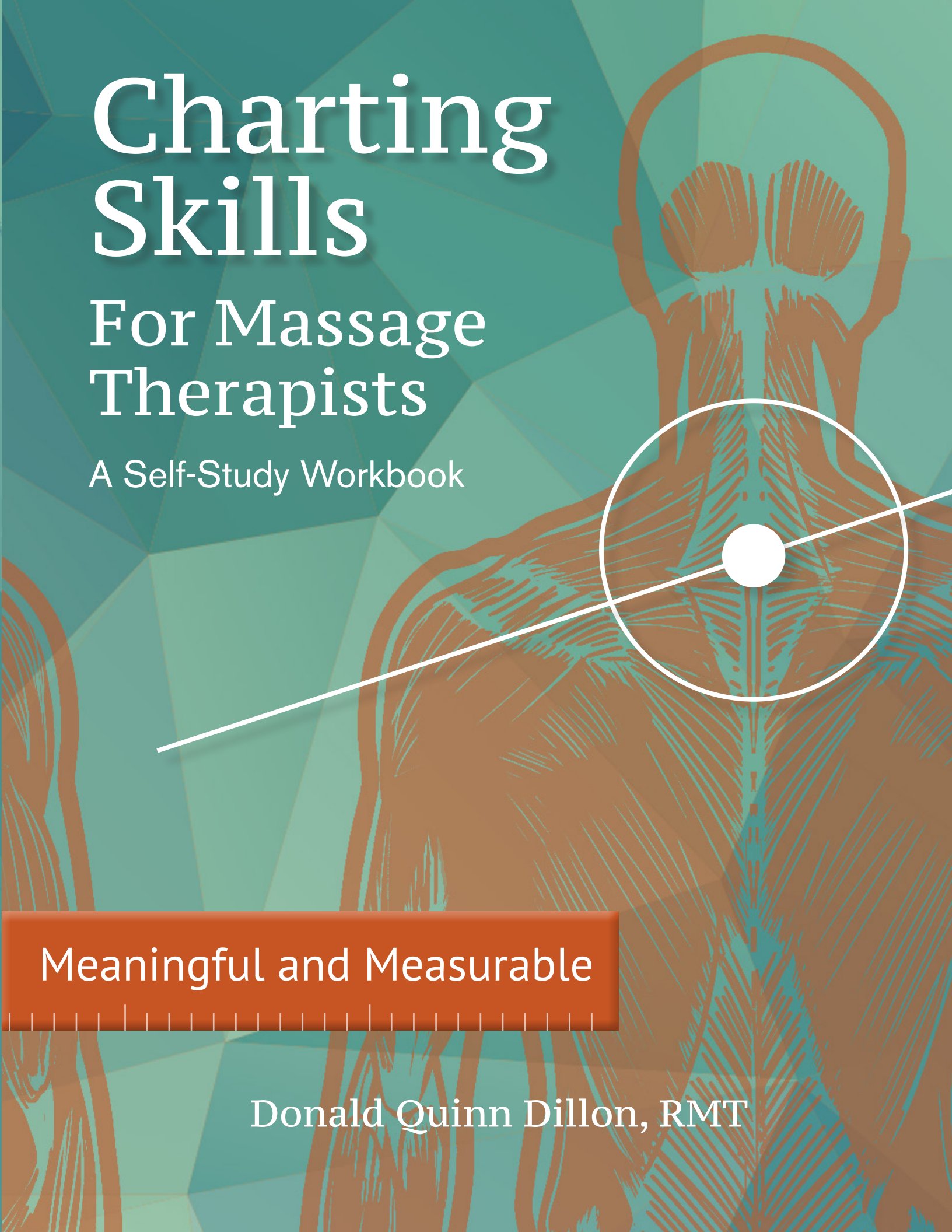
Charting Skills

For Massage Therapists

A Self-Study Workbook



Meaningful and Measurable

Donald Quinn Dillon, RMT

"I both have a body and I am a body, and this intimate relation puts my body in a closer juxtaposition with my immediate awareness than any other object that I can possibly contemplate. No piece of laboratory equipment could ever put me closer to a form and its process of formation than can my direct perception of my own body.

The neural tentacles of my mind are rooted in the cellular and molecular depths of this formation where they register every move, every stage of development, every shift in chemical balance, every nuance of posture, structure and function."

- **Deane Juhan**, *Job's Body: A Handbook for Bodywork*

Published by Don Dillon
19 Durham Drive, St. Catharines, ON L2M 1C1 ☎ 905 937 5802
www.dondillon-rmt.com

Library and Archives Canada Cataloguing in Publication

Dillon, Donald Quinn, 1965 – (still kicking around)

Charting Skills for Massage Therapists: Meaningful and Measurable

ISBN 978-0-9781193-3-1

1. Massage therapy. 2. Health facilities--Business management.

* 2nd edition (First print 2007)

Cover design: Julie Johanis, JLM Studio, www.JLMStudio.com
Anatomical images (unless otherwise indicated):
© Maria Romanova, BSc, MScBMC, www.MariaRomanova.org

Disclaimer:
The author and publisher have made every effort to ensure the accuracy and completeness of information contained in this book. Please notify us at the contact above should you find errors, inaccuracies, omissions, or any inconsistency herein.

Gender and Terminology:

Massage practitioners are of both genders, so “she” and “he” are used interchangeably throughout the book.

Massage practitioners work in a number of marketplace sectors, some of which prefer to reference recipients of massage as “clients” and others as “patients”. These terms are used interchangeably throughout the book.

Contents

Dedication

This program is dedicated to you, my colleague,
and to the profession that has nurtured us both.

Statement of Intent:

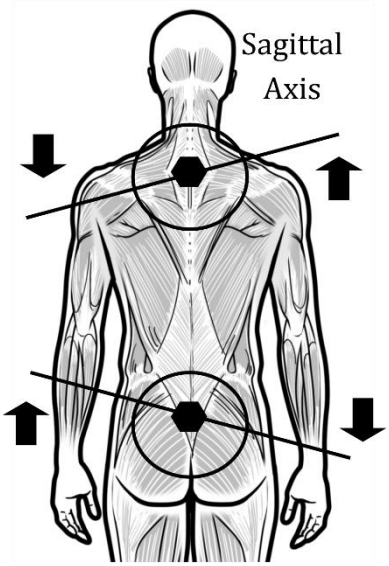
This program has been developed:

- To suggest a theoretical framework and lexicon (terminology) for massage therapists to record their observations and assessments, and to use these same variables in measuring their outcomes and showing treatment efficacy.
- To put this theoretical framework to the test: to place it in your hands for critical experimentation, revision and ultimately evolution towards a common application by the community of massage therapists.
- To suggest a standard of soft-tissue assessment and outcome variables that are meaningful and measurable for massage therapists.
- To encourage practitioners to look beyond measuring functional/rehabilitative variables alone, and to measure wellness and quality of life outcomes.
- To provide a method that is effective (captures critical information), efficient (promotes recording in an expedient manner), and ensures the practitioner is compliant with record-keeping regulations.
- To inject a methodology that transfers well to electronic medium - data capture, collection and collation - and delivers to the practitioner critical information regarding the people she provides care to, and the common health conditions she is asked to remedy.
- To facilitate a common method of recording assessment and outcomes that supports and promotes evidence-based practice, and cultivates profession-wide curiosity and inquiry into why we do what we do.
- To utilize this sophisticated lexicon and methodology when representing ourselves to agents of extrinsic forces that influence our daily practice: government, insurers, gatekeeper health disciplines and the public/media.

1 Introduction

> "As ideas are preserved and communicated by means of words, it necessarily follows that we cannot improve the language of any science without at the same time improving the science itself. Neither can we, on the other hand, improve a science without improving the language or nomenclature which belongs to it."
> – **Antoine Laurent Lavoisier**, *Elements of Chemistry*

"Why do we chart and keep records?" The common response if often, "*Because we have to!*". While it's true practitioners are required to maintain solid professional records for regulatory purposes, I suggest it need not be our primary motivation. I argue the ability to skilfully formulate a professional opinion — based on focused inquiry, keen observations, investigative palpation and diagnostic tests — boost a practitioner's ability to be effective in applying the treatment plan and delivering care.



It's been my professional experience when I miss asking critical questions in the case history, or fail to empathize with and engage the person before me, I fail to create desired outcomes. On occasion, I failed to critically examine all my findings to see where the symptom-picture was pointing. This led to wasted time and frustration on my part, and over-treatment or inadequate intervention of the person's symptoms. I hindered - not helped - their progress. In short, when I've not given the case history and assessment their proper due, I have sabotaged my treatment plan and my results.

There have been a few embarrassing moments when I went on a tangent to explore a minor, secondary complaint only to have the patient say at treatment-end "Well my ankle feels much better, but I really came in because my back was sore."

By framing the information gathered in a concise and structured format, I can create an accurate picture of the person's health status today. I can use this symptom picture to identify barriers to recovery, flag precautions or preclusions to treatment, and pose further questions to bring together missing pieces.

A thorough history may uncover – for example - why the condition is worse in the morning than in the evening.

My assessment in combination with the case history can reveal whether the symptom picture is neuro-musculo-skeletal in nature and will respond to my interventions, or a systemic, neoplastic or inflammatory condition outside my scope that requires direct referral to the person's physician or nurse practitioner.

I think what practitioners dislike most about charting is the time and effort it takes. Charting is mundane compared to the kinaesthetic therapeutic interchange between skilled hands and a responsive body-mind. I admit I'd rather be providing care than making notes. So if I need to make notes, I want to make them effective, meaningful, insightful and efficient to save time without compromising essential information.

Charting for practitioners is subject to inherent problems:

- Uniformity and standardization is lacking in the way massage practitioners capture, analyze and record history, assessment, treatment and outcomes.
- There is a myriad of regulations to comply with re: record retention, informed consent, privacy and security, receipts, etc.
- There remains an inconsistent and insufficient approach to benchmark assessment findings or outcome measures in soft-tissue dysfunction. While orthopaedic and neurological tests or joint range-of-motion measures are generally standardized, we lack a framework for palpation findings or classifying muscle dysfunction.
- Without consistent ways to substantiate results, efficacy in massage therapy is challenged by governments who might fund massage therapy care, gatekeeper health providers authorized to oversee massage treatment plans, insurers who approve and deny claims, employers who sponsor insurance benefits for workers, and the public and media who utilize massage therapy care.
- Multiple sectors are served – spa, rehab, private practice, workplace wellness – and therefore require charting targeted to the needs and desired outcomes of those populations.

Our profession could become a foremost authority in creating a soft-tissue charting standard; to debate current practices and arrive at a comprehensive, effective methodology applicable across all sectors served. I propose charting in massage therapy adhere to the following values:

- Meaningful to massage therapists – Assessments and measurements of a myo-fascial and arthro-kinetic nature are applied, with relevant health and wellness goals and outcomes carefully measured.
- Effective (captures relevant information comprehensively), efficient (saves time) and contributes to the profession's body of knowledge.
- Builds on what you already know – qualify the four "T's" of palpation: tension, texture, temperature, and tenderness.
- Screen directly for yellow flags (precautions) and red flags (preclusions) to care, and safeguard patient safety and comfort from the outset.
- Ensure practitioner records are compliant with regulations and defendable in an audit or court hearing.
- Applicable to all sectors served – spa, rehabilitation, private/group practice, holistic/CAM, workplace wellness, and human performance/athletics.
- Digitally convertible – methodology principles easily convert to electronic record-keeping software.

This manual in your hands precipitates the following learning outcomes:

- Screen for and capture essential health history and assessment information that promotes effective and safe care.
- Explore the experience of pain, and common challenges in taking a case history
- Discuss 7 outcome measures practitioners can readily apply.
- Produce benchmarks and measure outcomes in a way meaningful to massage practitioners.
- Explore frameworks for forming a professional opinion and a treatment plan.
- Review Ontario regulatory requirements for record-keeping (some of the most rigorous in the profession).
- Review how to secure records, create defendable records and stay out of trouble with regulatory authorities.
- Apply the methodology to various market sectors served and case complexity.
- Consider how to convert methodology to electronic-based format.
- Show via the completion of 2 case studies the effective capture of essential information and the relaying of assessment, treatment, outcome measures, treatment plan and prescribed home-care or referral.
- Generate new appreciation for basing assessment largely on soft-tissue (as opposed to solely orthopedic/neurological) benchmarks.

1.1 Recommendations in How to Use this Workbook

Feel free to write in the book, highlight, and make notes…whatever you need to do to best learn the material. This is your book.

To obtain copies of the templates for your own use, simply register your book by emailing don@dondillon-RMT.com with a scanned copy of your purchase receipt. All material is bound by copyright law, therefore reproducible only with express permission. Registrants will receive the Intake (Case History), Assessment and Treatment templates. Other templates mentioned in this book like Vernon-Mior or Oswestry are easily found online.

If you are required by your regulatory body to complete this course and upgrade your charting skills, complete the two case studies in the workbook, scan your completed working copies of the Assessment and Treatment templates (available for download when you register your book), and email to don@dondillon-RMT.com.

Upon review, I'll provide confirmation of your successful completion of the course (fee may apply) and a handsome certificate of completion. Completing the case studies - even if you are not mandated to do so - will give you practice applying the methodology and may qualify for Continuing Education Units (CEUs).

Let's start by looking at your current charting system. Assess your system against the questionnaire provided on the next page.

Philosophy, special or general is not the foundation upon which I built the Science of Chiropractic. Its science is based on tone. Tone is the standard from which we note the variations of structure, temperature, tonicity, elasticity, renitency, and tension. It is the standard of health; any deviation therefrom is disease. Tone is the Basic Principle.

- D.D. Palmer

1.2 Lab: Assess your case history, assessment & treatment

Check-mark all fields prompted by your current case history template

Health History Particulars Must Include (at a minimum):

- ☐ Date of intake
- ☐ General health status
- ☐ Name, address, date of birth
- ☐ Telephone number
- ☐ Occupation, referral source
- ☐ Name, address of primary care physician
- ☐ Primary complaint
- ☐ Location and nature of soft-tissue or joint discomfort
- ☐ Vision or hearing loss
- ☐ Any loss of sensation
- ☐ Current treatments / other practitioners providing care
- ☐ Current medications and conditions treated
- ☐ Timing & nature of injuries, accidents & surgical procedures
- ☐ history of massage therapy

Possible Cardiovascular Insufficiency (examples):

- ☐ High/low blood pressure
- ☐ Chronic congestive heart failure, other heart disease
- ☐ Myocardial infarction, cerebrovascular accident
- ☐ Phlebitis / varicose veins
- ☐ Presence of pacemaker or similar device
- ☐ Family history of CVD

Possible Respiratory Insufficiency, examples:

- ☐ Chronic cough
- ☐ Bronchitis
- ☐ Shortness of breath
- ☐ Asthma
- ☐ Emphysema
- ☐ Family history

Allergies, Hypersensitivity Reactions or other conditions:

- ☐ Allergies with response of anaphylaxis or skin irritation
- ☐ Infectious conditions including: Infectious skin conditions, herpes, tuberculosis, hepatitis or HIV
- ☐ Arthritis, family history of
- ☐ Diabetes, cancer, epilepsy, skin conditions
- ☐ History of migraines or headaches
- ☐ Other diagnosed conditions e.g.: digestive, gynecological, hemophilia, mental health, etc.
- ☐ Presence of internal pins, wires, artificial joints or special equipment
- ☐ Pregnancy

Ref: Public Health Standard #6 CMTO 2006

Check-mark all fields commonly included in your assessment and treatment notes

Assessment / Reassessment:

- ☐ Acute, subacute and chronic conditions or pain, particular to location, type, duration, origin, pattern, triggering phenomena, intensity and quality
- ☐ Range of motion of joints and muscles (active, passive and resisted)
- ☐ Flexibility of the soft-tissues
- ☐ Evidence of tenderness, tension, temperature, texture and (skin) tone
- ☐ Central or peripheral nervous system lesions or conditions (if indicated)
- ☐ Tests performed bilaterally
- ☐ Determination if massage therapy treatment is indicated

(assessment continued)

- ☐ Identify conditions that may preclude general or local massage therapy treatment, or require modification
- ☐ Identification of potential risks associated with treatment in the presence of contraindications

Treatment plan

- ☐ Goals and focus
- ☐ Body areas to be treated
- ☐ Anticipated frequency, duration and anticipated patient response
- ☐ Reassessment schedule
- ☐ Any change in plan
- ☐ Recommended remedial exercises or hydrotherapy

Each record must include:

- ☐ Identity of the patient (client), the practitioner making the entry and the date of session
- ☐ Session time, duration and fee
- ☐ updated case history information, assessment findings, techniques used, areas treated, and patient reaction/feedback
- ☐ Informed consent recorded
- ☐ All advice given, referral to other health professional and authorization to contact other professionals (if required)
- ☐ Copies of any reports or investigations
- ☐ Financial record/copy of receipt

Public Health Standard #8, 9, 10 and 14 CMTO 2006

2 The Case History, Our Experience of Pain, Precautions and Preclusions to Care

2.1 Why take a case history?

There is good reason to take a thorough case history beyond the requirements of your regulations. Health practitioners take a case history to learn and determine:

- the source of the symptoms or dysfunction, and how to best intervene
- contributing factors: environmental, emotional, behavioural, physical and biomechanical
- precautions or preclusions (yellow or red flags) to assessment or treatment
- Prognosis — how a person's response to your intervention is determined by general health, extent of injury, expectations, lifestyle, and personal resilience

2.2 Common Problems in Taking a Case History

We can secretly hope every new patient that arrives for the case history will tell us everything we need to know, in a sequential and logical manner. Sometimes taking a case history is like chasing a scurrying mouse···it can go in any direction. Practitioners require skills in the intake process to identify the cause of symptoms, comprehend why these symptoms have manifested in the present pain, movement and postural patterns, and how to remedy these symptoms.

What problems have you encountered in taking a case history? Here are common responses from workshop participants:

- The patient shares her symptoms in a fragmented, non-sequential manner, going "all over the place" making it difficult to record essential information.
- The patient has more than one health complaint, and a multitude of symptoms.
- The patient doesn't understand anatomical terms, or there is a language barrier.
- The person appears somatically unaware, largely unconscious of postural or movement patterns. They have difficulty describing their symptoms.

Illness is a clumsy attempt to arrive at health. We must come to nature's aid with intellect. - **Friedrich Nietzsche**

The following suggestions may be helpful:

1. Use leading questions to clarify points and to create a more complete case history picture. "Tell me more about that" and "What does that feel like?" If the discussion goes on a tangent, use gentle cues to bring the person back on track to answer your questions.
2. Ask the person to indicate the area of pain or symptoms. Touch the area yourself and qualify: “Is this the area right here you were describing as tight?” Your palpation will instil compassion, confidence, and competence in your abilities, and will create rapport early on.
3. If the person's symptom description seems vague, he may be challenged to transcribe his kinesthetic or somatic experience into a verbal description. Help him re-associate with his body. "When you are in pain, what does it feel like?" or "On your worst days, what activities do you have trouble doing?"
4. Speak slowly and clearly. Ask one question at a time. Use simple and common language; avoid unnecessary anatomical jargon. If spoken language is the barrier, ask the person to bring someone who can interpret your questions and the person’s responses.
5. Address only the primary symptom for the first session. Ask “of the symptoms you described, what bothers you the most?” Assure her you will get to the subsequent symptoms, but you want to resolve her primary complaint first.
6. Set goals for each treatment. Consider somatic change is a process: there’s no obligation to “fix” someone in a single session. Just make sure she feels understood and confirm you will address her symptoms.
7. Try role-playing with a fellow practitioner to hone your case history skills.
8. Listen empathetically. Listening well – eye contact, engaging posture and gestures, acting in a non-hurried, affable way - will often yield all the information you’re looking for.

It is our duty to remember at all times and anew that medicine is not only a science, but also the art of letting our own individuality interact with the individuality of the patient. – **Albert Schweitzer**

2.3 The Case History Template

The Case History template used in Charting Skills is illustrated on the next page. Features include:

- ✓ Simple, comprehensive one-page design increases likelihood the client will complete fully and accurately.
- ✓ Uses illustrations, checkmarks and short answers to aesthetically please while capturing essential information.
- ✓ Prompts for the patient's occupation, birth-date, referral source and extended health care coverage – use for practice statistics, marketing purposes and identifying referral sources (note: see PHIPA points on privacy).
- ✓ Copies to back-side of assessment template, ensuring a clear and complete symptom picture at the outset.
- ✓ Compliant with College of Massage Therapists of Ontario Standards.[1]

You may wish to fill out the case history template yourself to experience and comprehend the information your patient is being asked to share.

Once the patient has completed the case history, review their responses and ask further clarifying questions to gain the best possible perspective on their case.

I recommend that you do not notate on the case history template, other than clarifying points that arise during the interview. Rather, collate information they provide and conflate with answers to your inquiries, then record to the Assessment template (covered in the next chapter).

After more than 50 years in this field, it is now clear to me that functional restoration of the motor system ultimately comes down to tone: that is, tone of the tissues.

- Karel Lewit, MD, DSc

---

[1] You can find CMTO case history template examples at http://www.cmto.com/about/down.htm

Capture personal information, reason for visit, referral source and confirm if insurance claim

Massage Therapy Case History

Name _____ Birthdate _____

Street, City and Postal Code _____

Phone home _____ Email or cell _____

Physician name & address _____

Auto or Work Claim? ❑ Yes Claim # _____ Employee health benefits? ❑ Yes

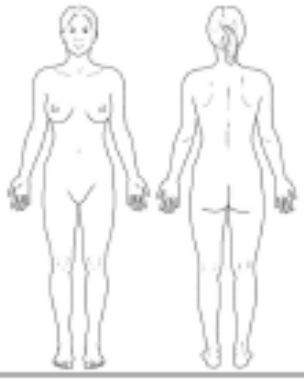
Occupation _____ Referred by _____

Reason for visit today? _____ Prior massage therapy? ❑ Yes

Qualify and quantify pain

Are you in pain? Please indicate:

No Pain
0
1
2
3
4
5
Severe



Symptoms/Conditions - Please indicate:
C – Current P – Past F- Family history

___ Signs of inflammation or infection
___ Tension headaches or migraines
___ "Pins & needles" or numbness
___ Strength or sensory loss of any kind
___ Muscle or joint pain or stiffness
___ Hearing or vision loss, balance/coordination
___ Cardiovascular disease. Pacemaker? ❑ Yes
___ High or low blood pressure
___ Diabetes, or other hormone disorders
___ Broken bones, artificial joints, pins or plates
___ Osteo- or rheumatoid arthritis, bone disease
___ Cuts, warts, open sores, skin irritation
___ Bronchitis, emphysema or asthma
___ Tuberculosis, hepatitis, herpes or HIV
___ Allergies, hyper-sensitivities, anaphylaxis
___ Cancer or auto-immune disorder
___ Multiple sclerosis, epilepsy, nerve disorder
___ Anxiety, panic attacks or mood disorder
___ Gynecologic / other conditions not listed:

Describe your general health

Recent tests/screenings (eg: blood, x-ray, MRI)? ❑ Yes

Medications and supplements? Please list:

Are you physically active? ❑ Yes Sleep well? ❑ Yes

♀Women – pregnant? ❑ Yes Trimester? 1 2 3

How do your symptoms affect your recreation, work duties and social interaction?

Please list nature and date of surgeries or severe trauma:

Other therapies/treatments currently receiving?

"I understand my information is held private and confidential and released only with my permission or as required by law." (please sign & date)

_____ _____

(Practitioner) Last Updated _____

Review general health indicators

Screen for precautions and preclusions

Track intake update

2.4 Our Experience of Pain

Our pain experience can be complicated! A number of factors contribute to the person's experience of, and resilience in the face of, pain.

In the *Journal of Bodywork and Movement Therapies*[2], Martha Costello, DC, describes different sensations of pain:

- **Sharp, well-localized pain**—superficial lesion
- **Sharp, lancinating, shooting pain**—suggests nerve lesion / root compromise
- **Pins and needles, tingling**—ischemia / compression of the peripheral nerves
- **Dull, aching pain**—deep somatic (not visceral) origin
- **Excruciating pain - unrelenting, intolerable, deep aching, boring pain**—underlying localized pathology or systemic disorder
- **Stiff, achy, cramping or grabbing**—typical of musculoskeletal disorders
- **Hot or feverish**—inflammation

[2] Costello, M.: Low Back and Pelvic Pain. *Journal of Bodywork and Movement Therapies*. April 1998. p 69.

Leon Chaitow, DO, describes the enormity of pain this way:

"Pain is probably the single most common symptom experienced by humans and, along with fatigue, is the most frequent reason for anyone consulting a doctor in industrialized societies – indeed the World Health Organization (1981) has suggested that pain is 'the primary problem' for developed countries.

Within that vast area of pain, musculo-skeletal dysfunction in general - and back pain in particular - feature large. If symptoms of pain and restriction are viewed in isolation, with inadequate attention being paid to the degree of acuteness or chronicity, their relationship with the whole body and its systems (including the musculoskeletal and nervous systems) – as well as, for example, the emotional and nutritional status of the individual and of the multiple environmental, occupational, social and other factors which impinge upon them – then it is quite possible that they will be treated inappropriately."[3]

2.5 Precautions and Preclusions - Yellow and Red Flags

In the sports arena, a yellow flag indicates pre-caution when proceeding - a red flag precludes further action···stop! As practitioners, when yellow or red flags present in the case history or assessment, they provide us "cause for pause" to ensure our care will not be harmful. *Primum non nocere*... "First, do no harm."

Fairly basic and common symptoms might have more serious underpinnings. It's important to attach additional questions to any yellow flags that present themselves, and identify red flags that may require immediate medical attention.

Nicola J. Petty and Ann P. Moore describe the dangers of underestimating pain:

Since (manual therapists) are now 'first contact' clinicians, we have assumed greater responsibilities. While those interested in manipulation and allied treatments energetically improve their competence in the various techniques and applications, we might profitably spend a little time considering what we are doing all this for.... Pain distribution might confuse unwary or overconfident therapists, who may assume familiarity with a syndrome they recognize and then perhaps find themselves confronting the tip of a very different kind of iceberg.[4]

---

[3] Chaitow, L: *Muscle Energy Techniques*, 2nd edition. Churchill Livingstone 2001 p 22

[4] N. J. Petty. A. P. Moore: *Neuromusculoskeletal Examination and Assessment*. Churchill Livingstone 1998 p 28

The following is adapted from Petty and Moore's book, **Neuromusculoskeletal Examination and Assessment**[5]

Questions	Possible Indications
"How is your general health?	Feeling unwell or tired is a common symptom with neoplastic disease, while malaise and depression can associate with rheumatoid arthritis. Ask about fatigue, fever, nausea or vomiting, stress, anxiety and depression.
"Have you noticed any recent weight loss?"	Rapid weight loss, without reason, may indicate malignancy.
"Have you or anyone in your family been diagnosed with Rheumatoid Arthritis?"	Collagen necrosis of the cervical vertebral ligaments is a concern in spinal mobilization, or other joints during the acute inflammatory stage. Take care with movement of the neck.
"a) What medications have you been prescribed? b) Have you been on long term medication or steroids? c) Have you taken anti-coagulants?"	a) Medication strength can indicate the degree of pain the individual is experiencing. Consider that pain meds can mask or alter reaction to therapy, and produce side effects. b) High doses of corticosteroids or Heparin for prolonged periods may lead to osteoporosis—problematic with deep palpation and treatment. c) With anti-coagulant use, be weary of tissue trauma and consequent bleeding.
"Have you received X-rays or other medical tests?"	X-rays are ordered when a physician suspects a fracture, arthritis or serious bone pathology. These diagnostic tools can determine the extent of trauma. Other imaging includes CT scans and MRIs. Considering the individual is undergoing such tests is a yellow-flag to be cautious in your approach.
"Are you experiencing any loss of sensation or function?"	a) Compression of the spinal cord (foramen magnum to L1) can present as bilateral tingling in hands or feet, and disturbance of gait via sensory and motor pathway disturbance in the cord. b) Compression below L1 (Cauda Equina) can present as saddle (pelvic floor) paresthesia and bladder or bowel sphincter disturbance (loss of control, retention, hesitancy, urgency, a sense of incomplete evacuation). This red flag requires prompt medical attention!
"Have you ever experienced any dizziness?"	May indicate vertebro-basilar insufficiency (VBI). Ask about duration and severity of the dizziness and associated symptoms: visual disturbance, diplopia, nausea or impairment of trigeminal sensation. If VBI likely, declare a red flag and refer the patient for medical attention.

[5] N. J. Petty. A. P. Moore: *Neuromusculoskeletal Examination and Assessment*. Churchill Livingstone 1998

I've added additional precautions and preclusions to the Assessment template beyond Petty and Moore's list – questions/observations of inflammation or infection for example - that would be of particular concern to massage practitioners. The Assessment template is featured in chapter four.

Martha Costello reiterates the importance of rigorous screening in the case history.

> *Bodyworkers should be cautioned—often, when a patient has seen a medical professional prior to consultation with the bodyworker, it is assumed that all organic or pathological causes for symptoms have been ruled out.*
>
> *Unfortunately, this often is not the case, as the prior medical examination may have been cursory, and a thorough history may not have been conducted. It is not uncommon for even a review-of-symptoms questionnaire to have been extremely brief, painting a very incomplete picture of the patient's current and past health history.* [6]

2.6 Check Your Comprehension: Chapter Questions and Labs

1. What challenges do practitioners commonly face in the case history process?
2. What contributes to our experience of pain?
3. Why is it important to screen for yellow and red flags?
4. What precautions and preclusions (yellow and red flags) should you be cognizant of while conducting the case history?

A. Lab: Complete a copy of the case history template. This is a good exercise to gain a patient's perspective.

While unconscious creation - animals, plants, crystals - function satisfactorily as far as we know, things are constantly going wrong with man.
—**C. G. Jung**, *An Answer to Job*

---

[6] Martha Costello, DC: Chiropractic Rehabilitation: Journal of Bodywork and Movement Therapy, April 1998