CASE STUDY

Demographic Information

Set No:

NAME:

D.O.B:

OCCUPATION:

PRESENTING CONDITION:

Forming an Initial Impression

a)    Initial Impression: -

b)    Lifestyle

c)    Family circumstances: -

d)    Employment: -

e)    Emotional State: -

f)    Observation of Client and interpretations (comment on hair / skin / eyes / posture / breathing etc and make deductions about the client based on your observations)

Presenting Condition

|  |  |
| --- | --- |
| Name of Pathology/Condition |             |
| Brief description of pathology/condition |  |
| What main body system does this pathology relate to, ie digestive? |  |
| The main signs/symptoms of this condition |  |
| Evaluate the possible physical causes |  |
| Evaluate the possible mind/body causes |  |
| Identify which organs/parts of body/systems that may reflect as an imbalance in the feet, as a result of the pathology |  |
| Identify one medication (if applicable) used to treat the condition |  |
| State one side effect of this medication |  |
| Identify which organs/parts of body/systems that may reflect as an imbalance in the feet, as a result of this side-effect |  |

An Alternative Complementary Therapy suited to: Stress and your rationale for this choice

Personal Medical History

History of Presenting Condition

Past Medical History

Current Medication

First Treatment See SOAP

|  |
| --- |
| Treatment **SOAP** Notes - Study Client ID:  |
| Date: |  | Start time: |  | Finish time: |  | Treatment number: |  |
| Preferences: Depth of Touch: Light Medium Deep VariesMusic: Reclining position / postural support: Infection prevention / Allergies Psychological & relevant information between treatments:  | Measurements:MYCAW Pain: 1 2 3 4 5 6 7 8 9 Detail: Stress: 1 2 3 4 5 6 7 8 9 Detail: Need for referral: Y/N |

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

|  |
| --- |
| Study Client symptoms and goals: |

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

|  |
| --- |
| Visual: |
| Tactile |
| Areas of Focus:   |
| System/s focus:  |
| Other:  |

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

|  |
| --- |
|  Preparatory Techniques:  |
| Treatment Responses + interpretation/relevance:  |
| Study Client Responses:  |
| Other: |

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

|  |  |
| --- | --- |
| Number of Treatments recommended: 7  | Date of next treatment:  |
| Techniques for next treatment and reasons:   |
| Plan for Self-Care/support between treatments:  |
| Other: |

**Reflexology Treatment Plan**

**Objectives / Aim** (what you and they hope to achieve):

**Frequency** (how often are you going to treat?): Once a week for 7 weeks

|  |  |
| --- | --- |
| **Key Reflex** | **Reason**  |
|  |  |

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| --- | --- |
| **Helper Reflexes (remember Golden Rule!)** | **Reason** |
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|  |  |
| Nerve innervations | Reason |

|  |  |
| --- | --- |
| **Regular Maintenance Areas:** | **Reason/Effects** |
| Brain, Spine, Kidneys, Lungs, Liver and Heart. | As Reflexology is a holistic therapy, these organs are always included. Also, these organs are all vital for life. |

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| --- |
| Treatment **SOAP** Notes - Study Client ID:  |
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**Subjective:** (why they came for a treatment, what they say, what are they experiencing, what makes things better / worse)

|  |
| --- |
| Study Client symptoms and goals:Other:  |

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

|  |
| --- |
| Visual: |
| Tactile: |
| Areas of Focus:   |
| System/s focus:  |
| Other:  |

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

|  |
| --- |
| Preparatory Techniques:  |
| Treatment Responses + interpretation/relevance:  |
|  |
| Other: |

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

|  |  |
| --- | --- |
| Number of Treatments recommended: 7  | Date of next treatment:  |
| Techniques for next treatment and reasons:  |
| Plan for Self-Care/support between treatments:  |
| Other: |

Conclusion and Success of treatment plan

Summary of my learning from this case study

REFERENCES