Treatment Evidence Form

**1st Treatment**

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| Massage strategy/application of a range of soft tissue techniques: |
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| Tissue response throughout the treatment: |
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| Client feedback throughout the treatment: |
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| Home care/aftercare advice given: |
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|  Critical Evaluation of the effectiveness of the treatment: |
| What went well:What could be improved and how  |

**2nd Treatment**

Reason for treatment:

How did the client feel after last treatment and have they noticed any improvement?

Have there been any significant changes to your general health or wellbeing since last treatment?

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| ROM’s | Pre-treatment | Post-treatment | MET |
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| Treatment plan and state rationale for chosen massage interventions: |
| **Hypothesis:****Treatment Plan:****Rationale:** |

**Learner signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Massage strategy/application of a range of soft tissue techniques: |
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| Tissue response throughout the treatment: |
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| Client feedback throughout the treatment: |
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| Home care/aftercare advice given: |
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| Critical Evaluation of the effectiveness of the treatment: |
| What went well:What could be improved and how  |

**3rd Treatment**

Reason For treatment:

How did the client feel after last treatment and have they noticed any improvement?

Have there been any significant changes to your general health or wellbeing since last treatment?

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| ROM’s | Pre-treatment | Post-treatment | MET |
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| Treatment plan and state rationale for chosen massage interventions: |
| **Hypothesis:****Treatment Plan:****Rationale:** |

**Learner signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Massage strategy/application of a range of soft tissue techniques: |
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| Tissue response throughout the treatment: |
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| Client feedback throughout the treatment: |
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| Home care/aftercare advice given: |
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| Critical Evaluation of the effectiveness of the treatment: |
| What went well:What could be improved and how  |