



## 20b Swedish: Full Body Demo and Interviewing Practice



## 20b Swedish: Full Body Demo and Interviewing Practice Class Outline

10 minutes	Break
5 minutes	Attendance, Breath of Arrival, and Reminders
20 minutes	Interview using John/Jane Doe F: 59-60
40 minutes	Using A: 146- 147b (8pts.) Paired students interview each other, full SOAP
10 minutes	Break
10 minutes	Transition and Explanation of Demo A: 145
65 minutes	Full body Swedish massage A: 144 (8pts.)
10 minutes	Break/clean up
25 minutes	Class discussion of the demo
5 minutes	Break down, clean up, and circle up
2h, 55m	Total



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## Class Reminders

### Exams:

- 21a Exam  
(1b, 2a, 2b, 3a, 3b, 4a, 5a, 6a, 7a, 8b, 9a, 9b, 11a, 12a, 13a, 13b, 14a, 15a, 16a, 17a, and 17b)

### Practical Exams:

- 22b Swedish: Touch Assessment
  - Perform Swedish massage on 1 assigned body area
  - **Bring your grading sheet for evaluation A: 83**
  - **Be prepared to make up missing assignments and retake tests**
  - **Bring laptop, tablet, or phone to watch class videos, Quizlet or Exam Coach**
- 23b Swedish: Practical Exam
  - Perform 60-minute full body Swedish massage with nothing excluded
  - **Bring your grading sheet for evaluation A: 93**

### Assignments:

- 30a Review Questions (A: 141-158)

### Preparation for upcoming classes:

- 21a Exam
- 21b H&H: Emergency Preparedness
  - Packet H: 21-26
  - RQ Packet A-148
  - **This class cannot be made in the make-up room.** To schedule a sit-in, students should contact the Student Administrator. To be exempt, bring a copy of your CPR & first aid certificate.



# Classroom Rules

**Punctuality** - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

**The following are not allowed:**

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

*You will receive one verbal warning, then you'll have to leave the room.*



# Interview of John or Jane Doe

**Using page F: 59 or F: 60 the Instructor will be either John or Jane**

The assistant will use the white board to record SOAPs as they are answered

Going around the room, every student will ask 1 (maybe more if it is a smaller class) interview question of John/Jane based on what they know of SOAP and Interviewing or the client's intake form

The next two slides show the intake form

Who wants to go first?

# INTAKE FORM (Instructor Role Play)

Name John Doe Preferred Phone: 555-5555 m/h/w Date \_\_\_\_\_  
Address 555 No Where Ave Alternate Phone: \_\_\_\_\_ m/h/w  
City Austin State TX Zip \_\_\_\_\_ DOB 2/24/67 ☒ Male ☐ Female  
Email noneofyourbusiness@gmail.com Occupation: Phys Ed Teacher  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
What types of healthcare are you receiving? (Physician, Chiropractor, Acupuncture, Homeopath, etc.)

Do you currently have, or recently had, any of the following conditions:  
(this information is confidential and may be important to your therapy.)

<input type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Numbness or Tingling	<input checked="" type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Headaches _____	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Cancer (history)	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Varicose Veins
<input checked="" type="checkbox"/> Allergies <u>Hay Fever</u>	<input type="checkbox"/> Autoimmune Disease _____	

Please note any recent injuries, surgeries, major accidents, or serious illness/conditions:

Marathon Runner for 15 yrs. Pain in ankles, knees and low back

Please list any medications or supplements you are currently taking for any of the above conditions:

Advil, Vitamin C, B, Calcium

Are you pregnant or trying to become pregnant? ☐ No ☐ Yes: Due Date \_\_\_\_\_

Clients are asked to keep the clinic informed on any changes to the above information.

Previous massage/bodywork experience: ☐ Never ☐ Occasionally ☒ Often – Type(s) Sports & Deep

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I understand that: Massage therapy (which may include styles of Swedish, Sports or Deep Massage) involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used at all times. This is a full-body massage unless otherwise requested. Neither breasts nor genitalia will be massaged. I may itemize here any areas on my body that I wish to be avoided, and these will be totally avoided (itemize here if relevant):

\_\_\_\_\_  
If I am uncomfortable for any reason I may request to end the session and it will end promptly.

If client is under the age of 17, written consent from the client's guardian or parent is required.

I affirm that I am able to receive Massage Therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from receiving Massage I must provide physicians written consent prior to services.

Client Signature: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_

# INTAKE FORM

Name Jane Doe Preferred Phone: 555-5555 m/h/w Date \_\_\_\_\_  
Address Primrose Blvd Alternate Phone: \_\_\_\_\_ m/h/w  
City Austin State TX Zip \_\_\_\_\_ DOB 2/5/84 Male X Female  
Email \_\_\_\_\_ Occupation: Dental Hygienist  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
What types of healthcare are you receiving? (Physician, Chiropractor, Acupuncture, Homeopath, etc.)

Do you currently have, or recently had, any of the following conditions:  
(this information is confidential and may be important to your therapy.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Diabetes         | <input checked="" type="checkbox"/> Numbness or Tingling | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis        | <input checked="" type="checkbox"/> Headaches _____      | <input type="checkbox"/> Heart Condition     |
| <input type="checkbox"/> Cancer (history) | <input type="checkbox"/> Skin Conditions                 | <input type="checkbox"/> Varicose Veins      |
| <input type="checkbox"/> Allergies _____  | <input type="checkbox"/> Autoimmune Disease _____        |  |

Please note any recent injuries, surgeries, major accidents, or serious illness/conditions:

**I have dull pain between my shoulder blades. Dr. says its due to posture at work**

Please list any medications or supplements you are currently taking for any of the above conditions:

Are you pregnant or trying to become pregnant? X No \_\_\_ Yes: Due Date \_\_\_\_\_

Clients are asked to keep the clinic informed on any changes to the above information.

Previous massage/bodywork experience: X Never \_\_\_ Occasionally X Often – Type(s) \_\_\_\_\_

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I understand that: Massage therapy (which may include styles of Swedish, Sports or Deep Massage) involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used at all times. This is a full-body massage unless otherwise requested. Neither breasts nor genitalia will be massaged. I may itemize here any areas on my body that I wish to be avoided, and these will be totally avoided (itemize here if relevant):

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I affirm that I am able to receive Massage Therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from receiving Massage I must provide physicians written consent prior to services.

Client Signature: \_\_\_\_\_ Therapist Signature: \_\_\_\_\_



# Interview of a Classmate

**If you haven't already, fill out the Intake Form on A: 147b**

Students will find a partner, sit together, and spend almost 20 minutes interviewing to fill out full SOAP notes on page A: 146. This page is from the 30a Review Questions and is worth 8 pts. Remember to put it right back into your packet when done today.

Use the approved abbreviations on F: 61

Ask appropriate questions based on their intake form. Call the instructor over if you get stuck on what to ask!

The Instructor will announce when to switch partners. So keep gathering information until time is up!





# Transition and Set up

**A demo table will be set up in the center surrounded by either desks or massage tables. Every student will be given a clipboard.**

Students will use A: 144 from 30a Review Questions, worth 8 pts, to grade the Instructor as they massage the assistant for 60 minutes. Remember to put this back into your packet. The 'Student' is your instructor. You are the 'Instructor' in this scenario.

A: 145 Explains what to expect during the 23b Practical Exam

The Instructor is going to purposely make mistakes so that you will have points to deduct!

When ready the Instructor will spend 5 minutes interviewing the assistant and then 58-60 minutes massaging.



# Grading of the Instructor

**Once everyone has finished calculating their final grade, going around the circle, every student will say what grade they gave the instructor and 1-2 things they noticed. Don't get too detailed, there are more students who need to comment.**

This activity will help students understand many things about grading such as how people see things differently, how a particular score is assigned to a particular performance, and clarification about exactly what is expected of them during the 23b: Swedish Practical Exam.

Remember to put every page back into your packet! If you notice one is missing, let them know ASAP before the Review Questions are due!

How did your Instructor do?



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