SET 3 SOAP example

|  |
| --- |
| Treatment **SOAP** Notes - Study Client ID:  |
| Date: | xx.xx.xx | Start time: | 3.30pm | Finish time: | 4.30pm | Treatment number: | 4 |
| Preferences: Depth of Touch: Light Medium Deep VariesMusic: relaxing classical music at low level Reclining position / postural support: reclining in la fuma chair Infection prevention / Allergies no allergiesPsychological & relevant information between treatments:  | Measurements:MYCAW Pain: 1 2 3 4 5 6 7 8 9 Detail: CT has no pain Stress: 1 2 3 4 5 6 7 8 9 Detail: CT has no stress |

**Subjective:** (why they came for a treatment, what they say, what are they experiencing, what makes things better / worse)

|  |
| --- |
| Study Client symptoms and goals:CT appeared to shuffle less and walked a little better.I asked if he felt any better or any worse and he said he was much the same and that the sensation in his feet did continue for 3-4 days after the last treatment, which we were both delighted with. He also commented that he noticed less twitching which was an improvement. |

**Objective:** (what I see / observe / find)

|  |
| --- |
| Visual: no change from previous session. |
| TactileNO change from previous. |
| Areas of Focus:  Continue with treatment plan, and the pre ovulation links. |
| System/s focus: EndocrineMSKCNS and Brain |
| Other:  |

**Assessment:** (what happened / what changed)

|  |
| --- |
|  Preparatory Techniques: I shared with CT an article I read in MS Society’s Complementary and Alternative medicine article that there has been a large study which found an improvement in muscle stiffness, bladder and sensory symptoms. MS attacks nerve system by mistake and is a degenerative neurological disease, affecting the brain and spinal cord. CT has never mentioned that he has any bladder issues and in the investigatory session I never found any imbalance here.CT removed own socks and shoes and reclined back in the chair without rug. Played classical music. CT did not want the fleece over him.  |
| Treatment Responses + interpretation/relevance: Began with relaxation sequence on both feet, ankle boogie was stiff on both sides. I returned at the end of the session to assess if ankle boogie was the same but found that there was less stiffness which was encouraging. Then moved onto respiratory sequence and it was spongy and quiet with no obvious feelings of grit or crunchiness. I worked the lungs well as CT is a shallow breather and therefore it may mean his diaphragm doesn’t get as much exercise and may become sluggish. I worked the diaphragm well to stimulate it and also sat on phrenic nerve with pulsing only on right side. Phrenic nerve innervates the diaphragm. I think I should have worked the phrenic nerve on both feet and I will note this for next session.Moving into the intercostals, they felt a little congested which is maybe linked to the fact that CT doesn’t move much and therefore lungs not as exercised. Then on to the digestive system with nothing of note- still important to work as CT’s. As I write up the techniques used for section of this session, I’m thinking that I should have introduced some deep breathing at the beginning and end of the session as this is a good way to assist the client to exercise the respiratory system and it could encourage the client to do this during the day. Its’ also another way to activate the vagus nerve and bring the client into the parasympathetic mode and might help reduce twitches? – I need to research this further and see if this would be beneficial from this aspect. I do know that it will help expand the chest area and bring more oxygenation to the body.The toes remained quiet when starting on the respiratory and circulatory reflexes, and then they really started the involuntary twitching again – so we discussed not working on this part of the feet till the very end at the next session to see if it is this area that triggers the twitching. Right big toe pituitary reflex was very tender and client flinched when it was worked – left was quiet. Right adrenals were tender and I massaged them well, but left was quiet.I linked both pituitary glands at the same time to help encourage a balance between R&L side, pulsing for 9 seconds and then off, repeating 3 times. As the pituitary acts as the air-traffic control, taking direction from the hypothalamus to inform the body of which hormones to be secreted when.Moved directly onto the Pre-ovulation (stimulation of hormones) links :1. Testicle & Prostate link resulted in good energy on right, and buzzing on the left
2. Testicle and groin (top of foot)
3. Prostate and groin
4. Testicle and prostate and groin
5. Testicle, prostate and pituitary
6. Testicle/Adrenal and pituitary
7. Thyroid/ Testicle and Prostate
8. Testicle and testicle helper

Sequence 1,2,3,4 when worked there was a lot of twitching on the little toe (right side). Sequence 4,5,6 the twitching was predominantly the 4th toe on right. All the toes were quiet on left foot. Which is similar to the previous sessions when left was quieter than right. Myelin protects nerve fibres in the CNS allowing messages to travel from brain to body. In MS the immune system attacks the myelin as a foreign body, damaging the myelin and stripping it off the nerve leaving scar or lesions. Its important to work nerves as they are degenerating and not firing as required. Linking brain and Coccyx, and sitting on the cervical, lumber and sacral plexus with intention to encourage an uninterrupted neural flow.Spine on right foot and left foot had little response, especially in the thoracic regions which were tender on previous occasions. I sat on both L5 spine reflexes on both feet to help with nerve innovation to legs to promote a positive healing response and stimulate the sciatic nerve. I worked the knee and leg reflex on both, and the right was OK, but left was harder- I worked the area with sweeping. Linking the L5 with the knees on both R&L as this innervates knee and legs . Marching up the psoas muscle on both R& L is necessary to mobilise this core muscle – especially as CT sits a lot, this could shorten and lead to lower back pain. No particular difference between R&L I sat on the brain reflex on all toes to help with calming the brain and support the central nervous system.I then worked the pineal gland to help promote good sleep and encourage the secretion of melatonin.I also did the HPA axis link, sitting gently on the hypothalamus, pituitary and adrenals- this is important to help bring the body from sympathetic nervous system and into parasympathetic nervous system. This helps bring the body into its natural healing mode.  I then went into the closing sequence and finished with sitting on the solar plexus to help give CT an overall relaxing finish.  |
| Study Client Responses: CT again didn’t say much but I asked him to keep note of how long the feeling in his feet continues for and track progress as this will enhance my learning. I am pleased to see that we may be starting to see some positive progress from session to session in terms of healing response after a treatment, and responses from Pre-ovulation links. I feel that we are getting benefit from working and repeating sequences on the same systems over and over. I think it’s important to reiterate to the client the reasons for my approach and the need for frequent sessions to see if the techniques used are making a difference to his quality of life. |
| Other: |

**Plan:** (future treatments / techniques / focus / self-care suggestions)

|  |  |
| --- | --- |
| Number of Treatments recommended: 7  | Date of next treatment: 26.02.2020 4pm |
| Techniques for next treatment and reasons: Linking of brain and coccyx and working spine reflexes. Use the vagus nerve following the pathway from the brain to the body and then reverse the process following from T12 to the brain and see if the client feels any difference. The vagus nerve is a mixed nerve and sends signals to the brain from the body and vice-versa – I’m keen to see what this approach might be like for the client and if he experiences and sensations as I do this. I will continue to include the pre-ovulation techniques in the treatment plan to work the whole endocrine system with the aim for this client to assess if there has been any continued reduction in twitching or symptoms of neuropathy.MSK – especially spine area and L5 nerve innervation for legs to encourage energy flow to the brain. Knees and legs – and possible links to the brain.I need to bring in deep breathing for introduction and end of session.Work phrenic nerve on both feet at next session. |
| Plan for Self-Care/support between treatments: Drink plenty of fluids and keep mobile.  |
| Other: Consider a table to record the client’s current symptoms and outcomes through the feedback provided this would be a useful measurement tool to see at a glance client progress.  |

REFERENCES

<https://www.nhs.uk/conditions/multiple-sclerosis/> (accessed xx.xx.xx)

<https://www.mssociety.org.uk/about-ms/types-of-ms> (accessed xx.xx.xx)

<https://www.mssociety.org.uk/about-ms/treatments-and-therapies/complementary-and-alternative-therapies> (accessed xx.xx.xx)

Multiple Sclerosis Society. December 2015. Types of complementary and alternative medicine. [file:///C:/Users/steph/Downloads/Complementary%20and%20alternative%20medicines%20booklet%20-%20MSS.pdf](file:///C%3A/Users/steph/Downloads/Complementary%20and%20alternative%20medicines%20booklet%20-%20MSS.pdf) (accessed xx.xx.xx)

Complementary therapies. <https://www.mssociety.org.uk/about-ms/treatments-and-therapies/complementary-and-alternative-therapies> (accessed xx.xx.xx)