**SUBJECTIVE**

Intensity of pain: (circle one)

1  2  3  4  5  6  7  8  9  10

Sensation of pain:
- Dull
- Sharp
- Tender
- Itching
- Cramping
- Throbbing
- Tingling
- Stiff
- Other

Primary area of pain:
- Adhesion
- Rotation
- Pain
- Tender Point
- Hypertonicity

Time pattern of pain
- Constant (pain does not change)
- Intermittent (intensity doesn’t change but comes & goes)
- Variable (intensity changes throughout the day)

When did the pain start:

Was there a specific incident that cause this pain?
- Motor vehicle accident
- Slept funny
- Sports/exercise
- Other

Pain/discomfort is brought on or made worse by...

Pain/discomfort feels better with...

Does this pain prevent you from participating in...
- Work
- Sports/exercise
- Other

Have you seen other practitioners about this issue?
- Massage therapist
- Chiropractor
- Other
OBJECTIVE

POSTURE ASSESSMENT

Spine
○ Normal
○ Lordosis [ mild moderate severe ]
○ Kyphosis [ mild moderate severe ]
○ Scoliosis [ mild moderate severe ]

Pelvis
○ Normal
○ Tilt [ mild moderate severe ]
○ Twist [ mild moderate severe ]
○ Protract [ mild moderate severe ]
○ Retract [ mild moderate severe ]

Shoulders
○ Normal
○ Tilt [ mild moderate severe ]
○ Twist [ mild moderate severe ]
○ Protract [ mild moderate severe ]

RANGE OF MOTION

Area ________________________________
○ Full range ○ Moderate restriction
○ Slight restriction ○ Severe restriction

Area ________________________________
○ Full range ○ Moderate restriction
○ Slight restriction ○ Severe restriction

PALPATION

Area ________________________________
○ Tension [ mild moderate severe ]
○ Texture [ pliable adhesive fibrotic ]
○ Tenderness [ mild moderate severe ]
○ Temperature [ normal increased decreased ]

Area ________________________________
○ Tension [ mild moderate severe ]
○ Texture [ pliable adhesive fibrotic ]
○ Tenderness [ mild moderate severe ]
○ Temperature [ normal increased decreased ]

TREATMENT

Areas treated
○ Back ○ Abdominals
○ Neck ○ Chest
○ Shoulders ○ Face
○ Feet ○ Arms
○ Hip area ○ Legs
○ Other ________________________________

Techniques used
○ Swedish ○ Reflexology
○ Deep tissue ○ Trigger points
○ Hot stone ○ Stretching
○ Intra-oral ○ Hydrotherapy
○ Shiatsu ○ Thai massage
○ Other ________________________________

ASSESSMENT

How did the client respond to treatment?

PLAN

Treatment plan and self-care recommendations:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________