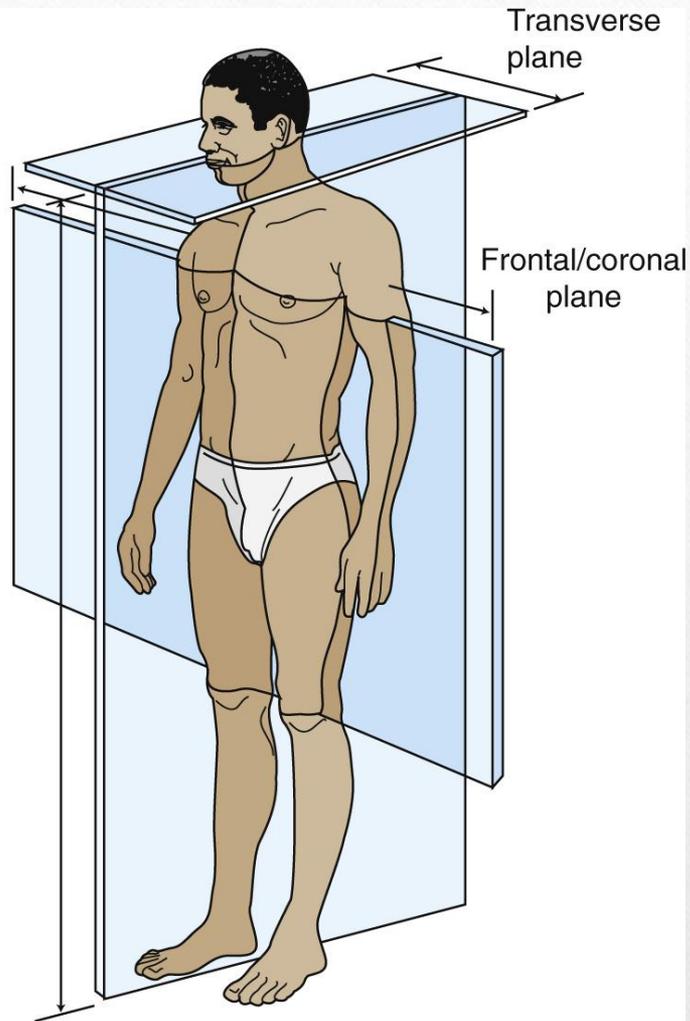
An indication is a situation in which an approach would be beneficial for treatment of a particular condition. A contraindication exists when an approach is harmful.

Terminology of Location and Position

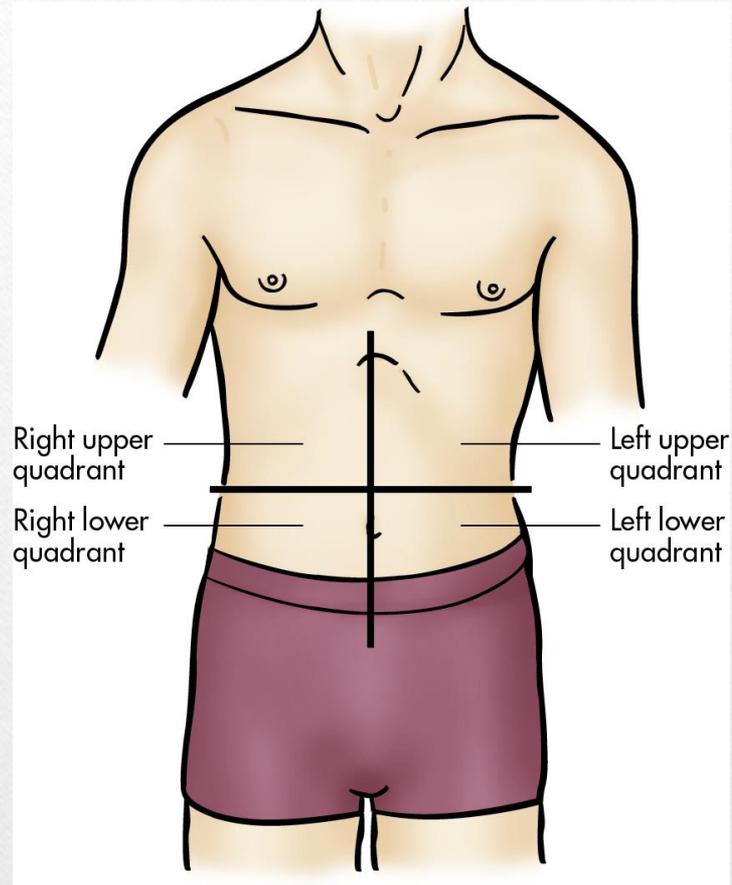
Directional terms are used to describe the way one body part relates to another.

In records, the massage professional must be able to identify the location of an area of the body accurately





B Median/sagittal plane



The abdomen is divided into four quadrants, and the locations of abdominal organs and the abdominal contents are described in terms of the quadrants in which they are found.

Positional terms

Anatomic position

Erect position

Supine position

Prone position

Laterally recumbent position

Positional terms are used to describe the relationship of the body to the different planes.

Terms for Describing Muscle Movement

Table 4-6 Terms for Describing Muscle Movement

Term	Definition
Adductor	Muscle that moves a part toward the midline
Abductor	Muscle that moves a part away from the midline
Flexor	Muscle that bends a part
Extensor	Muscle that straightens a part
Levator	Muscle that raises a part
Depressor	Muscle that lowers a part
Tensor	Muscle that tightens a part

Immunology Terms

Table 4-9 Selected Terms Related to Immunity

Term	Meaning
Acquired immunity	Resistance (immunity) to a particular disease developed by people who have acquired the disease
Acquired immunodeficiency	A group of symptoms (syndrome) caused by the transmission (acquired) of a virus that causes a breakdown (deficiency) of the immune system (AIDS)
Active immunity	Resistance (immunity) in which the antibodies produced by the body currently exist
Allergy	A state of hypersensitivity to a particular substance; the immune system overreacts (over [hyper-], reacts [sensitive]) to foreign substances, and physical changes occur
Antigen	A substance that stimulates the immune response
Susceptible	An individual who is capable (-ible) of acquiring (suscept) a particular disease

Record Keeping

Client records - contain all information related to the client

Documentation - process of creating and maintaining client records

Charting - systematic form of documentation

Progress or session notes - produced by using a charting process to record each message with the client

Box 4-3 Documentation Rules for Medical Records and Health Care Professionals

Medical records must be maintained in a specific way:

- Each page of the record must identify the patient by name and by the clinical record number of the hospital, clinic, or private physician.
- Each entry in the record must include the date and time the entry was made and the signature and credential of the individual making the entry.
- No blank spaces should be left between entries.
- All entries should be written in ink or produced on a printer or typewriter or recorded appropriately in electronic format.
- The record must not be altered in any way. Erasures, use of correction fluid, and marked-out areas are not appropriate. Errors should be corrected in a manner that allows the reader to see and understand the error. Errors are corrected as follows:
 1. A single line is drawn through the error, and the legibility of the previous entry is checked.
 2. The correct information is inserted.
 3. The correction is dated and initialed by the person recording the data.
 4. If space is inadequate to allow the correction to be made legibly at the error, a note should be made indicating where the corrected entry can be found; this cross-reference should be dated and initialed. The correct information is entered in the proper chronologic order for the date the error was discovered and corrected.
 5. If something is spilled on the pages of a chart, they should not be discarded. The pages should be copied, and the original and copied sheets then should be put together in the chart. "COPIED" is written on the copied pages.
- All information should be recorded as soon as possible. Memories can fade, and important facts can be omitted.
- Abbreviations should be used sparingly, and only those approved by the organization are appropriate. The same abbreviation can have different meanings, which can be misleading. Writing out the information is always better than using abbreviations that can be misinterpreted.
- All writing must be legible. Because the patient record is used by so many other clinicians and practitioners in providing care, it is important to the quality of patient care that the record be legible. An electronic format can be helpful with this issue.
- All entries must be consistent with one another. The assessment must agree with the diagnostic testing, or an explanation must be given as to the reason it does not.
- Entries should be factual accounts.
- All information given to the patient before any procedure should be recorded. This ensures and verifies that the patient was properly informed of the benefits and risks before he or she gave consent for the procedure.
- Telephone contacts with the patient should be entered into the record immediately.
- Some method of organizing entries (e.g., the SOAP format) must be used to ensure that the entries are comprehensive and reflect the thought processes involved when decisions were made about the patient's care.

Problem-Oriented Medical Record

POMR system - method of record keeping that is organized around the problems of the client or patient

SOAP format - critical thinking process used to collect information and organize it according to a system

subjective, objective, assessment/analysis, and plan

The SOAP charting process has become the most used documentation method for therapeutic massage.

Because diagnosis and prescribing are out of the scope of practice for massage therapy, the SOAP process has been modified over time to better fit the practice of therapeutic massage.

Progress/Session Notes

Progress (or session) notes:

Chart each visit by the client

Should follow a systematic method of organizing the information for decision making

Good record-keeping skills equip the massage therapist to communicate with other health care personnel. They also help create an accurate record of specified treatment goals, the methods of massage, and the effectiveness of treatment.

Confidentiality of Medical Records

HIPAA's Privacy Rule

Includes standards that protect a patient's individually identifiable data

Protected health information (PHI) - information that identifies a patient and his or her health status

The Privacy Rule applies to health plans, health care clearinghouses, and other health care providers. It covers a broad range of information.

Most health care providers, and certainly hospitals, have policies and procedures governing the release of any information about a patient.

To ensure compliance, health care providers have implemented policies and procedures that adhere to HIPAA regulations. The massage therapist in the medical environment should be specifically trained in the HIPAA procedures in place in the medical environment.

Documentation in the Massage Therapy Practice

Record keeping or charting consists of the written record of:

Intake procedures

Informed consent

Physical and history assessment

Release of information

A massage professional needs to make clinical decisions about the client's concerns and the methods to be used to achieve clients' goals and address their concerns. Clinical decision making is based on maintaining a written account of professional interaction. Massage professionals must be able to gather information effectively, analyze that information to make decisions about the appropriateness of a therapeutic intervention, and evaluate and justify the benefits

Documentation in the Massage Therapy Practice

Box 4-4 SOAP in the Massage Practice

The SOAP note has four parts:

Subjective data: The client's explanation of his or her goals for massage and information about the current and past conditions, pain, complaints, reactions, and so forth.

Objective data: The information obtained through physical assessment and observations and also the massage techniques used.

Assessment: (Think of this as an analysis.) Evaluation of the condition, based on the subjective and objective information, using clinical reasoning skills. It involves thinking about the data gathered and deciding on the main issues, the contributing factors, and possible courses of action. It also includes the information from a postmassage evaluation of the results of the massage interventions.

Plan: The details of implementation of the course of treatment chosen, including the frequency of the massage sessions, methods, client education, referrals, need for additional information, and so forth.

It is important that you understand the mechanics of the record keeping and charting process so that as your technical skills improve, your ability to perform record-keeping procedures also develops.

Clinical Reasoning and Charting

Charting is a written record of the clinical reasoning process:

Assess—gather information

Analyze—organize information

Decision making—plan intervention by evaluating and justifying benefits

Functionally oriented goals

Quantifiable—how many, for how long, when?

Qualifiable—in what way?

To develop a treatment plan, a massage professional needs to set achievable goals and outline a general plan to reach these goals. Because these goals are functional, they must be quantified and qualified.

Box 4-5 Methods of Organized Thinking

Organized thinking is based on four primary elements:

- **Database:** The client's past and present health status.
- **Goals/problems list:** The list of massage-related health goals and current and past problems.
- **Initial plan:** The massage therapy plan devised to help achieve goals and overcome health problems.
- **Progress notes:** The ongoing description of each massage session using a logical method (style) of charting.

Charting Methods

Three commonly used charting methods are SOAP, SOAPIER, and PIE.

SOAP Method

The SOAP method is used for problem-oriented charts.

- S**—Subjective (what the client tells you)
- O**—Objective (what you observe, see, assess, and measure)
- A**—Assessment/analyze (what you think is going on based on your data)
- P**—Plan (what you are going to do)

SOAPIER Method

- S**—Subjective (what the client tells you)
- O**—Objective (what you observe, see, assess, and measure)
- A**—Assessment/analyze (what you think is going on based on your data)
- P**—Plan (what you are going to do)
- I**—Intervention (specific methods used)
- E**—Evaluation (response to interventions)
- R**—Revision (changes in treatment)

PIE Method

The PIE method, which is similar to SOAP charting, also is a problem-oriented method.

- P**—Problem (what is bothering client or what is the intended outcome for massage)
- I**—Intervention (what type and how massage was used)
- E**—Evaluation (what worked and what did not work)

Goals and Problems

Goals describe desired outcomes.

Problems indicate limits in functions.

Example:

Description of the problem: Client has disturbed sleep pattern because of multiple physical and emotional stressors.

Goal: Reduce physical stress symptoms to support more effective sleep.

Massage sessions are goal oriented. It is important to develop measurable, activity-based goals that are meaningful to the client, such as improvement in the ability to perform activities of daily living.

Quantifiable and Qualifiable Goals

Quantifiable - goals must be measurable in terms of objective criteria

Qualifiable - measures for determining when a goal has been achieved

Intake Procedures

The database contains all the information gathered from the client.

The history interview includes a health history, client profile, history of the current condition, and a history of familial illness.

Physical assessments identify deviations from the norm of effective functioning.

Four basic questions that support data collection.....

- 1. Will you please explain the situation or tell me what happened?*
- 2. How did you feel about the situation?*
- 3. What was the result of the situation in terms of cost, limitations, or changes in activity or performance?*
- 4. How would you prefer the situation to be handled or what would you like to occur?)*

Intake Procedures

Analysis of data includes the following:

Review information

Brainstorm possibilities

Consider logical outcomes of each possibility

Consider how people would be affected by each possibility

Identify problems and goals

Decide on a care or treatment plan

Not all therapeutic goals are related to problems. Clients often use massage for health maintenance, stress management, and fulfillment of pleasure needs. However, the same analysis process should be used to determine the approach to best meet the client's goal.)

Sample History Form

CLIENT INTAKE AND HEALTH HISTORY FORM

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____ Date of Birth: _____

Occupation: _____ Employer: _____

Referred by: _____ Physician: _____

Previous experience with massage: _____

Primary reason for appointment / areas of pain or tension: _____

Emergency contact—name and number: _____

Please mark (X) for all conditions that apply now. Put a (P) for past conditions, an (F) for family history of illness.

Pain Scale:		minor-1	2	3	4	5	6	7	8	9	severe-10	
<input type="checkbox"/>	headaches, migraines				<input type="checkbox"/>	chronic pain					<input type="checkbox"/>	fatigue
<input type="checkbox"/>	vision problems, contact lenses				<input type="checkbox"/>	muscle or joint pain					<input type="checkbox"/>	tension, stress
<input type="checkbox"/>	hearing problems, deafness				<input type="checkbox"/>	muscle, bone injuries					<input type="checkbox"/>	depression
<input type="checkbox"/>	injuries to face or head				<input type="checkbox"/>	numbness or tingling					<input type="checkbox"/>	sleep difficulties
<input type="checkbox"/>	sinus problems				<input type="checkbox"/>	sprains, strains					<input type="checkbox"/>	allergies, sensitivities
<input type="checkbox"/>	dental bridges, braces				<input type="checkbox"/>	arthritis, tendinitis					<input type="checkbox"/>	rashes, athlete's foot
<input type="checkbox"/>	jaw pain, TMJ problems				<input type="checkbox"/>	cancer, tumors					<input type="checkbox"/>	infectious diseases
<input type="checkbox"/>	asthma or lung conditions				<input type="checkbox"/>	spinal column disorders					<input type="checkbox"/>	blood clots
<input type="checkbox"/>	constipation, diarrhea				<input type="checkbox"/>	diabetes					<input type="checkbox"/>	varicose veins
<input type="checkbox"/>	hernia				<input type="checkbox"/>	pregnancy					<input type="checkbox"/>	high/low blood pressure
<input type="checkbox"/>	birth control, IUD				<input type="checkbox"/>	heart, circulatory problems						
<input type="checkbox"/>	abdominal or digestive problems				<input type="checkbox"/>	other medical conditions not listed						

Explain any areas noted above: _____

Current medications, including aspirin, ibuprofen, herbs, supplements, etc.: _____

Surgeries: _____

Accidents: _____

Please list all forms and frequency of stress reduction activities, hobbies, exercise, or sports participation: _____

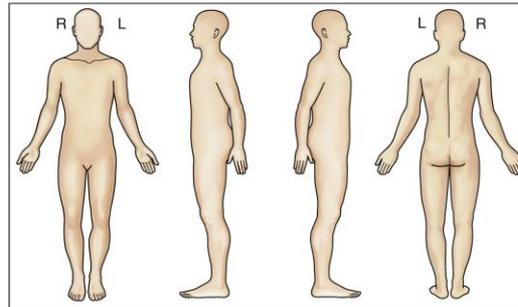
Sample Physical Assessment Form

MASSAGE ASSESSMENT/PHYSICAL OBSERVATION/PALPATION AND GAIT

PRE POST 

Client Name: _____

Date: _____



OBSERVATION & PALPATION

ALIGNMENT	RIBS	SCAPULA
Chin in line with nose, sternal notch, navel	Even	Even
Other:	Springy	Move freely
HEAD	Other:	Other:
Tilted (L)	ABDOMEN	CLAVICLES
Tilted (R)	Firm and pliable	Level
Rotated (L)	Hard areas	Other:
Rotated (R)	Other:	ARMS
EYES	WAIST	Hang evenly (internal) (external)
Level	Level	(L) rotated <input type="checkbox"/> medial <input type="checkbox"/> lateral
Equally set in socket	Other:	(R) rotated <input type="checkbox"/> medial <input type="checkbox"/> lateral
Other:	SPINE CURVES	ELBOWS
EARS	Normal	Even
Level	Other:	Other:
Other:	GLUTEAL MUSCLE MASS	WRISTS
SHOULDERS	Even	Even
Level	Other:	Other:
(R) high / (L) low	ILIAC CREST	FINGERTIPS
(L) high / (R) low	Level	Even
(L) rounded forward	Other:	Other:
(R) rounded forward	KNEES	PATELLA
Muscle development even	Even/symmetrical	(L) <input type="checkbox"/> movable <input type="checkbox"/> rigid
Other:	Other:	(R) <input type="checkbox"/> movable <input type="checkbox"/> rigid

	ANKLES		TRUNK		LEGS
	Even		Remains vertical		Swing freely at hip
	Other:		Other:		Other:
	FEET		SHOULDERS		KNEES
	Mobile		Remain level		Flex and extend freely through stance and swing phase
	Other:		Rotate during walking		Other:
	ARCHES		Other:		FEET
	Even		ARMS		Heel strikes first at start of stance
	Other:		Motion is opposite leg swing		Plantar flexed at push-off
	TOES		Motion is even (L) and (R)		Foot clears floor during swing phase
	Straight		Other:		Other:
	Other:		(L) swings freely		STEP
	SKIN		(R) swings freely		Length is even
	Moves freely and resilient		Other:		Timing is even
	Pulls/restricted		HIPS		Other:
	Puffy/baggy		Remain level		OVERALL
	Other:		Other:		Rhythmic
	HEAD		Rotate during walking		Other:
	Remains steady/eyes forward		Other:		
	Other:				

SOAP Notes

Record care or treatment plan with SOAP notes:

S—subjective data from client’s point of view

O—objective data from inspection and palpation

A—analysis (assessment of data)

P—plan methodology for intervention

“Assessment” in SOAP is analysis of the data and effectiveness of the intervention, whereas a physical assessment identifies deviations from effective functioning.

Sample Care/Treatment Plan Form

CARE/TREATMENT PLAN

Client Name: _____

Choose One: Original plan Reassessment date _____

Short-term client goals:
Quantitative: _____
Qualitative: _____

Long-term client goals:
Quantitative: _____
Qualitative: _____

Therapist objectives:

1) Frequency, 2) length, and 3) duration of visits:
1) _____ 2) _____ 3) _____

Progress measurements to be used: (Ex.— pain scale, range of motion, increased ability to perform function)

Dates of reassessment:

Categories of massage methods to be used: (Ex.— general constitutional, stress reduction, circulatory, lymphatic, neuromuscular, connective tissue, neurochemical, etc.)

Additional notes:

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Session Notes: SOAP Charting Form

SESSION NOTES SOAP CHARTING FORM

Client Name: _____ Date: _____

Manage Therapist Name: _____

S
ubjective

CLIENT STATUS

- **Information from client, referral source, or reference books:**

1) Current conditions/changes from last session: _____

O
bjective

2) Information from assessment (physical, gait, palpation, muscle testing):

CONTENT OF SESSION

- **Generate goal (possibilities) from analysis of information in client status.**

1) Goals worked on this session. (Base information on client status this session and goals previously established in Treatment Plan):

What was done this session:

A
nalysis

RESULTS

- **Analyze results of session in relationship to what was done and how this relates to the session goals. (This is based on cause and effect of methods used and the effects on the persons involved.)**

1) What worked/what didn't: (Based on measurable and objective Post Assessment)

P
lan

PLAN: Plans for next session, what client will work on, what next massage will reassess and continue to assess: _____

CLIENT COMMENTS:

Time In: _____ Time Out: _____

Therapist signature: _____

Computer-Based Patient Record and Electronic Health Record

Box 4-7 Pros and Cons of Computerized Record Keeping

Pros

- All parts of the record are legible.
- The date and time are recorded automatically.
- Abbreviations, specific terms, and formats are standardized by the facility.
- Less space is needed for record storage (computerization does not eliminate paper records, but it does significantly reduce the amount of paper needed).
- The members of a health care team are able to coordinate care.
- Searching for a particular item is quicker.

Cons

- Use of a computerized system involves a significant learning curve.
- Information and systems are not yet uniform, which makes integration difficult.
- Care must be taken to ensure that computer screens cannot be seen by unauthorized individuals.
- A password is required, which must never be shared and must be changed frequently.

Technology has improved over the past decades, allowing the design and implementation of electronic record-keeping systems.

Automated record-keeping systems have a variety of names, such as computer-based patient record (CPR), electronic patient record (EPR), computerized medical record, and electronic health record (EHR).

To Test

Access Code: **XAMK**

Please write down code. You will be asked for it

Once you have successfully passed the test (70% correct), please email Kim Jackson at kim_hotschool@yahoo.com. We will email you your CE certificate within 7 business days.