

# CONDUCTING SUBJECTIVE and OBJECTIVE ASSESSMENT

# Subjective assessment

## Carrying out subjective assessments of clients:

- **Aims and objectives of treatment**
- Age and occupation
- Sport and leisure activities
- Present and previous medical history: previous injuries, medications, etc
- Other lifestyle factors (stress, diet, dependants)
- Aims and objectives of treatment
- Contra-indications, required med permission
- Perceived problem:
  - site and spread of symptoms
  - behaviour of symptoms
  - onset and duration of symptoms
- Type and level of pain: aggravating and relieving factors.

# Obtaining consent for objective assessments

Verbal, written, prior to and during assessment, practitioner explains nature and purpose of assessment, risks, alternatives, effects

Personal or written permission from the parent/guardian/carer is recommended if treating a client under 16 years of age:

- From a guardian/carer if a client is too ill to consent themselves
- Having a chaperone present if necessary
- Organisational procedures and policies regarding approved guidelines for the presence of a chaperone
- Permission from a GP if the client is taking medication or contraindicated in any way
- Adequate disclosure of information: e.g., nature and purpose of treatment, its risk and consequences, alternative course of treatment
- Competency
- Welfare of client
- Capacity for decision making
- Client choice
- Good practice : ethical principles, code of conduct, Integrity, respect, professionalism
- Consultation form
- Client signature

## To consider before you carrying out objective assessments of clients:

- Private comfortable area
- Positive body language
- Positioning of the client (no barriers between themselves and client)
- Good communication skills (asking open and/or closed questions where appropriate)
- Trust
- Professionalism, confidence, and enthusiasm
- Confidentiality
- **Contra-indications to treatment**
- Client profile
- Importance of planning a treatment programme bearing in mind the client's religious, moral and social beliefs
- Determining the nature and extent of the client's needs
- Agreement to the course of action
- Ascertaining the client's **consent** to the treatment, (where the client is not in a position themselves - ascertaining from the appropriate companion, agreement to the treatment)
- Explanation of any possible side effects
- Explanation of how the programme will be evaluated and the review process
- Where appropriate clarify with the client any information that may be available to others e.g., relevant health care workers
- Obtain the client's signature (or that of the companion)
- Completion of consultation form

# Carring out objective assessments of clients:

## **Range of objective assessment techniques:**

- Observation
- Asymmetry
- Physical examination to include:
- **Palpation**
- ROM (range of movement) of muscles and joints – active, passive, resisted
- **Postural analysis**
- **Functional tests:**
  - Sit to stand
  - Walking
  - Squat
  - Lunge
- Special tests
- All special tests are for the purpose of identifying musculoskeletal length, injury or imbalance and to rule out fractures. Muscle length and strength of major muscles where appropriate e.g. hamstrings, pectorals, gastrocnemius

# How to interpret findings for each objective assessment technique

- Positive tests
- Partial positive
- Range of movements
- Negative tests
- Speed of movement
- Sign and symptoms

**Record and store clients' information always in accordance with professional practice requirements and as legally required**

# Reasons for deferral and referral:

## Deferral (postponing or restricting intervention):

- Acute inflammation
- Referral of treatment
- Contra-indications/contra-actions (general)

## Referral ( Beyond therapist's remit)

- Red and yellow flags
- Fractures/breaks
- Haematomas
- Ruptures
- Dislocations
- Anything that is not soft tissue damage
- Treatment is not working or results are unpredictable
- Contra-indications/contra-actions
- Outside scope of practice

# Devising a sport massage treatment plan

- From subjective and objective information gathered, meet client objectives:
- Indications for massage
- Adapting the treatment to meet the needs of the client
- Soft tissue techniques
- Aftercare/home care advice
- Rationale for chosen massage interventions
- Aims and objectives
- Procedures
- Techniques
- Adaptations
- Present verbally massage interventions and rationale to clients
- Nature
- Purpose
- Process
- Obtain **consent for treatment**: verbal, written (signature), prior, ongoing.

# Summative Practical Assessment

- Preparation
  - Therapist
  - Area/station
- Pre massage
  - Subjective assessment
  - Objective assessment
- Sports Massage
- Post massage
  - MET's
  - RoM's
  - Aftercare

# **Critical evaluation of the range of objective assessment methods used to gather information**

- Practical/observation
- Consultation
- Theory/underpinning knowledge
- Observations
- Testing for fitness
- Posture and figure analysis
- Range of movement
- Active and passive
- Muscle length test
- Ligament instability tests
- Specialist tests
- Functional tests
- Orthopaedic tests (for the purpose of identifying musculoskeletal length, injury or imbalance and to rule out fractures)
- Palpation and physical examination
- Treatment strategy

# Critical Evaluation

**It is very important to evaluate each treatment/ practical experience to assess the success of the hypothesis and techniques applied.**

- Therapist should aim to identify those factors in the experience which are both positive and negative.
- It is important to understand why things are effective or not.
- Understanding why certain practice is positive gives the therapist the opportunity to replicate good performance/ treatments
- Understanding why certain practice is negative allows the therapist to adapt/ change to improve subsequent performance/ treatments