



Peer Review Form for AMT CEUs

Date _____

Therapist

(gives the treatment)

Peer Reviewer

(name and member number - receives the treatment and completes the form.)

Please attach a copy of qualifications if not an AMT member)

The therapist giving the treatment will receive 5 CEUs per reviewed massage to a maximum of 20 CEUs per year.

To be completed by the reviewer

	YES	NO
PRE MESSAGE - did your therapist: <ul style="list-style-type: none"> • look and act professionally (appointment, instructions, style of massage, start the massage on time, client file) • take an adequate current medical history • wash their hands before the massage 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MASSAGE - did your therapist: <ul style="list-style-type: none"> • discuss your need and agree on the procedure prior to the massage • address safety, draping and tailor the massage to your needs 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
PROFESSIONAL ATTITUDE - did your therapist: <ul style="list-style-type: none"> • use correct terminology, apply the lubricant adequately • allow you to undress/dress in private • have towels large enough for secure draping 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
KNOWLEDGE OF TECHNIQUES - did your therapist: <ul style="list-style-type: none"> • use appropriate techniques for each body part • vary the pressure, rate and rhythm of the massage appropriately • perform appropriate types of strokes and variations 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

List the best aspects you observed about this session

List activities that could be changed to make the session better



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(To be completed by the therapist)

Presenting condition:

Subjective information:

Objective assessment (ROM, special tests, observations):

Treatment plan:

Retesting/outcomes of session/recommendations:
