



MTAS

Message Therapist
Association of Saskatchewan

MTAS Case Study Form

Member Name: _____

Membership Number: _____

Address: _____

City: _____

Postal Code: _____ Tel: _____

E-mail: _____

Attach the following detailed descriptive documentation: *Note that any missing documentation will affect the assessment.*

1. Patient history (name not required)
2. Symptoms patient presents with (reason for visit)
3. Clinical findings (assessment findings including biomechanical assessment, range of motion testing, palpation)
4. How do the above answers correlate with one another?
5. Treatment provided (give a brief explanation justifying your treatment)
6. Re-assessment
7. Follow-up treatments (how did the patient progress, assessment findings in follow-up treatments)
8. Describe how this case helped your learning process as a therapist and what information you can pass on to other therapists if they encounter a similar situation

I, _____ confirm that have completed the above and am hereby submitting this material as a component of my ConEd log, as per MTAS policy.

Signed: _____

Date: _____

Please note that signing or issuing, in your professional capacity, a document that you know contains false or misleading statements is a matter of professional misconduct and will be referred to the Disciplinary Committee if deemed necessary.

Please submit copies of all documentation to the MTAS office and allow up to 8 weeks for completion of the evaluation process.

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