

Assessing Patient's Symptoms

By Taya Countryman

In Massage School we are given a list of contraindications. These include many conditions which have already been diagnosed by other healthcare providers. But the first symptoms of many medical conditions are a feeling of fatigue and tight achy muscles.

A comparative study done of European workers in the 1980's, showed that more than 60% complaining of mid-back pain, were later diagnosed as a heart condition. Although we are not allowed to diagnose, we must be aware of many medical conditions so we can make appropriate referrals.

Physical Therapists have lobbied to have patients come to them without a physician's referral. They have been blocked by the medical community because of concern about when a patient should see a physician first. Massage Therapists can see patients without any referral, so we must learn to screen our patients and look for physical signs that say, *"Take your hands off and refer this patient to their physician."*

In my 27 years as massage practitioner, I have watched in horror as several of my patient's tight and tender muscles symptoms have turned into more serious conditions. I realized that I needed to learn more about conditions that present themselves in the early stages. This has lead me to create a more extensive intake form for my patients and extra time to verbally discuss their symptoms.

Not only is my intake form 5 pages, but I spend from 10 to 30 minutes letting the patient give me their verbal history and asking about their written history. I ask about their general energy and if it is low when did this start happening. I look at their general color and compare this to their body. I let them tell me where it hurts, how it started, have them point to their pain and move to demonstrate what movements create pain. I also ask them what their expectations are and where on their body they would like me to start.

With my hands, I notice their tissue quality, Is their tissue squishy, firm, warm, cold, hot, pitted, responsive or unresponsive, hyper sensitive, normal when compared anterior to posterior or from their opposite side, and is there a layer of squish then tight. In their areas of pain are they tight and/or tender and/or contracted and is this consistent with their pain descriptions?

I think we are all more careful the first time we see a patient. Your assessment may include much more that I have included here. But it is our returning patients that can fall through the cracks. My first question is always, "How are you?" and later "How's your body?" I listen for clues about their general energy, new symptoms, and especially how their tissue feels. The tissue of a fairly healthy patient is different from a sick patient, even if they have not developed any other symptoms than, "Just a bit tired."

I have learned to be a better listener and ask more questions. I refer many of my patients back to their physicians. I am firm about this referral. I have saved a few lives, I have be right about a few suspicions, I have also be right about the referral and wrong about my suspicions, and sometimes it turned out to be nothing. I would rather it be nothing than a delayed diagnosis which could be more harmful for my patient.

That list of contraindications that we initially learned, is just the beginning of our responsibility as a healthcare provider.

