“Can you Afford Not to Record”

Documentation for the Massage Practitioner

Presented by Annette Winch
Remedial Massage Teacher, GCIT
AAMT Conference : May 2006

Presentation notes and Activity
Can you Afford Not to Record
Documentation for the Massage Practitioner
Prepared by Annette Winch
Remedial Massage Teacher, Gold Coast Institute of TAFE
May 2006

Acceptance of Massage Therapy

Despite the acceptance of massage services by consumers, there remains a reluctance amongst allied health care providers and insurers to embrace massage therapy as an integral part of modern health care.

WHY IS THIS SO?

Possible Reasons
• Previous non standardised training
• Lack of practice guidelines
• Variations in the standards of care
• Perceptions of professionalism
• Effective charting and documentation
• Professional communication with other healthcare providers

Why Record??

As a Massage Practitioner it is our responsibility to provide safe and ethical treatment, however, if we are unable to do so it is important to understand the role of documentation and the importance of referral in a massage practice.

Professional Documentation for the Massage Practice

Client records
• Client confidentiality
• Client consent
• Client intake form
• Client treatment form

(Refer to Handout for GCIT Client record intake form)

Professional Documentation for the Massage Practice

Referral – informal/ formal
• Written
 –letter, referral report, progress report, medico legal letters
• Verbal
 –Face to face, Telephone
(Refer to Handout for referral form examples)
Clinical Documentation

Being able to reason clinically supports the effectiveness of all massage interaction

- whether for relaxation and pleasure
- or for managing complex conditions in conjunction with medical interventions.

Clinical Decisions

The ability to make these decisions depends on the ability to:

- Gather client historical data
- Perform physical assessment
- Analysis
- Interpret the information

Current Trend in Massage Practice

- In more clinical health care settings
- Assessment by the massage professional is considered in the total treatment plan
- Developed in cooperation with the client’s multidisciplinary health care team.

Massage Charting

Therefore the massage practitioner needs to understand and practice standard assessment and charting procedures.

Client Resource

- The client is the most important resource during the assessment process.
- The skills required of the massage professional during this process are the:
  - Ability to establish rapport,
  - Keen observation,
  - Successful interviewing methods,
  - And active listening.

Record Keeping

- Record keeping for clients involves the written record of intake procedures, including
  - Informed consent,
  - Needs assessments (including history and physical assessment),
  - Obtaining release of information,
  - And the ongoing process of recording each session.

Information Gathering

- Therapeutic massage practitioners must be able to
  - Gather information effectively,
  - Analyse the information to make decisions about the type and appropriateness of a therapeutic intervention,
  - Evaluate and justify the benefits derived from the intervention.

Effective Charting

- Effective charting is more than writing down what happened; it is:
  - Clinical reasoning methodology
  - Emphasising a problem-solving approach to client care.
Goal Orientated Outcomes

Sessions with massage professionals are goal oriented. Goals describe desired outcomes.

• Goals must be quantifiable.

• Goals also need to be qualifiable.

Quantifiable Goals

• This description means that goals are measured in terms of objective criteria such as:
  • frequency,
  • 1-to-10 scales,
  • measurable increase or decrease in the ability to perform an activity
  • measurable increase or decrease in a sensation, such as relaxation or pain.

Qualifiable Goals

• How will we know when the goal is achieved?

• What will clients be able to do after the goal is reached that they are not able to do now?

Questions to Support Data Collection

Some basic questions to ask your client:
1. Will you please explain the situation or tell me what happened?
2. How did or do you feel about the situation?
3. How would you prefer the situation to be handled, or what would you like to occur?
4. What result are you hoping to achieve from the massage?

Therapeutic Goals

Not all therapeutic goals are in relation to problems. Clients often use massage for:
– health maintenance,
– stress management

The same analysis process is used to determine the methods and approach to best meet client goals.

Problem Orientated Charting

• Charting is the ongoing record of each client session.

• A commonly used method of charting is the problem-oriented medical record (POMR).

Examples of POMR

• SOAP
  Subjective, Objective, Application, Plan

• Another is ASTER
  Assess, Select, Treat, Evaluate, Record

• c/o, o/e, Rx
  (common in Physiotherapy practices)

Charting Process

A charting process can provide the structure necessary to think through a process effectively and develop a written record of the process.
**Client History Form**

Main purpose of using a form
- Nothing will be forgotten or overlooked.
- Legal document outlining treatment plan

(refer to Handout for GCT Client record intake form)

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**Intake Form**

Intake forms needs to have the following information
- general information
- General health/conditions
- Treatment application eg SOAP/ASTER

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**Sample Intake Form**

Intake forms needs to have the following information
- general information
- General health/conditions
- Treatment application eg SOAP/ASTER

---

**S.O.A.P Format**

In general massage practice we use the SOAP documentation for treatments
- S - Subjective assessment information
  - information the clients tells us
- O - Objective assessment information
  - therapists observations etc
- A - Application of massage –
  - techniques used, length of treatment
- P - Treatment plan
  - home stretching, plan for next treatment, referral

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**Sample Questions**

- related to soft tissue conditions
- concerns/priorities
  - related to stress
  - symptom analysis
  - mobility
  - contraindications

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**Treatment Plans and Aims**

- Aims (symptom relief/cure)
- Variables / techniques
- Stroke techniques
- Duration of treatment
- Pressure

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**Example of SOAP Charting using Medical Abbreviations**

Client had neck pain on the left side for 3 days.

S  c/o: (L) Cx Pn 3/7, Pn 8/10, sleep ↓ No Prhx

O  o/e: © Cx Lat Flex ROM ↓ 50% Ten (L) Upp Trap,
  -ve VAT, -ve Disc, -ve neural Sx

A  Rx: ½ hr Cx , Tx SM, (L) upp Trap MET, TP
  Post Rx, © Cx Lat Flex ROM ↓ 25%, Pn 4/10

P  Cx Home Stretch, Nxt Rx no improve, refer
**Referral Procedures for the Massage Practitioner**

As a Massage Practitioner it is our responsibility to provide safe and ethical treatment, however, if we are unable to do so it is important to understand the role of referral in a massage practice.

**Referral Conditions**

- Client condition/ treatment outside your scope of practice (i.e.: qualified and trained to treat)
- Client condition not improved after three (3) treatments – review then refer
- Normal massage contraindications apply

**Clinic Case History Forms**

http://remedialtherapies.bigpondhosting.com/

Are you interested in upgrading your skills in medical terminology and documentation?

Contact GCIT for further information on our NEW Upskilling Program

**Cert IV and Diploma Of Massage ONLINE**

REFERENCES


7. Champion, L, 1999, Developing communication skills in Massage Therapy, NSW Access Education Services Division, Granville, NSW

8. Thompson, D, 2002, Hands Heal, communication, documentation and insurance billing for manual therapists, 2nd Ed, Lippincot, Seattle.


14. Gold Coast Institute of TAFE online massage programs [available online] www.goldcoast.tafe.qld.gov.au
Activities and clinical forms

Sample Case History Intake Form

```
<table>
<thead>
<tr>
<th><strong>PRIVATE &amp; CONFIDENTIAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOLD COAST INSTITUTE OF TAFE</strong></td>
</tr>
<tr>
<td><strong>MASSAGE CLIENT RECORD</strong></td>
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</tbody>
</table>

**CLIENT DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Suriname Smith</td>
</tr>
<tr>
<td>First Name</td>
<td>John Frederick</td>
</tr>
<tr>
<td>Address</td>
<td>12 Riverbend Rd</td>
</tr>
<tr>
<td>Suburb/Town/City</td>
<td>Nerang</td>
</tr>
<tr>
<td>Home Phone</td>
<td>55 333</td>
</tr>
<tr>
<td>Mobile</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Gardener</td>
</tr>
<tr>
<td>Recreation</td>
<td>Cricket / walking</td>
</tr>
<tr>
<td>Current Doctor</td>
<td>Dr Feelgood, Riversdown Clinic, Nerang,</td>
</tr>
<tr>
<td>Have you had a massage?</td>
<td>Yes ☐ No ☒</td>
</tr>
</tbody>
</table>

**REFERRAL DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Referred By</td>
<td>N/A</td>
</tr>
<tr>
<td>Referred For</td>
<td></td>
</tr>
<tr>
<td>Referral Report Requested?</td>
<td>Yes ☐ No ☒</td>
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**MEDICAL HISTORY**

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<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Past Medical History</td>
<td>No Problems, Minor surgery on left knee to remove warts</td>
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<tr>
<td>Medications—Prescribed or Natural</td>
<td>Aspro for low back</td>
</tr>
<tr>
<td>Presenting Symptoms</td>
<td>Pain in low back, can’t bend over very well</td>
</tr>
<tr>
<td>History of Present Problem</td>
<td>Haven’t had this problem before</td>
</tr>
<tr>
<td>Description of Pain</td>
<td>☐ Dull/Ache ☐ Sharp/Acute ☐ Radiating ☐ Throbbing/Pulsating ☐ Other</td>
</tr>
<tr>
<td>Amount of Pain (1 – 10)</td>
<td>☒ 8 Very aggravates pack ☐ Moving, stiff in morning ☐ What alleviates pain: ☐ Hot bath, heat pack</td>
</tr>
<tr>
<td>Please indicate areas of pain or soreness</td>
<td></td>
</tr>
</tbody>
</table>
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Annette Winch
**Sample Case History Intake Form....**

### MEDICAL HISTORY (continued)

Please tick (☑) all current conditions and mark past conditions with a P

- Allergies/Asthma
- Cold/Flu
- Any Skin Problem
- Heart Ailment
- Blood Pressure
- Blood Clots
- Bruising
- Dizziness
- TMJ Syndrome
- Car Accident
- Any Contagious disease
- Pregnant
- Spinal/Back Problems/Injuries
- Kidney Ailment
- Epilepsy
- Osteoporosis
- Recent Illness/Surgery
- Joint Replacement
- Breast Implant
- Recent Fractures
- Headaches
- Breastfeeding
- Pain/Stiffness
- Diabetes
- Arthritis
- Chronic Pain
- Numbness/Tingling
- Cancer/Tumours
- Varicose Veins
- Other (please list)

Details of any conditions that may affect the massage

**Don’t think so**

Contact Name and Number in case of Emergency

Do you experience difficulty lying prone or supine (front or back)? Yes ☐ No ☑

### CLIENT DECLARATION

Consent is required to massage each part of the body, please indicate which areas you would like included:

- [ ] Back
- [X] Buttocks
- [ ] Legs
- [ ] Feet
- [ ] Arms
- [ ] Stomach
- [ ] Chest
- [ ] Face
- [ ] Head
- [ ] Shoulders
- [ ] Neck

I understand that:

- This is a student clinic supervised by a qualified massage therapist
- At any time I can request to see the supervisor, who may visit during the massage session
- My case notes, with no identifying information, may be used for the purpose of teaching and research
- The session includes a brief consultation and a 45 minute massage
- I need to discuss with my therapist the side effects from massage treatments.

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder, does not prescribe medical treatment and does not perform spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical diagnosis and treatment and that it is recommended that I see a physician for any physical ailment that I might have.

**Signature:** J. Smith  
**Date:** 3/7/04

**Privacy Declaration:**  
The Department of Employment and Training is collecting this information for general administration activities undertaken by the Department. Only authorised departmental officers have access to this information. Your personal information may be disclosed to Commonwealth and State Government Agencies or your Parent/Guardian (where student is under 18). No further access to your information will be provided to any other organisations or persons without your consent, or unless authorised or required by law, in accordance with the Information Privacy Principles.
Referral Forms

MARY SMITH
REMEDIAL MASSAGE THERAPIST
Member AAMT SMA

WINNING EDGE SPORTS AND REMEDIAL MASSAGE

8 Sports Ave Ashgrove QLD 4035
Ph: 07 55 55 55 55
Mobile: 0412 55 55 55
FAX: 07 55 55 55 56
ABN: 402 555 555 55

REFERRAL REQUEST

REFERRED BY: ____________________________ DATE: __________

CLINIC ADDRESS __________________________________________ PHONE __________

PATIENT DETAILS

NAME: ______________________________________ D.O.B ______ PHONE NO. __________

WORKCOVER □ No. __________ PHONE NO. □

HEALTHCARE CARD No. __________

REFERED FOR

ASSESSMENT □ TREATMENT □ ACUTE □ CHRONIC □

No. Rx □

DIAGNOSIS DETAILS

RECOMMENDED TREATMENT PLAN OUTCOME

↓ MUSCLE SPASM □ ↓ PAIN □ FLUID REDUCTION □

↓ STRESS □ ↑ ROM □ ↓ SOFT ISSUE ADHESION □

↑ CIRCULATION □ POST VIRAL □ OTHER

Signed Medical Practitioner __________________________________________
Referral Report Form

CLIENT DETAILS

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<th>SURNAME:</th>
<th>FIRST NAME:</th>
<th>DATE:</th>
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<td>SUBURB:</td>
<td>POST CODE:</td>
<td>PHONE</td>
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<tr>
<td>REFERRED BY:</td>
<td>CLIENT REFERRED FOR:</td>
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HEALTH FUND WORK CARE / COMP / MVA FILE NO.

THERAPIST DETAILS

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<th>NAME:</th>
<th>ASSOC No:</th>
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ASSESSMENT:

COMMENTS:

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td></td>
<td></td>
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</table>

TREATMENT PROVIDED:

RECOMMENDED HOME TREATMENT:

TREATMENT STATUS: COMPLETED: CONTINUING: DISCONTINUED :

CLIENT RESPONSE:

THERAPIST’S SIGNATURE: DATE:
## Massage Abbreviations

**Abbreviations for use by GCIT Massage students in student clinic.**

<table>
<thead>
<tr>
<th>Massage Techniques</th>
<th>Abbrev.</th>
<th>Medical terms</th>
<th>Abbrev.</th>
<th>Symbol</th>
<th>Abbrev.</th>
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<tbody>
<tr>
<td>Cross Fibre</td>
<td>XF</td>
<td>Treatment</td>
<td>Rx</td>
<td>None</td>
<td>Ø</td>
</tr>
<tr>
<td>Connective tissue massage</td>
<td>CTM</td>
<td>History</td>
<td>Hx</td>
<td>Pain</td>
<td>P</td>
</tr>
<tr>
<td>Passive stretching</td>
<td>P.Str</td>
<td>Diagnosis</td>
<td>Dx</td>
<td>Change</td>
<td>△</td>
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<tr>
<td>Proprioceptive neuromuscular facilitation</td>
<td>PNF</td>
<td>Not applicable</td>
<td>N/A</td>
<td>Minus</td>
<td>-</td>
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<tr>
<td>Muscle energy technique</td>
<td>MET</td>
<td>Complains of</td>
<td>C/O</td>
<td>Plus</td>
<td>+</td>
</tr>
<tr>
<td>Full body massage</td>
<td>FBM</td>
<td>Patient</td>
<td>Pt</td>
<td>Times</td>
<td>x</td>
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<tr>
<td>Swedish massage</td>
<td>Sw</td>
<td>Client</td>
<td>Cl</td>
<td>Increase, higher</td>
<td>↑</td>
</tr>
<tr>
<td>Myofascial release</td>
<td>MFR</td>
<td>Frequent</td>
<td>Freq.</td>
<td>Decrease, lower</td>
<td>↓</td>
</tr>
<tr>
<td>Trigger Point release</td>
<td>TPR</td>
<td>Intermittent</td>
<td>Inter.</td>
<td>Leads to</td>
<td>→</td>
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<tr>
<td>Strain Counter Strain</td>
<td>SCS</td>
<td>Hour</td>
<td>hr.</td>
<td>Less than</td>
<td>&lt;</td>
</tr>
<tr>
<td>Positional Release Technique</td>
<td>PRT</td>
<td>1 day</td>
<td>1/7</td>
<td>More than</td>
<td>&gt;</td>
</tr>
<tr>
<td>Mobilising Massage</td>
<td>Mob</td>
<td>1 week</td>
<td>1/52</td>
<td>Approximat ely</td>
<td>~</td>
</tr>
<tr>
<td>Bindegengerwebsmassage</td>
<td>Bin</td>
<td>1 month</td>
<td>1/12</td>
<td>Equal to</td>
<td>=</td>
</tr>
<tr>
<td>Transverse friction massage</td>
<td>TF</td>
<td>Medication</td>
<td>Meds.</td>
<td></td>
<td></td>
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<tr>
<td>Bowen</td>
<td>Bow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyriax friction</td>
<td>Cyrx</td>
<td></td>
<td></td>
<td></td>
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<table>
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<td>Pron</td>
<td>Lateral Flexion</td>
<td>LF</td>
<td>Tension</td>
<td>Tens.</td>
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<tr>
<td>Range of movement</td>
<td>ROM</td>
<td>Hypertonicity</td>
<td>HT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active, passive, resisted ROM</td>
<td>A, P, R- ROM</td>
<td>Adhesion</td>
<td>Adh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within normal limits</td>
<td>WNL</td>
<td>Scoliosis</td>
<td>Scol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1→7</td>
<td>Lordosis</td>
<td>Lord</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>T1→12</td>
<td>Kyphosis</td>
<td>kphy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Abbreviation</td>
<td>Bone/Structure</td>
<td>Movement/Process</td>
<td>Condition</td>
<td></td>
</tr>
<tr>
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<td>--------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Posterior</td>
<td>Post</td>
<td>Lumbar vertebra</td>
<td>L→5</td>
<td>Osteoarthritis (OA)</td>
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<tr>
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<td>Thoracic vertebra</td>
<td>Tx</td>
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<tr>
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<td>Lumbar vertebra</td>
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<tr>
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<td>Prox</td>
<td>Foot</td>
<td>Ft</td>
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<td>Dis</td>
<td>Ligament</td>
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<td>Int</td>
<td>Tendon</td>
<td>Tnd</td>
<td>Muscle (mm)</td>
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<td>Ext</td>
<td>Joint</td>
<td>Jt</td>
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<td>Sup</td>
<td>Fascia</td>
<td>Fsc</td>
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<td></td>
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<tr>
<td>Prone</td>
<td>Pm</td>
<td>Acromioclavicular Jt</td>
<td>ACJt</td>
<td></td>
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</tr>
<tr>
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<td>LRec</td>
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<td>Adduction</td>
<td>Add</td>
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<td>TVP</td>
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<td>Abd</td>
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<tr>
<td>Rotation</td>
<td>Rot</td>
<td>Iliotibial band</td>
<td>ITB</td>
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<td>Flex</td>
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<td>SIJt</td>
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<td>Ext</td>
<td>Low Back</td>
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<td>Abdomen</td>
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<td>Inv</td>
<td>Tension/tensile</td>
<td>Ten</td>
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<tr>
<td>Eversion</td>
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<td>Strain</td>
<td>Str</td>
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<tr>
<td>Ulnar deviation</td>
<td>U/Dev</td>
<td>Sprain</td>
<td>Spr</td>
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<td>Radial deviation</td>
<td>R/Dev</td>
<td>Urinary tract infection</td>
<td>UTI</td>
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<td>Protraction</td>
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<td>Headache</td>
<td>H/A</td>
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<td></td>
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Activities

The following activities identify the medical terminology and documentation skills that a massage practitioner will require out in industry. If you are unable to complete the activities, you may need to review or up-skill your current practices.

1. You have received an x-ray report; rewrite the following report in layman terms.

“Referred by: Dr Y

The phalanges show a normal appearance and no fracture is seen. The interphalangeal joints remain normal. No abnormality is seen in the metacarpals or carpal bones. No fracture or dislocation is shown. The alignment appears normal.

Thank you for referring this patient.”

2. You have received an x-ray report; rewrite the following report in layman terms.

“Referred by Dr X 30th May 1997

Patient D, DOB 13/3/85 male, Presents with acute pain and swelling at the right elbow. X-ray report findings as follows: The radial head appears normal with no fracture shown. The epiphysis appears unremarkable and no displacement was seen. A small joint effusion however is suggested. There is an area of ossification shown laterally to the lateral epicondyle that has the appearance of a small separated bone fragment. This would lie in the attachment of the lateral ligament of the elbow joint.”

Thank you for referring this patient.”
3. Consider the health care environment you are in and identify the routine tasks that use medical terminology and documentation

4. Write two case history scenarios using the SOAP format of documentation. For each case history:

a. Write the client symptoms (S), therapist observations (O), treatment (A), and plan (P) in complete sentences.

b. Write the client symptoms, therapist observations, treatment and plan in medical abbreviations as per the example in the PowerPoint presentation.

Case 1

Case 2

5. Using the clinical case SOAP notes below, transcribe from medical abbreviations into normal layman terms (i.e. layman terms: the general public could read and understand).

S  c/o: (L) Cx Pn 3/7, Pn 8/10, sleep ↓ No PHx

O  o/e: ® Cx Lat Flex ROM ↓50% Ten (L) Upp Trap, -ve VAT, -ve Disc, -ve neural Sx

A  Rx: ½ hr Cx , Tx SM, (L) upp Trap MET, TP
Post Rx, ® Cx Lat Flex ROM ↓25%, Pn 4/10

P  Cx Home Stretch, Nxt Rx no improve. refer