**Module one:**

 **Gathering Relevant Information to Create a Treatment Plan**

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**Section 1: intake/ initial interview**

My client came into the clinic complaining of head and neck pain. The first thing I did was go through her health history with her. Step by I went through cardiovascular, respiratory problems that she might have, as well as any kind of infection, if she is pregnant or if she is taking any current medication. She also never had any previous surgery or injury. I figured out that she had rheumatoid arthritis in her wrist and hand joints. I asked her if this was something that she wanted treated and she responded that it wasn’t a big problem, so I noted it and let her know if in the future this caused a problem for her, massage therapy could be very beneficial for the treatment of it. There was no remarkable information for the rest of the history form.

I thought my performance was fair, it didn’t go as smoothly as I intended due to the fact that this was my first client and I was very nervous. I believe I did fair, seeing as how it was my first time interviewing a real client. What I did well was letting her know that massage therapy can help with her RA. However what I would do differently next time is, I would look over the health history first and ask my clinic instructor about the exact way that massage therapy can help RA clients and so that I am not caught off guard when I see something like that in the health history.

**Section 2: Physical Assessment**

My second client came into the clinic complaining of lower back pain. After doing a pain assessment I found out that he is a basketball player and he often feels sore after a game. After going through postural assessment and palpation I found out that he has anterior pelvic tilt, and excessive curve in his lower back and hypertonic back and hip flexor muscles. This information alone made me suspect that this patient has hyperlordosis. In AROM the patient had limited ranges in flexion and excessive ROM in extension. After going through Passive joint play it I confirmed that my suspicion of limited joint movement in L1- L5 which comes with hyperlordosis. Moving on to MMT I found that the abdominals and glutes are weak and the erectors, multifidi and QLs, Quads, TFL are all hypertonic. Since I was pretty sure that the pain was coming from the muscles causing hyperlordosis I wanted to make sure it was not a SI joint pathology or a nerve impingement in the gluteal are so I performed Trendlenburgs and Gillet’s Test. They all came out to be negative, which meant that it was indeed a muscle problem. This confirmed my hypothesis of pain do to postural malaligment.

**Section Three: Evidence and additional skills and knowledge**

First patient – knowledge of what causes headaches, critical thinking skills, possible trigger point referral, Normal range and end feel for AROM and PROM in the neck, which specific muscle need to be tested in order to figure out what’s going on, about Rheumatoid Arthritis and how we treat it, SOT’s like vertebral artery and distraction test in order to make sure that treatment is safe, competence and confidence

Second patient – knowledge of Hyperlordosis and how it usually affect the body and how it can be treated, critical thinking skills, Normal ranges and end feels for AROM and PROM, what specific muscle need to be tested in order to figure out what going on, trigger point referral in the hip and thoracolumbar area, SOT’s appropriate to Hyperlordosis in order to be able to confirm your hypothesis, competence and confidence.