RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

RUHANI COLLEGE · MEDICAL TERMINOLOGY · LECTURE 1

Health Care Medical Terminology

The Language of Clinical Practice: Word Building, Anatomical Direction, System Terminology, and Professional Charting

Full-day session · 6–7 instructional hours · 60 slides

Session Roadmap

Six modules, each with instruction, worked examples, and practice. Two breaks and one lunch.

I	**The Architecture of Medical Language**	*Roots, prefixes, suffixes, combining vowels*	70 min
II	**Anatomical Position, Direction & Region**	*Universal reference language*	70 min
III	**Body Organization: Cavities & Membranes**	*What lies beneath your hands*	35 min
IV	**Word Parts by Category**	*Root, suffix, and prefix tables*	60 min
V	**System-Specific Terminology**	*MSK, movement, joint, skin, nerve, cardiorespiratory*	90 min
VI	**Charting: Abbreviations, Eponyms & SOAP**	*Legal documentation*	75 min

Learning Objectives

By the close of this session you will be able to:

Deconstruct	complex medical terms into prefixes, roots, and suffixes.
Apply	directional and regional terms to describe clinical findings accurately.
Master	system-specific terminology (Musculoskeletal, Nervous, Integumentary).
Utilize	standardized abbreviations and eponyms to ensure professional and legal charting (SOAP notes).

Why Terminology Is a Clinical Skill

Terminology is not vocabulary homework. It is patient safety, legal protection, and professional credibility.

What precise language buys you

- Accurate hand-off between RMT, physician, physiotherapist, and chiropractor.
- Charts that defend your treatment decisions in a College investigation.
- Faster, more confident screening of red flags and contraindications.
- Access to research literature and continuing-education material.

What vague language costs you

- "Sore back" is not a finding; it cannot be tracked, billed, or defended.
- Ambiguity in laterality (left vs. right) is a leading cause of treatment error.
- Non-standard abbreviations have caused documented patient harm.
- If it is not charted in defensible language, it did not happen.

I

MODULE I

The Architecture of Medical Language

- Word roots
- Prefixes
- Suffixes
- Combining vowels
- Rules of formation
- Deconstruction practice

The Architecture of Medical Language

Medical terms are like puzzles. Once you know the "pieces," you can translate words you've never seen before.

- Word Root: The core meaning.
  - *My/o = muscle · Oste/o = bone*
- Prefix: Added to the beginning to modify meaning.
  - *Hyper- = excessive · Hypo- = deficient*
- Suffix: Added to the end to indicate a condition or procedure.
  - *-itis = inflammation · -algia = pain*
- Combining Vowel: Usually "o," used to connect parts for easier pronunciation.
  - *My-o-fascial*

The Word Root — The Core Meaning

The root carries the fundamental meaning of the term. It is almost always anatomical: a structure, tissue, or organ.

- Every medical term has at least one root; compound terms have two or more.
- Roots are usually derived from Greek (pathology, function) or Latin (structure, anatomy).
  - *Greek root neph-ro = kidney (nephritis) · Latin root ren = kidney (renal artery)*
- A root written with a trailing slash-o (My/o, Oste/o) is shown in its combining form — the root plus its combining vowel.
- Osteo + arthr + itis = inflammation of bone and joint.
  - *Two roots, one suffix, no prefix.*
- Learn the root first. If you know the root, you know what part of the body the word is talking about.

The Prefix — Modifying the Meaning

A prefix sits at the front and changes the root's meaning: how much, where, when, or whether at all.

- Quantity: Hyper- (excessive), Hypo- (deficient), Poly- (many), Olig/o- (few).
- Position: Sub- (under), Supra- (above), Inter- (between), Intra- (within), Peri- (around), Epi- (upon).
- Time or rate: Pre- (before), Post- (after), Tachy- (fast), Brady- (slow).
- Negation: A-, An- (without), Anti- (against), Contra- (opposed to), Dys- (painful, difficult).
- A single letter changes everything. Hypertonicity and hypotonicity are opposite clinical findings and opposite treatment plans.

The Suffix — Condition, Procedure, or Descriptor

The suffix sits at the end and tells you what is happening to the root, or what is being done to it.

- Pathological suffixes describe a disease state.
  - *-itis (inflammation), -osis (abnormal condition), -pathy (disease), -algia (pain)*
- Procedural suffixes describe an intervention.
  - *-ectomy (removal), -otomy (incision), -plasty (surgical repair), -scopy (visual examination)*
- Adjectival suffixes simply mean "pertaining to."
  - *-al, -ic, -ous, -ary, -eal (cervical, thoracic, fibrous, coronary, peritoneal)*
- Read the suffix FIRST when translating. It tells you what kind of word you are holding.

Combining Vowels — The Rules of Formation

The combining vowel (almost always "o") is glue. It exists for pronunciation, not meaning. Three rules govern it.

Rule 1	Keep the combining vowel between two roots, even if the second root begins with a vowel. Oste/o + arthr/o + -itis = osteoarthritis.
Rule 2	Drop the combining vowel before a suffix that begins with a vowel. Neur/o + -itis = neuritis, not neuroitis.
Rule 3	Keep the combining vowel before a suffix that begins with a consonant. Neur/o + -pathy = neuropathy.
Rule 4	Prefixes never take a combining vowel. They attach directly to what follows.

Plurals, Pronunciation, and Silent Traps

Medical plurals follow Greek and Latin patterns, not English ones. Getting them wrong marks you as untrained.

Singular ending	Plural ending	Example (singular → plural)
-a	-ae	Vertebra → Vertebrae
-is	-es	Diagnosis → Diagnoses
-ix / -ex	-ices	Apex → Apices
-on	-a	Ganglion → Ganglia
-um	-a	Bacterium → Bacteria
-us	-i	Bronchus → Bronchi
-nx	-nges	Phalanx → Phalanges

Pronunciation traps: initial ps- (psoas), pn- (pneumonia), and x- (xiphoid) are said with a silent first letter. "Ch" is a hard k (chondro = KON-dro).

The Five-Step Deconstruction Method

Use this on every unfamiliar term. Never guess from the whole word.

Step 1	Identify and define the suffix. What is happening? (Condition? Procedure? Adjective?)
Step 2	Identify and define the prefix, if one exists. How much, where, when, or not at all?
Step 3	Identify and define the root(s). What structure is involved?
Step 4	Assemble the definition backwards: suffix → prefix → root.
Step 5	Translate into plain English for the client. If you cannot explain it to them, you do not own it.

Deconstruction in Action

Read the suffix first. Then the prefix. Then the root.

Term	Prefix	Root	Suffix	Assembled meaning
Myofascial	—	my/o + fasci	-al	Pertaining to muscle and fascia
Hypertonicity	hyper-	ton	-icity	State of excessive muscle tone
Epicondylitis	epi-	condyl	-itis	Inflammation upon the condyle
Hemiplegia	hemi-	—	-plegia	Paralysis of half the body
Bradykinesia	brady-	kinesi	-a	Condition of slow movement
Osteoarthritis	—	oste/o + arthr	-itis	Inflammation of bone and joint
Paresthesia	para-	esthes	-ia	Condition of abnormal sensation

Practice Set 1 — Deconstruct These

In pairs. Five minutes. Break each term into its parts and give a plain-English translation.

1. Tendinosis
2. Chondromalacia
3. Intercostal
4. Fibromyalgia
5. Radiculopathy
6. Subluxation
7. Dorsiflexion
8. Contralateral
9. Hypotonicity
10. Angiogenesis

Answers debriefed as a class. Award nothing for the right answer; award everything for showing the parts.

II

MODULE II

Anatomical Position, Direction & Region

- Anatomical position
- Directional pairs
- Clinical directional logic
- Body planes
- Regional terms
- Charting practice

Anatomical Position

Standardized terminology is the only way to ensure "superior" means the same thing to every healthcare provider.

- Anatomical Position: Body erect, feet slightly apart, palms facing forward.
- Every directional term is described as if the client were standing in this position — regardless of how they are actually lying on your table.
- A client prone on the table still has an anterior surface facing the floor. The table does not redefine the body.
- Supine = lying face up. Prone = lying face down. Lateral recumbent = lying on one side.
  - *These describe the client's position; they do not change directional language.*
- Left and right are always the CLIENT's left and right. Never yours.

Directional Terms — Axis and Surface

Directional terms always come in opposing pairs. Learn them as pairs; never learn one alone.

Superior	*Toward the head*	**Inferior**	*Toward the feet*
Anterior (Ventral)	*Front of the body*	**Posterior (Dorsal)**	*Back of the body*
Medial	*Toward the midline*	**Lateral**	*Away from the midline*

Clinical use: "Tenderness superior to the medial border of the scapula."

Directional Terms — Limb and Depth

Proximal and distal apply to the limbs only. Superficial and deep apply to any structure.

Proximal	*Closer to the trunk (limbs)*	**Distal**	*Further from the trunk (limbs)*
Superficial	*Near the surface*	**Deep**	*Internal*
Cephalad	*Toward the head*	**Caudad**	*Toward the tail*

Clinical use: "Paresthesia radiating to the distal aspect of the left lower limb."

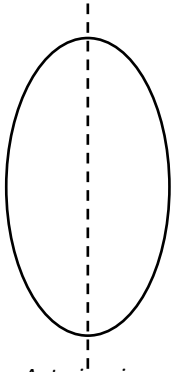
Directional Terminology & Clinical Logic

In RMT, directional terms aren't just for locating structures; they define the vector of force and path of drainage.

- Ipsilateral vs. Contralateral
  - *Ipsilateral: On the same side of the body. "The therapist is treating the ipsilateral shoulder."*
  - *Contralateral: On the opposite side. "Testing the contralateral limb for a healthy baseline."*
- Unilateral vs. Bilateral
  - *Essential for documenting asymmetries in muscle bulk or hypertonicity.*
- Cephalad vs. Caudad
  - *Terms often used in manual therapy to describe the direction of a "glide" or "stroke" toward the head or the tail.*
- Ventral vs. Dorsal
  - *Crucial when discussing the nervous system (Dorsal root vs. Ventral root of spinal nerves).*

Body Planes

A plane is an imaginary flat surface passing through the body. Movement is described by the plane it occurs in.

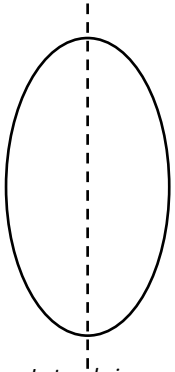


Anterior view

Sagittal

Divides left and right.

Flexion / Extension occur here.

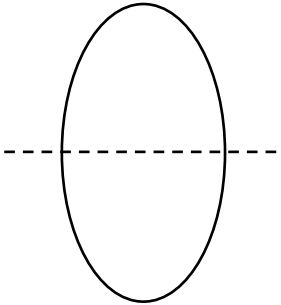


Lateral view

Frontal (Coronal)

Divides front and back.

Abduction / Adduction occur here.



Anterior view

Transverse

Divides top and bottom.

Rotation occurs here.

The midsagittal (median) plane divides the body into equal left and right halves. "Medial" means toward this plane.

Regional Terms — Anterior Aspect

Specific regional names allow for precise documentation in clinical notes.

Term	Region	Charting example
Cephalic	Head	Cephalic pain reported on waking
Cervical	Neck	B/L cervical hypertonicity
Axillary	Armpit	Tenderness on axillary palpation
Thoracic	Chest	Anterior thoracic restriction
Abdominal	Abdomen	Guarding on abdominal contact
Antebrachial	Forearm	Antebrachial paresthesia
Patellar	Front of knee	Patellar tracking noted
Plantar	Sole of the foot	Plantar fascia tenderness

Regional Terms — Posterior Aspect

The posterior regions are the ones an RMT touches most often. Know them cold.

Term	Region	Charting example
Lumbar	Lower back (between ribs and hips)	Chronic B/L lumbar hypertonicity
Gluteal	Buttock	Trigger point, right gluteal region
Popliteal	Posterior knee	No popliteal swelling on inspection
Sacral	Over the sacrum	Sacral tenderness on compression
Scapular	Shoulder blade	Interscapular tension
Sural	Calf	Warm, red sural region — screen for DVT
Calcaneal	Heel	Calcaneal spur reported by client
Occipital	Base of the skull	Suboccipital restriction

Practice Set 2 — Chart the Finding

Rewrite each lay statement using directional and regional terminology.

1. "His right shoulder blade area is tight, but the left one is fine."
2. "She has pins and needles going down the outside of her left leg to her ankle."
3. "The muscle just below the base of his skull is ropey on both sides."
4. "Pain in the front of the knee, worse going down stairs."
5. "Tingling in the palm, on the thumb side of the hand."
6. "Both calves feel tight, the right one is warm and swollen."

The last item is not a charting exercise. It is a screening decision. We will return to it in Module V.

III

MODULE III

Body Organization: Cavities & Membranes

- Dorsal cavity
- Ventral cavity
- Serous membranes
- Abdominopelvic mapping
- Depth and safety

Body Cavities

An RMT must understand what lies beneath the muscles to ensure safety when applying deep pressure to the thorax or abdomen.

- Dorsal Cavity: Contains the Cranial and Spinal cavities (Central Nervous System).
- Ventral Cavity
  - *Thoracic: Divided by the Mediastinum; contains the Pleural (lungs) and Pericardial (heart) cavities.*
  - *Abdominopelvic: Contains digestive and reproductive organs.*
- The diaphragm is the muscular partition separating the thoracic from the abdominopelvic cavity.
- Clinical Link: Understanding the peritoneum and pleura is vital for visceral massage or deep rib work.

Serous Membranes

A serous membrane is a double-layered sac. The two layers glide on one another, separated by serous fluid.

- Parietal layer: Lines the cavity wall.
- Visceral layer: Covers the organ directly.
- Named by location:
  - *Pleura — around the lungs (parietal pleura, visceral pleura).*
  - *Pericardium — around the heart.*
  - *Peritoneum — around the abdominal organs.*
- The suffix -itis applied to any of these names an inflammation you must recognise: pleuritis, pericarditis, peritonitis.
- Peritonitis presents with board-like abdominal rigidity. This is a medical emergency and an absolute contraindication to massage.

Abdominopelvic Quadrants and Regions

Two mapping systems exist. Quadrants are used in intake and emergency screening; the nine regions are used in detailed documentation.

Four quadrants

- RUQ — Right Upper Quadrant: liver, gallbladder.
- LUQ — Left Upper Quadrant: stomach, spleen.
- RLQ — Right Lower Quadrant: appendix, cecum.
- LLQ — Left Lower Quadrant: descending and sigmoid colon.
- Quadrants are named from the CLIENT's perspective.

Nine regions

- Right hypochondriac · Epigastric · Left hypochondriac
- Right lumbar · Umbilical · Left lumbar
- Right iliac (inguinal) · Hypogastric · Left iliac (inguinal)
- Note: "lumbar" here names an abdominal region, not the lower back — context decides meaning.
- Deep abdominal work over the epigastric region risks the aorta. Palpate for pulsation first.

IV

MODULE IV

Word Parts by Category

- Structural roots
- Tissue roots
- Pathological suffixes
- Procedural suffixes
- Prefixes of quantity
- Prefixes of position

Structural Word Roots — The "Building Blocks"

These roots name the tissues and structures you will chart every working day.

Root	Meaning	Clinical Example
Myo-	Muscle	Myopathy (disease of muscle)
Sarc/o-	Flesh / Muscle Tissue	Sarcomere (functional unit of muscle)
Neur/o-	Nerve	Neuralgia (nerve pain)
Angi/o-	Vessel	Angiogenesis (formation of new blood vessels)
Arthr/o-	Joint	Arthroplasty (joint replacement surgery)
Hem/o-	Blood	Hematoma (localized collection of blood / bruise)

Additional Roots for Manual Therapy

Extend the same table into the tissues an RMT contacts directly.

Root	Meaning	Clinical Example
Oste/o-	Bone	Osteoporosis (porous bone)
Chondr/o-	Cartilage	Chondromalacia (softening of cartilage)
Ten/o- · Tend/o-	Tendon	Tenosynovitis (inflammation of tendon sheath)
Fasci/o-	Fascia	Fasciotomy (incision into fascia)
Cost/o-	Rib	Costochondritis (inflammation of rib cartilage)
Derm/o- · Dermat/o-	Skin	Dermatitis (inflammation of the skin)
Kinesi/o-	Movement	Kinesiology (study of movement)
Lymph/o-	Lymph	Lymphedema (swelling from lymph fluid)

Suffixes — Describing the "What" and "How"

Suffixes allow RMTs to describe the nature of a pathology precisely in their Assessment (A) notes.

- -itis: Inflammation.
  - *Epicondylitis*
- -osis: Abnormal condition or process.
  - *Scoliosis — abnormal curvature; Tendinosis — chronic tendon degeneration*
- -pathy: Disease or disorder.
  - *Neuropathy*
- -algia: Pain.
  - *Fibromyalgia*
- -trophy: Development or nourishment.
  - *Hypertrophy — increase in size; Atrophy — decrease in size*
- -plegia: Paralysis.
  - *Hemiplegia — paralysis on one side of the body*

Procedural and Descriptive Suffixes

You will not perform these procedures, but you will read them in referral letters and surgical histories.

Suffix	Meaning	Example
-ectomy	Surgical removal	Meniscectomy (removal of the meniscus)
-otomy	Surgical incision	Fasciotomy (incision into fascia)
-plasty	Surgical repair or reshaping	Arthroplasty (joint replacement)
-scopy	Visual examination	Arthroscopy (looking inside a joint)
-desis	Surgical fusion	Arthrodesis (fusion of a joint)
-genesis	Formation, production	Angiogenesis (formation of new vessels)
-malacia	Softening	Chondromalacia (softening of cartilage)
-sclerosis	Hardening	Atherosclerosis (hardening of arteries)
-oma	Tumour, mass, swelling	Hematoma (a mass of blood)

Prefixes of Quantity and Quality

These prefixes modify how much, how fast, and whether at all.

Prefix	Meaning	Clinical Example
Hemi-	Half	Hemiplegia (Paralysis of half the body)
Para-	Beside / Beyond / Two	Paraplegia (Paralysis of both lower limbs)
Quad-	Four	Quadriceps (Four-headed muscle)
Tachy-	Fast	Tachypnea (Rapid breathing)
Brady-	Slow	Bradykinesia (Slow movement)
Dys-	Difficult / Painful	Dysfunction (Abnormal functioning)
A- / An-	Without	Avascular (Without blood vessels)

Prefixes of Position, Time, and Negation

Where, when, and whether. These are the prefixes that most often change a clinical decision.

Prefix	Meaning	Clinical Example
Hyper-	Excessive, above normal	Hypertonicity (excessive muscle tone)
Hypo-	Deficient, below normal	Hypotonicity (deficient muscle tone)
Epi-	Upon, above	Epicondyle (upon the condyle)
Sub-	Under, below	Subscapularis (under the scapula)
Inter-	Between	Intercostal (between the ribs)
Intra-	Within	Intramuscular (within the muscle)
Peri-	Around	Periosteum (membrane around bone)
Contra-	Against, opposed	Contraindication (against treatment)
Anti-	Against	Anti-inflammatory

V

MODULE V

System-Specific Terminology

- Musculoskeletal
- Movement / kinesiology
- Joint pathology
- Integumentary & sensory
- Neurology
- Cardiovascular & respiratory

System-Specific Terminology (Musculoskeletal Focus)

As an RMT, you must speak "muscle and bone" fluently.

- Arthro: Joint.
  - *Arthritis*
- Chondro: Cartilage.
  - *Chondromalacia*
- Cost/o: Ribs.
  - *Intercostal*
- Ten/o or Tend/o: Tendon.
  - *Tendinitis*
- Kinesio: Movement.
  - *Kinesiology*

Descriptive Terms — What Your Hands Report

These are the words you will use in the Objective (O) section every single treatment.

- Hypertonicity: Increased muscle tension.
- Atrophy: Wasting away of tissue.
- Contracture: Permanent shortening of a muscle or joint.
- Hypertrophy: Increase in the size of tissue.
  - *Contrast with atrophy — same root, opposite prefix.*
- Adhesion: Abnormal binding of tissues that normally glide.
- Fibrosis: Formation of excess fibrous connective tissue; a repair response.
- Trigger Point: A hyperirritable nodule in a taut band that refers pain in a predictable pattern.
- Spasm: Sudden, involuntary muscular contraction.

The Language of Movement

Documentation of a client's "Objective" (O) findings requires precise movement terms.

Flexion	*Decreasing the angle of a joint*	**Extension**	*Increasing the angle of a joint*
Abduction	*Moving away from the midline*	**Adduction**	*Moving toward the midline*
Inversion	*Sole of the foot turns inward*	**Eversion**	*Sole of the foot turns outward*

Memory aid: to ADDuct is to ADD the limb back to the body.

Compound and Regional Movements

Some movements combine the basic pairs; others belong to a single joint.

- Circumduction: Circular movement of a limb (combines flexion, extension, abduction, and adduction).
- Dorsiflexion / Plantarflexion: Ankle movement toward the shin or the floor.
- Protraction / Retraction: Moving a body part (like the scapula) forward or backward.
- Elevation / Depression: Moving a part superiorly or inferiorly (the scapula, the mandible).
- Supination / Pronation: Forearm rotation, palm up or palm down.
  - *Memory aid: you carry soup in a supinated hand.*
- Rotation: Movement around a longitudinal axis; internal (medial) or external (lateral).
- Opposition: Movement of the thumb pad to the pad of another digit.

Terminology of Joint Pathology

Joint issues are a primary reason clients seek RMT care. Understanding these terms assists in orthopedic testing.

- Subluxation: A partial dislocation of a joint.
- Luxation: A complete dislocation.
- Effusion: Escape of fluid into a joint cavity.
  - *"Water on the knee"*
- Crepitus: A grating, popping, or crackling sound produced by friction between bone and cartilage.
- Ankylosis: Stiffness or fixation of a joint due to fusion of the bones.
  - *Ankylosing Spondylitis*
- Sprain vs. Strain
  - *Sprain: Injury to a Ligament.*
  - *Strain: Injury to a Muscle or Tendon.*

Grading Sprains and Strains

The same three-grade scale applies to both. The grade determines whether you treat, modify, or refer.

Grade	Tissue damage	Presentation	RMT implication
Grade I	Microscopic tearing	Mild pain, no laxity, full ROM	Treat; local techniques
Grade II	Partial macroscopic tear	Moderate pain, some laxity, ↓ ROM	Treat with caution; avoid stress
Grade III	Complete rupture	May be painless, gross laxity	Refer. Do not treat locally.

A Grade III tear can present with LESS pain than a Grade II, because the nociceptive fibres have been severed with the tissue. Never grade by pain alone.

Integumentary & Sensory Terminology

The skin is the primary interface for massage. Specialized terms describe what we "feel" through our hands.

- Dermis / Epidermis: Layers of the skin.
  - *Epi- = upon; the epidermis lies upon the dermis.*
- Paresthesia: Abnormal sensation such as tingling or "pins and needles."
- Anesthesia: Loss of sensation.
- Hyperesthesia: Excessive physical sensitivity (often seen in acute inflammation).
- Palpation: The act of feeling with the hands for diagnostic purposes.
- Turgor: The degree of elasticity / hydration of the skin (checked by pinching).

Neurology & Sensory Terminology

As an RMT, you will often treat "nerve pain." Precise terminology differentiates between a muscle issue and a neurological one.

- Radiculopathy: Pain or numbness radiating from a nerve root.
  - *A "pinched nerve" in the spine*
- Neuropathy: General term for nerve disease or damage (common in diabetic patients).
- Neuralgia: Sharp, shocking pain along a nerve pathway.
- Nerve Plexus: A network of intersecting nerves.
  - *Brachial Plexus in the shoulder*
- Proprioception: The body's ability to perceive its own position in space.
- Dermatome: An area of skin supplied by a single spinal nerve.

Clinical Link: If a client feels tingling in a specific dermatome pattern, it helps the RMT locate the source of spinal compression.

Dermatomes, Myotomes, and Proprioception

Three parallel maps of the same nervous system. Each is tested differently.

The three maps

- Dermatome — the SKIN supplied by one spinal nerve root. Tested by light touch.
- Myotome — the MUSCLES supplied by one spinal nerve root. Tested by resisted contraction.
- Sclerotome — the BONE and deep tissue supplied by one root. Poorly localised, deep aching.
- Proprioception — position sense, carried by mechanoreceptors in muscle, tendon, and joint.

Why it matters at the table

- Tingling in a dermatome pattern points to the nerve ROOT, not the muscle you are palpating.
- Weakness in a myotome pattern is a neurological finding and warrants referral.
- Referred pain from a trigger point does not follow a dermatome. This distinction is your differential.
- Impaired proprioception raises fall risk. Note it; adjust your table transfers.

Cardiovascular & Respiratory Terminology

These terms are vital for screening "Red Flags" and systemic contraindications during the intake process.

- Tachycardia vs. Bradycardia: Fast heart rate (>100 bpm) vs. Slow heart rate (<60 bpm).
- Hypertension (HTN) vs. Hypotension: High blood pressure vs. Low blood pressure.
- Ischemia: Inadequate blood supply to an organ or part of the body.
- Edema: Swelling caused by excess fluid trapped in body tissues.
- Dyspnea: Difficult or labored breathing.
- Thrombosis: Localized blood clotting.
  - *Deep Vein Thrombosis, or DVT*

Clinical Alert: A warm, red, swollen calf may indicate a DVT — this is an absolute contraindication for massage.

Red Flags — When Terminology Becomes a Stop Sign

Each of these findings has a name. Naming it correctly is what makes the referral credible.

DVT	Warm, red, swollen, tender calf; unilateral. Absolute contraindication. Do not massage the limb. Refer same day.
Cauda equina	Saddle anesthesia, bowel or bladder change, bilateral leg weakness. Emergency referral.
Undiagnosed pain	Night pain unrelieved by position change, unexplained weight loss, fever. Refer before treating.
Acute inflammation	Rubor, calor, tumor, dolor, functio laesa — redness, heat, swelling, pain, loss of function. Local contraindication.
Uncontrolled HTN	Massage may alter blood pressure. Confirm the condition is medically managed.

VI

MODULE VI

Charting: Abbreviations, Eponyms & SOAP

- Abbreviations
- Dangerous abbreviations
- Eponyms
- Muscle shorthand
- Signs vs. symptoms
- The SOAP note

Abbreviations & Eponyms for Charting

Efficiency in charting is vital, but clarity is a legal requirement.

Common Abbreviations

- B/L: Bilateral
- Fx: Fracture
- Hx: History
- Tx: Treatment
- PRN: As needed (Pro re nata)
- ROM: Range of Motion (AROM, PROM, RROM)

Common Eponyms in RMT

- Thoracic Outlet Syndrome: Often tested with Adson's or Wright's tests.
- Golfer's Elbow: Medial Epicondylitis.
- Tennis Elbow: Lateral Epicondylitis.

Extended Abbreviation Reference

Use only abbreviations approved by your clinic and your College. When in doubt, write it out.

Abbrev.	Meaning	Abbrev.	Meaning
Sx	Symptoms	Dx	Diagnosis
Rx	Prescription / therapy	Px	Prognosis
c/o	Complains of	SOB	Shortness of breath
WNL	Within normal limits	NAD	No abnormality detected
R/O	Rule out	y/o	Years old
ADL	Activities of daily living	MVA	Motor vehicle accident
AROM	Active range of motion	PROM	Passive range of motion
RROM	Resisted range of motion	TrP	Trigger point
ant.	Anterior	post.	Posterior

"Do Not Use" — Abbreviations That Cause Harm

These are on institutional do-not-use lists because they have caused documented patient injury. Write the word.

Do not use	Why it is dangerous	Write instead
U	Mistaken for 0, 4, or cc	unit
QD / QOD	Confused with each other	daily / every other day
Trailing zero (1.0 mg)	Decimal point missed → tenfold overdose	1 mg
No leading zero (.5 mg)	Decimal point missed → tenfold overdose	0.5 mg
MS	Morphine sulfate or magnesium sulfate?	the full drug name
@	Mistaken for the number 2	at
cc	Mistaken for U (units)	mL

Your chart is a legal document. It will be read by people who were not in the room, possibly years later, possibly by a court.

Eponyms and "Clinical Short-Hand"

Modern healthcare is moving away from eponyms (names of people) toward descriptive terms, but RMTs must know both for inter-professional communication.

Eponyms you will hear

- Carpal Tunnel Syndrome: Compression of the median nerve.
- Dupuytren's Contracture: Fibrosis of the palmar fascia.
- Raynaud's Phenomenon: Excessive vasospasm in the digits (cold-induced).
- Bell's Palsy: Unilateral paralysis of the facial nerve (CN VII).

SOAP Abbreviations for Muscles

- SCM: Sternocleidomastoid
- QL: Quadratus Lumborum
- TFL: Tensor Fasciae Latae
- Pec Major / Minor: Pectoralis muscles.

Pathological Descriptors & "Signs vs. Symptoms"

RMTs must document what the client feels versus what the therapist observes.

- Symptom (Subjective): Evidence of disease perceived by the patient.
  - *"I feel nauseous," "My back aches"*
- Sign (Objective): Evidence of disease observable by the therapist.
  - *"Atrophy of the deltoid," "Redness on the skin"*
- Acute: Sudden onset, usually sharp and short-lived.
- Chronic: Long-standing, persistent condition (usually >3 months).
- Exacerbation: A "flare-up" or worsening of a chronic condition.
- Remission: A period where symptoms disappear or diminish.

Symptoms belong in S. Signs belong in O. Confusing the two is the most common charting error in student clinic.

Clinical Application — The SOAP Note

Terminology isn't just for tests; it's for your legal patient records.

S	**Subjective** What the client tells you.	*"Client reports cervicalgia"*
O	**Objective** What you observe.	*"Palpable hypertonicity in B/L Upper Trapezius"*
A	**Assessment** Clinical impression.	*"Decreased PROM in glenohumeral joint"*
P	**Plan** Future treatment.	*"Deep tissue Tx to posterior neck PRN"*

A Complete SOAP Note, Decoded

Every term below appears somewhere in this lecture. Nothing here is new.

S 42 y/o female, c/o chronic B/L lumbar pain × 8 months, exacerbated by prolonged sitting. Reports intermittent paresthesia, left lower limb. Denies bowel/bladder change. Hx: MVA 2019. No red flags on screen.

O Postural analysis: anterior pelvic tilt, elevated right ilium. Palpation: marked hypertonicity B/L QL and erector spinae, TrP right gluteus medius with referral to lateral thigh. AROM lumbar flexion ↓ 30%. Sural region WNL, no edema, no calor.

A Chronic B/L lumbar hypertonicity with myofascial trigger points. Paresthesia distribution does not follow a clear dermatome; radiculopathy not indicated at this time. No contraindications identified.

P Deep tissue Tx to lumbar paraspinals and QL. TrP release, right gluteus medius. Home care: self-myofascial release, hip flexor stretch. Reassess AROM next visit. Refer to physician PRN if paresthesia progresses.

Final Clinical Integration — "Putting It All Together"

"Client presents with chronic, bilateral lumbar hypertonicity and occasional paresthesia radiating to the distal aspect of the left lower limb."

Chronic	→	Has been happening for a long time.
Bilateral Lumbar	→	Both sides of the lower back.
Hypertonicity	→	Very tight muscles.
Paresthesia	→	Tingling / numbness.
Distal aspect of left lower limb	→	Down the left leg toward the foot.

The RMT Strategy: Focus on the low back muscles, but screen the sciatic nerve pathway for compression.

Practice Set 3 — Translate for the Client

Convert each clinical sentence into language a client would understand — without losing accuracy.

1. "Palpable crepitus on passive glenohumeral circumduction."
2. "Grade II strain, right gastrocnemius, with associated ecchymosis."
3. "Contralateral compensatory hypertonicity in the cervical paraspinals."
4. "Suspected lateral epicondylitis; positive on resisted wrist extension."
5. "Paresthesia in the C6 dermatome distribution, right upper limb."
6. "Chronic tendinosis, not tendinitis — degenerative rather than inflammatory."

Informed consent depends on the client understanding what you just said. Translation is a legal skill, not a courtesy.

Look-Alike Terms That Cost Marks and Clients

Each pair differs by one or two letters and by an entire clinical meaning.

This	Means	Not this	Which means
Hypertonicity	Excessive tone	Hypotonicity	Deficient tone
Intercostal	Between the ribs	Intracostal	Within the rib
Ilium	The pelvic bone	Ileum	Part of the small intestine
Perineum	Pelvic floor region	Peritoneum	Abdominal serous membrane
Sprain	Ligament injury	Strain	Muscle or tendon injury
Tendinitis	Inflamed tendon	Tendinosis	Degenerated tendon
Ipsilateral	Same side	Contralateral	Opposite side
Subluxation	Partial dislocation	Luxation	Complete dislocation

Key Takeaways

Four ideas carry the whole day.

The system beats the list	You cannot memorise every term. You can learn every part. Read the suffix first.
Direction is a contract	Anatomical position is a shared agreement. It does not change because the client is prone.
Precision is safety	Hyper/hypo, inter/intra, sprain/strain, -itis/-osis. One letter, two different treatment plans.
The chart is the profession	If it is not written in defensible clinical language, the treatment did not happen.

Self-Check Before You Leave

Answer these without notes. If you can, you have met today's objectives.

1. Deconstruct "polyneuropathy" into its parts and define it.
2. A client lies prone. Where is the anterior surface of their thorax?
3. Name the three body planes and one movement that occurs in each.
4. Which layer of a serous membrane touches the organ?
5. What is the difference between a dermatome and a referred pain pattern?
6. Which grade of sprain may present with the least pain, and why?
7. Where does "Client reports cervicalgia" belong in a SOAP note, and why?
8. Name three abbreviations you must never use, and what to write instead.

Bring your answers to the next session. We open Lecture 2 with this list.

END OF LECTURE 1 · RUHANI COLLEGE

The words are the work.

You will forget individual terms. You will not forget the method.

Read the suffix. Then the prefix. Then the root.

Then say it in a way your client can understand.

Next session — Lecture 2: Systemic Anatomy and Regional Assessment