



# NARRATIVE REPORT

A narrative report documents a client's injury, treatment and progress. It can be used as evidence in legal situations. It can also improve client care when used to inform the primary care giver. A secondary purpose is to establish professional credibility.

A narrative report will usually be requested by a third party payment provider (such as a Workers Compensation authority), a solicitor or a primary health care practitioner.

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6 October 2012

Snodgrass and Snodgrass Solicitors  
99 Jubilee Street  
Sydney NSW 2000

**Client name:** Eleanor Aquitaine  
**Referring Source:** Dr Geoffrey Chaucer

### **History**

Ms Aquitaine is a full time office worker who led a full and active work/social life prior to the motor vehicle accident (MVA). She is married with no children. Non-smoker, social drinker. Onset of current symptoms is post-MVA.

### **Client's subjective information**

Ms Aquitaine was suffering a wide range of both acute and ongoing dull pain consisting of:

- Headaches originating from the side of the neck and radiating to the side of the head, sometimes moving behind the eye
- Left shoulder and trapezius pain including a burning sensation in the rhomboids
- Sciatic pain down the left leg
- Lumbar back pain
- Right sacroiliac joint pain

### **Examination/findings**

Structural assessment revealed the following:

- Short left latissimus dorsi and quadratus lumborum
- Dropped left shoulder
- High right shoulder and short upper trapezius'
- Short right sternocleidomastoid
- Right upslip of the sacroiliac joint
- Excessive anterior pelvic tilt with lordosis of the lumbar spine
- Thoracic kyphosis
- Lower and upper body forward rotation with counterbalance in the cervical spine and head

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## **Treatment**

Ms Aquitaine received weekly remedial massage therapy treatments during July and August of 2006. Each treatment session was of 1 hour duration.

Treatment consisted of Myofascial Release of muscle fascia, deep tissue release and trigger point therapy to muscles which were in a state of hypertrophy, under passive and active engagement and soft tissue release to tight binding muscles and muscle energy technique and PNF stretching of shortened muscles and tendons.

On completion of each session a full postural and structural assessment was conducted noting changes in relation to the vertical, horizontal and rotational planes of the body.

## **Progress**

Ms Aquitaine had her best improvement when she was receiving weekly treatments in the form of postural and structural alignment and remedial massage therapy, in conjunction with strength training. During this period of treatment, her symptoms subsided to approximately 20-25% of original frequency, occurrence and intensity.

Since suspending treatment on 21 July some of her original symptoms have resurfaced.

## **Prognosis**

I believe a full recovery is achievable but further remedial massage therapy and strength training is required to expedite progress.

A graduated return-to-work program in the New Year may be possible depending on progress. At present, Ms Aquitaine is unable to work for any significant blocks of time.

Yours truly,

*Aiden T.*

Aiden Therapist