



## MTAS Case Study Form

3 primary credits per case study.  
Maximum allowed 3 case studies per con-ed window.

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 the 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 Con-Ed 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 upload copies of all documentation and this form to your profile on the MTAS website.**

---

Massage Therapist Association of Saskatchewan Inc., #22 - 1738 Quebec Avenue, Saskatoon, Sask. S7K 1V9  
Tel: 306-384-7077 Fax: 306-384-7175 E-mail: [mtas@saskmassagetherapy.com](mailto:mtas@saskmassagetherapy.com)