



## Case Study Form

**Note: A maximum of 5 CEUs per reporting cycle can be obtained via self-directed study.**

Member Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Attach the following detailed descriptive documentation:** Note that any missing documentation will affect the assessment

1. Client history (name not required).
2. Symptoms client presents with (reason for visit).
3. Clinical findings (assessment findings including biomechanical assessment, range of motion testing, palpation).
4. How do the above answers correlate with one another?
5. Treatment provided (give a brief explanation justifying your treatment).
6. Re-assessment.
7. Follow-up treatments (how did the client progress, assessment findings in follow-up treatments).
8. Describe how this case helped your learning process as a therapist and what information you can pass on to other therapists if they encounter a similar situation.

I, \_\_\_\_\_ confirm that I have completed the above and am hereby submitting this material as a component of my CEUs, as per PEIMTA policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that signing or issuing, in your professional capacity, a document that you know contains false or misleading statements is a matter of professional misconduct and will be referred to the Disciplinary Committee if deemed necessary.

**Please submit copies of all documentation to the PEIMTA office and allow up to 10 weeks for completion of the evaluation process**

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