



Lauterstein-Conway
Massage School & Clinic

Outside Massage Form #5: Orthopedic: Piriformis & Sacroiliac OR Low Back Pain

Client _____ Due Date _____ Class 85a _____
Student _____ Group _____ Date _____

Client Feedback:

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

Student Notes:

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?

Treatment Record

Client Name _____

Date _____

Student Therapist _____

S: Subjective or what the client reports about their status
 (client goals, functional limitations, and diagnosis/clearance from a physician)

O: Objective or findings made by the therapist
 (client posture, client movement, palpation of client during interview, details of focus area treatment)

Prone:

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area
 (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment)

Before treatment:

After treatment:

P: Plan or a strategy for further care
 (client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist



Lauterstein-Conway
Massage School & Clinic

Outside Massage Form # 6: Orthopedic: Rotator Cuff & Carpal Tunnel OR Thoracic Outlet

Client _____ Due Date _____ Class 85a _____

Student _____ Group _____ Date _____

Client Feedback:

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

Student Notes:

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?

Treatment Record

Client Name _____

Date _____

Student Therapist _____

S: Subjective or what the client reports about their status
 (client goals, functional limitations, and diagnosis/clearance from a physician)

O: Objective or findings made by the therapist
 (client posture, client movement, palpation of client during interview, details of focus area treatment)

Prone:

Supine:

A: Assessment or how the client rates the pain or discomfort of a focus area
 (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment)

Before treatment:

After treatment:

P: Plan or a strategy for further care
 (client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist
