

Record of Consultation			Date	Therapist: Date: Portfolio ref:		
Client ID:	/	Age:		Occupation	1:	
Lifestyle/diet:			Sporting profil	le/training regi	me:	
Clients expectation						
GP name and add	dress:	AA				
Male / Female	Pre-adolescent	Adolescen			Special population	
Massage room			In situ (at sportin	g event)		
Presenting condition	r (face, posture gait		major ons. acc	ridents illnesse	as family history contra-	
indications and ac		uries, allergies	, major ops, acc		es, family history, contra-	
Medication:			- AUS II	1		
Therapist Signatur	e:					



Objective Asses	sment						
Initial observation metry, mobility (Is client holding themse oddly, are they limping, cautiously?)	- sym-			C.	5		
Posture assessment (List any signs of kyphosidosis, sway back, scolic obvious asymmetry)	sis, lor-						
Palpation - skin, muscles, soft tissu (Heat, swelling, list bon marks and muscles pal findings – where possib pare to contralateral bo	e y land- pated with le com-						
Active ROM (Are there differences in between comparative jo the area to be massage movements)	oints in						
Passive ROM (When you move limbs ROM, is there a different AROM and is it the exp feel for the joint)	nce from						
Treatment							
Treatment plan: (c	iims of treati	ment, area to	be treated, client positi	VENUSTAS	PER		
Effleurage	Petrissage		Tapotement	Vibration	Stretching		Through clothing/ towels
Couch and couch roll		Other suitable surface		Massage medium		Towels	

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Explain aims and objectives/nature and purpose of niques to be used and why, desired effect of techniques used, equip	treatment to clients: (general indications for this treatment, techment to be used, body parts exposed)
I confirm above information is correct to the best o been discussed and explained and I give my conse	f my knowledge. The sports massage methods have nt to treatment.
Client Signature:	
Post-Treatment	
Reassessment: (comparison to previous markers, effectiveness of mobility)	of treatment , reduced dysfunction, increased ROM, improved posture or
After care advice: (contra-actions, referral to other professions	ıls, general advice)
Client comments: (quality of treatment, professionalism of the	apist, critique of treatment, improvement to condition)
Tutor Comments:	1 4 3 2
Signature: A	ssessor Number:

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Subsequent Treatment Client ID:- Feedback since previous treatment: (changes to health since previous treatment, improvements or decline in condition, both, straight after previous treatment and since, medication changes)					
Male / Female	Pre-adolescent	Adolescent	Adult	Special population	
Massage room		In situ	(at sporting event)		
Re-Assessment afte	r Previous Treati	ment			
Initial observation - symmetry, mobility (Is client holding themselves oddly, are they limping, movir cautiously?)	ng				
Posture assessment (List any signs of kyphosis, lordosis, sway back, scoliosis and obvious asymmetry)					
Palpation - skin, bones, muscles, soft tissue- (Heat, swelling, list bony landmarks and muscles palpated with findings – wher possible compare to contralar eral body part)					
Active ROM (Are there differences in ROM between comparative joints in the area to be massaged – al movements)	ı				
Passive ROM (When you move limbs throug ROM, is there a difference from AROM and is it the expected end feel for the joint)	gh	VE	ENUSTAS		

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Treatment						
Explain aims and niques to be used and	objective why, desired	s/nature and purpose effect of techniques used, equ	of treatment to clien uipment to be used, body p	rts: (general indication parts exposed)	ns for this treatment, tech-	
				368		
		n is correct to the best ned and I give my con		he sports massaç	ge methods have	
Client Signature:			2410			
Treatment Plan: (aims of treatment, area to be treated, client position, timings)						
Effleurage	Petrissage	Tapotement	Vibration	Stretching	Through clothing/ towels	
Couch and couch roll		Other suitable surface	Massage medium	Towels	S	
Post-Treatment						
Reassessment: (comobility)	omparison to	previous markers, effectivenes	ss of treatment , reduced d	ysfunction, increased R	OM, improved posture or	
After care advice	: (contra-acti	ons, referral to other profession	onals, general advice)			
Client comments: (quality of treatment, professionalism of therapist, critique of treatment, improvement to condition)						
Tutor Comments	:		VENUSTA	SPER	4 3 2 1	
Signature:	re: Assessor Number:					

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