

MASSAGE TECHNIQUE REVIEW

The Member who receives the treatment to complete this form

Name and membership number of the member **receiving** the MTR.

Name _____

Member No _____

Did the massage therapist -
(Please tick the appropriate boxes)

Pre Massage

- Take an adequate client file
- Wash their hands before the massage
- Were the towels large enough for security
- Did you undress/dress in private?

Massage

- Discuss your needs and the procedure prior to the massage
- Address the massage to your needs, using correct terminology
- Apply the lubricant adequately?
- Start on time, Finish on time, for the one hour massage;

Techniques

- Was the pressure of the massage appropriate
- Were appropriate techniques applied?
- Was there a variation of strokes and techniques?

The best things you observed about the massage -

To make the technique better, list the activities that you think could be changed -

Name and Membership number of the **giver**

Name _____

Member No _____

The receiver will submit a copy with their CPE log to the A.R.M. National Head Office on or before March 31st.
You (the receiver) will need to **keep the original** so if you are audited it can be produced.