RCP Team Health History Intake form

Please complete the survey below.

Thank you!

1) Name _____

2) Date of Birth _____

3) Gender
- ◯ Female
- ◯ Male

4) Best phone number _____

5) Address _____

6) Email address _____

7) Emergency contact: Name _____

8) Emergency contact: Phone number _____

Health History

9) Have you ever received massage therapy before?
- ◯ Yes
- ◯ No

10) If yes, how often do you receive massage therapy?
- ◯ Once or twice a year
- ◯ Every few months
- ◯ Every other month
- ◯ Once a month
- ◯ Every other week
- ◯ Once a week
- ◯ Other

11) If you answered "other" to the previous question, please explain. _____

12) Please indicate your UCI classification
- ◯ H1
- ◯ H2
- ◯ H3
- ◯ H4
- ◯ T1
- ◯ T2
- ◯ T3
- ◯ C1
- ◯ C2
- ◯ C3
- ◯ C4
- ◯ C5
- ◯ BVI

13) Type of impairment
- ☐ Neurological
- ☐ Locomotor
- ☐ Spinal Cord
- ☐ Blind/Visually impaired

14) Date impairment happened? _____

15) Brief medical history _____

16) Please make a brief description of your impairment, including relevant information to the impairment. _____ (Ex. Spinal cord lesion level complete or incomplete, spas

17) List of medications _____

18) Surgeries _____

19) Allergies _____

20) Other specific health concerns or conditions _____

21) I understand that massage / bodywork I receive is provided for the basic purpose of relaxation, relief of muscular tension, injury prevention, and/or injury rehab. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and / or strokes may be adjusted to my level of comfort. Because massage / bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapists part should I neglect to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

- ◯ Yes
- ◯ No

22) I understand and agree that my massage therapy heath records may be used in a scientific research investigating massage therapy's effects on para-cycling athletes. I give my consent for my heath records to be shared with the research team at the University of South Carolina School of Medicine Greenville.

- ◯ Yes
- ◯ No

Massage Therapist Information

Please complete the survey below.

Thank you!

1) Name _____

2) Phone number _____

3) Email address _____

4) Address _____

5) Gender
- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Choose not to identify

6) Age
- ◯ 18-25
- ◯ 26-35
- ◯ 36-45
- ◯ 46-55
- ◯ 56-65
- ◯ 66-75
- ◯ over 75

7) What is your highest level of education?
- ◯ Did not complete high school
- ◯ High school diploma/GED
- ◯ Vocational training
- ◯ Some college
- ◯ Associates degree
- ◯ Bachelors degree
- ◯ Some graduate education
- ◯ Masters degree
- ◯ Advanced graduate work or PhD

8) How many hours was your initial massage therapy education?
- ◯ Less than 500 hours
- ◯ 500 hours
- ◯ 500-600 hours
- ◯ 601-700 hours
- ◯ 701-1000 hours
- ◯ Other

9) If you answered other to the previous question, please explain. _____

10) Year you began practicing massage therapy _____
(Year only (YYYY))

11) Please indicate the number of continuing education hours you have taken.
- ◯ 0-25
- ◯ 26-50
- ◯ 51-75
- ◯ 76-100
- ◯ 101-125
- ◯ 126-150
- ◯ 151-200
- ◯ 201-250
- ◯ More than 250
- ◯ Do not know

12) Please indicate the modalities that you practice

- ☐ Active isolated stretching
- ☐ Acupressure
- ☐ Cancer/oncology Massage
- ☐ CrainoSacral(SM)
- ☐ Deep Tissue Massage
- ☐ Energy Work
- ☐ Feldenkrais Method®
- ☐ Geriatric Massage
- ☐ Hot Stone Therapy
- ☐ Infant Massage
- ☐ Jin Shin Jyutsu
- ☐ Lomi Lomi
- ☐ Lymphatic Drainage
- ☐ Movement Education
- ☐ Myofascial Massage
- ☐ Myofascial Release
- ☐ Myotherapy
- ☐ Neuromuscular Therapy
- ☐ Oriental Bodywork
- ☐ Orthopedic Massage
- ☐ Pediatric Massage
- ☐ Polarity Therapy
- ☐ Pregnancy Massage
- ☐ Pressure Point Therapy
- ☐ Reflexology
- ☐ Reiki®
- ☐ Rolfing®
- ☐ Russian Massage
- ☐ Shiatsu
- ☐ Somatic Movement(SM)
- ☐ Sports Massage
- ☐ Structural Integration
- ☐ Swedish Massage
- ☐ Thai Massage
- ☐ Trager® Approach
- ☐ Trigger Point Therapy
- ☐ Watsu®
- ☐ Zero Balancing
- ☐ Other

13) If other was indicated in the previous question, please explain.

_____

14) Please indicate the top 3 modalities that you use in your practice

- ☐ Active isolated stretching
- ☐ Acupressure
- ☐ Cancer/oncology Massage
- ☐ CrainoSacral(SM)
- ☐ Deep Tissue Massage
- ☐ Energy Work
- ☐ Feldenkrais Method®
- ☐ Geriatric Massage
- ☐ Hot Stone Therapy
- ☐ Infant Massage
- ☐ Jin Shin Jyutsu
- ☐ Lomi Lomi
- ☐ Lymphatic Drainage
- ☐ Movement Education
- ☐ Myofascial Massage
- ☐ Myofascial Release
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- ☐ Structural Integration
- ☐ Swedish Massage
- ☐ Thai Massage
- ☐ Trager® Approach
- ☐ Trigger Point Therapy
- ☐ Watsu®
- ☐ Zero Balancing
- ☐ Other

15) If other was indicated in the previous question, please explain.

_____

16) Please describe your practice and practice environment.

_____

(For example: Where is your practice located, do you prac

Massage Session Intake

Please complete the survey below.

Thank you!

Date _____

Name _____

Please indicate your main health condition

- ◯ Amputation
- ◯ Blind/Visually Impaired
- ◯ Cerebral Palsy
- ◯ Spinal Cord Injury
- ◯ Stroke
- ◯ Traumatic Brain Injury

When is your next 8+ perceived exertion/effort event (either training or race)?

- ◯ Within the next 2 day
- ◯ More than 2 days from now

When was your last 8+ perceived exertion/effort event (either training or race)?

- ◯ Within the past 2 days
- ◯ More than 2 days ago

How is your stress level?

- ◯ 0 = I have no stress
- ◯ 1 = I have a very very little stress
- ◯ 2 = I have a very little stress
- ◯ 3 = I have a little stress
- ◯ 4 = I have some stress
- ◯ 5 = I have moderate amount stress
- ◯ 6 = I have slightly more than a moderate amount of stress
- ◯ 7 = I have somewhat high amount of stress
- ◯ 8 = I have a high amount of stress
- ◯ 9 = I have a very high amount of stress
- ◯ 10 = I am overwhelmed with stress

How have you been sleeping?

- ◯ 0 = No issues
- ◯ 1 = I fall and/or stay asleep very very easily
- ◯ 2 = I fall and/or stay asleep very easily
- ◯ 3 = I fall and/or stay asleep easily
- ◯ 4 = I fall and/or stay asleep somewhat easily
- ◯ 5 = I fall and/or stay asleep moderately easily
- ◯ 6 = I have a moderate amount of trouble falling and/or staying asleep
- ◯ 7 = I have some trouble falling and/or staying asleep
- ◯ 8 = I have trouble falling and/or staying asleep
- ◯ 9 = I have trouble falling asleep and I wake up multiple times a night
- ◯ 10 = I am experiencing insomnia

Muscle tightness and/or muscle tension level?

- ◯ 0 = I have no tightness and/or tension
- ◯ 1 = I have a very very small amount of tightness and/or tension
- ◯ 2 = I have a very small amount of tightness and/or tension
- ◯ 3 = I have a small amount of tightness and/or tension
- ◯ 4 = I have a some tightness and/or tension
- ◯ 5 = I have a moderate amount amount of tightness and/or tension
- ◯ 6 = I have a slightly more than moderate amount of tightness and/or tension
- ◯ 7 = I feel feel tight and/or tense
- ◯ 8 = I have an extraordinary amount of tightness and/or tension
- ◯ 9 = I have an extreme amount of tightness and/or tension
- ◯ 10 = My muscles feel so tight and/or tense, they feel like they may snap

Please indicate the location(s) of the tight/tense muscles

_____

Are you experiencing any pain?

- ◯ 0 = No pain
- ◯ 1 = Very very little pain
- ◯ 2 = Very little pain
- ◯ 3 = A little pain
- ◯ 4 = Some pain
- ◯ 5 = A moderate amount of pain
- ◯ 6 = A slightly more than a moderate amount of pain
- ◯ 7 = In pain
- ◯ 8 = An extraordinary amount of pain
- ◯ 9 = An extreme amount of pain
- ◯ 10 = Worst pain ever

Are you experiencing any phantom limb pain?

- ◯ 0 = No pain
- ◯ 1 = Very very little pain
- ◯ 2 = Very little pain
- ◯ 3 = A little pain
- ◯ 4 = Some pain
- ◯ 5 = A moderate amount of pain
- ◯ 6 = A slightly more than a moderate amount of pain
- ◯ 7 = In pain
- ◯ 8 = An extraordinary amount of pain
- ◯ 9 = An extreme amount of pain
- ◯ 10 = Worst pain ever

Are you experiencing any other type of pain?

- ◯ 0 = No pain
- ◯ 1 = Very very little pain
- ◯ 2 = Very little pain
- ◯ 3 = A little pain
- ◯ 4 = Some pain
- ◯ 5 = A moderate amount of pain
- ◯ 6 = A slightly more than a moderate amount of pain
- ◯ 7 = In pain
- ◯ 8 = An extraordinary amount of pain
- ◯ 9 = An extreme amount of pain
- ◯ 10 = Worst pain ever

If you are in pain, how long have you been having this pain in particular?

- ◯ 1-3 days
- ◯ 3-6 days
- ◯ 1 week
- ◯ 2 weeks
- ◯ 1 month or more

Where is the pain located?

_____

Have you experienced any injuries/surgeries within the past 4 weeks?

- ◯ Yes
- ◯ No

If you have experienced an injury/surgery, please tell the type and location of the injury/surgery as well as when the event occurred.

_____

Are you experiencing any spasticity?

- ◯ 0 = No
- ◯ 1 = Very very slight increase in muscle tone
- ◯ 2 = Very Slight increase in muscle tone
- ◯ 3 = Slight, there is some "catch" in my range of motion
- ◯ 4 = Somewhat, tone is increased but limb(s) can be moved through range of motion easily
- ◯ 5 = Moderate amount of spasticity
- ◯ 6 = Slightly more than moderate
- ◯ 7 = Passive movements are becoming difficult
- ◯ 8 = Considerable, passive movements are difficult
- ◯ 9 = Severe, affected area(s) are nearly rigid
- ◯ 10 = Extreme, affected area(s) are rigid

Where is the spasticity located?

_____

Are you experiencing any decreases in flexibility or function?

- ◯ Yes
- ◯ No

If you are experiencing any decrease in flexibility or function, do you feel that it is related to an increase in spasticity?

- ◯ Yes
- ◯ No

If you are experiencing a decrease in flexibility or function, please indicate where you are feeling the restrictions.

_____

Are you currently experiencing any bowel issues?

- ◯ Yes
- ◯ No

Do you feel your current condition is inhibiting your athletic performance?

- ◯ Yes
- ◯ No

What is your goal for today's session?

_____

Massage Session Exit

Please complete the survey below.

Thank you!

Date _____

Name _____

Please indicate your main health condition

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- ◯ 7 = I have somewhat high amount of stress
- ◯ 8 = I have a high amount of stress
- ◯ 9 = I have a very high amount of stress
- ◯ 10 = I am overwhelmed with stress

How did you sleep after your massage?

- ◯ 0 = No issues
- ◯ 1 = I fell and/or stayed asleep very very easily
- ◯ 2 = I fell and/or stayed asleep very easily
- ◯ 3 = I fell and/or stayed asleep easily
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- ◯ 7 = Passive movements are becoming difficult
- ◯ 8 = Considerable, passive movements are difficult
- ◯ 9 = Severe, affected area(s) are nearly rigid
- ◯ 10 = Extreme, affected area(s) are rigid

Are you experiencing any decreases in flexibility or function?

- ◯ Yes
- ◯ No

Are you currently experiencing any bowel issues?

- ◯ Yes
- ◯ No

Were your goals for yesterdays session met?

- ◯ Yes
- ◯ No

What can be done to improve the next session? _____

Massage Therapy SOAAP Notes

Please complete the survey below.

Thank you!

1) Date _____

2) Therapist's name _____

3) Athlete's name _____

4) S (Subjective Findings) □(Subjective Findings)

5) O (Objective findings) □(Objective findings)

6) A (Assessment) □(Assessment)

7) A - Protocol used
(Protocol used)

◯ General Relaxation Protocol ◯ Muscle Relaxation Protocol ◯ Combination General Relaxation and Muscle Relaxation Protocol ◯ Injury Rehab Protocol ◯ Integrated Injury Rehab/General Relaxation/Muscle Relaxation Combination Protocol ◯ Other

8) If other was answered in previous question, please explain. _____

9) Duration of Treatment

◯ 15 minutes
◯ 30 minutes
◯ 45 minutes
◯ 60 minutes
◯ 75 minutes
◯ 90 minutes
◯ Other

10) If other was answered in previous question, please explain. _____

11) Application - Pressures

- ☐ Level 1 - Light pressure: Only moving skin, not feeling underlying structures, no tension in hands or arms of the therapist. E.g. craniosacral pressure, lymphatic drainage, and applying lubricant
- ☐ Level 2 - Moderate pressure: slightly deeper than light pressure - think of rubbing lotion into skin, may contact superficial musculature and adipose layer
- ☐ Level 3 - Medium Pressure: deeper than moderate pressure - used to warm up the muscles for deeper work, therapist is transferring some body weight into the massage strokes, medium layers of underlying musculature and connective tissue are contacted - nearby joints may move with this pressure
- ☐ Level 4 - Strong Pressure: Deep layers of musculature and tissue are contacted - requires both body weight and some upper body strength to reach this level of pressure - nearby joints will move with this depth of pressure
- ☐ Level 5 - Deep pressure: contact with the deepest layers of muscle and connective tissue and compressing these tissues against the bones - body weight and upper body strength are needed to reach this depth of work. (neuromuscular work, deep stripping, deep friction etc)

(Check all that apply)

12) Application - Strokes/Movements/Actions

- ☐ Broadening
- ☐ Cold application
- ☐ Compression
- ☐ Friction
- ☐ Gliding/stroking
- ☐ Heat application
- ☐ Holding
- ☐ Hydrotherapy
- ☐ Kinesiological Taping
- ☐ Kneading
- ☐ Lengthening
- ☐ Lifting
- ☐ Muscle Energy Technique
- ☐ Myofascial Release
- ☐ Percussion
- ☐ Range of Motion
- ☐ Rocking
- ☐ Skin Rolling
- ☐ Skin Stretching
- ☐ Stretching
- ☐ Vibration
- ☐ Other

(Please check all that apply)

13) If other was answered in previous question, please explain.

_____

14) P

(Plan)

15) Additional notes as needed

_____