RUHANI COLLEGE
OF HEALTH BUSINESS AND TECHNOLOGY

RUHANI COLLEGE OF MASSAGE THERAPY

CLINIC 1 · RU-RMT-13

Treatment Planning & Evidence-Informed Practice

Choosing the right care, for the right reasons

MODULE	FOCUS	PROGRAM
04 of 07	**From Findings to a Plan the Client Owns**	**49 hours · 7 days**

Aligned with the CMTO Standards of Practice & Code of Ethics, CMTCA accreditation standards, and the FOMTRAC Inter-Jurisdictional Practice Competencies (Entry-to-Practice).

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Recap & Bridge from Module 3

From impression to intention

You can assess and reason toward an impression. Today you turn that into a plan.

You have findings. objective results and a working impression.

You have goals in mind. shaped by the client's own priorities.

Now you plan. select goals, techniques and dosage that fit the findings.

Grounded in evidence. and agreed to by an informed, consenting client.

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Learning Outcomes

By the end of Module 4 you will be able to…

1. **Build a treatment plan**
   Translate assessment findings into a goal-oriented, client-centred plan.

2. **Write clear goals**
   Set realistic short- and long-term goals with the client.

3. **Practise EIP**
   Integrate evidence, your clinical judgement and client preferences.

4. **Select safely**
   Choose techniques and dosage appropriate to the findings and cautions.

5. **Handle consent & cost**
   Confirm ongoing consent and communicate fees honestly.

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Session Roadmap

How today unfolds

1. **Goals & the plan**
   Turning findings into client-owned objectives.

2. **Evidence-informed practice**
   How to choose care you can justify.

3. **Techniques & dosage**
   Matching method and 'dose' to the client.

4. **Consent, safety & fees**
   The standards that govern the plan.

5. **Documenting & practice**
   Recording the plan and planning on peers.

What a Treatment Plan Is

A reasoned, agreed course of care

A plan connects what you found to what you'll do, why, and what success looks like.

Goal-oriented. Built around what the client wants to achieve.

Evidence-informed. Justifiable from evidence, judgement and preference.

Specific. Techniques, areas, dosage and self-care are defined.

Consented & flexible. Agreed by the client and adjusted as they respond.

From Impression to Plan

How the plan is built

1. **Impression**
   Your reasoned summary of the findings and involved tissues.
2. **Goals**
   Short- and long-term objectives agreed with the client.
3. **Approach**
   Techniques and dosage matched to findings and cautions.
4. **Consent**
   Explain the plan, confirm agreement, note any cost.
5. **Deliver & reassess**
   Treat safely, re-test outcomes, and adjust the plan.

Client-Centred Care in Planning

CMTO · Client-Centred Care

Principle. The plan is built around the client's goals, values and consent — the client is a partner, not a passive recipient.

WHAT THE STANDARD REQUIRES

- ◯ Plan around the client's goals and priorities
- ◯ Explain your reasoning and options
- ◯ Work within your competence and scope
- ◯ Obtain consent for the proposed plan
- ◯ Reassess and adapt as the client responds

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Ask what a good outcome looks like to them
- ◯ Offer options rather than dictating care
- ◯ Don't plan techniques you can't yet perform
- ◯ Confirm the client agrees before starting
- ◯ Change the plan when the response tells you to

Setting Goals

Short-term and long-term, agreed with the client

Your Treatment Record Form asks for three short-term and three long-term goals — write them with the client.

SHORT-TERM (TODAY)

Specific "ease right-shoulder ache after work"

Measurable reduce pain from 6/10 to 4/10

Realistic achievable in a single session

Client-owned matters to this client

LONG-TERM (ONGOING)

Functional "reach overhead without pain"

Time-framed over several visits

Progressive builds on short-term gains

Reassessed reviewed and updated

Writing Goals That Work

Make them SMART

1. **Specific & measurable**
   "Reduce cervical pain from 6/10 to 3/10 and improve rotation by end of session."

2. **Achievable & realistic**
   Set goals massage can plausibly influence within the client's situation.

3. **Relevant to the client**
   Tie goals to activities the client cares about — work, sleep, sport.

4. **Time-bound**
   Distinguish what's for today from what's for the coming weeks.

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Evidence-Informed Practice

Three sources, one decision

1. **Best available evidence**
   Use current research on what helps for this kind of presentation.

2. **Clinical judgement**
   Apply your assessment, reasoning and experience to this client.

3. **Client values & preferences**
   Respect what the client wants, will tolerate and can do.

4. **Integrate all three**
   A defensible plan sits where evidence, judgement and preference meet.

EIP as a Student

Justify what you do

You may not know all the evidence yet — but you can build the habit of reasoned, justifiable care.

Ask 'why this?'. Be able to explain the rationale for each technique you choose.

Avoid recipes. Treat this client's findings, not a generic protocol.

Stay current. Bring questions from the floor back to your instructors and the literature.

Be honest about uncertainty. When the evidence is unclear, say so and be conservative.

Matching Technique to Findings

Let the assessment choose the tool

1. **Hypertonic muscle**
   Consider warming, effleurage, petrissage and gentle stretch to reduce tone.

2. **Adhesion or restriction**
   Fascial and frictions may be indicated, within training and tolerance.

3. **Trigger points**
   Trigger-point techniques where assessed and appropriate.

4. **Joint stiffness**
   Passive ROM and mobilisation within your training and scope.

Technique choice follows findings and cautions — not habit. Only use methods you've been assessed on.

Techniques & Their Use

Common methods on your Treatment Record Form

These correspond to the techniques checklist on your form — choose and record only what you actually used.

TECHNIQUE	TYPICAL PURPOSE
Effleurage / stroking	Warm tissue, assess, transition between areas
Petrissage	Address muscle tone and circulation
Static contact / rocking	Calm the system; ease guarding
Fascial techniques	Address restriction in connective tissue
Trigger-point therapy	Target taut bands and referral, per training
Friction	Focused work on a specific structure
Passive stretch / ROM	Improve mobility within tolerance
Hydrotherapy	Heat/cold as an adjunct, within scope

Dosage — The Overlooked Skill

Pressure, pace, duration, frequency

1. **Pressure**
   Match to the tissue, the client's tolerance and the goal — more is not better.

2. **Pace & rhythm**
   Slower, rhythmic work calms; brisk work stimulates — choose deliberately.

3. **Duration**
   Spend time where findings justify it; don't over-treat an area.

4. **Frequency**
   Recommend a realistic visit schedule as part of the long-term plan.

Positioning & Comfort

Set the client up for safe, effective work

CHOOSE POSITION FOR

Access to the tissues you plan to treat

Comfort supported, warm, sustainable

Safety considering the client's conditions

Dignity with appropriate draping

ADAPT FOR

Pregnancy side-lying; avoid contraindicated positions

Breathing / reflux semi-reclined where needed

Pain position to reduce, not provoke

Mobility help on/off the table safely

Self-Care & Home Care

The plan continues after the client leaves

1. **Within scope**
   Recommend hydrotherapy, gentle stretches and activity modification within massage-therapy scope.

2. **Realistic & specific**
   Give a small number of clear, doable recommendations, not a long list.

3. **Educate**
   Explain why each recommendation helps and how to do it safely.

4. **Record it**
   Note self-care and future recommendations on the Treatment Record Form.

Consent to the Plan

CMTO · Consent

Principle. Consent extends to the treatment plan: the client agrees to what you propose, and consent continues throughout care.

WHAT THE STANDARD REQUIRES

- ◯ Explain the proposed plan and alternatives
- ◯ Confirm the client agrees before treating
- ◯ Re-consent when the plan changes
- ◯ Written consent for any sensitive-area work
- ◯ Consent may be withdrawn at any time

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Describe techniques and areas in plain terms
- ◯ Get explicit agreement, not assumed consent
- ◯ If you add an area or technique, ask again
- ◯ Never proceed with a sensitive area verbally only
- ◯ Stop immediately if the client withdraws

Consent Includes Cost

Financial transparency is part of consent

An informed client understands not only the plan, but what it will involve for them — including any fee.

Explain fees up front. Where a fee applies, state it clearly before treatment begins.

No surprises. The client should never be surprised by cost after the fact.

Recommend honestly. Suggest a visit frequency based on need, not revenue.

Record the fee. Your Treatment Record Form includes a fee field — complete it accurately.

Safety & Risk Management in Treatment

CMTO · Safety and Risk Management

Principle. The plan actively manages risk — contraindications, cautions and the client's response all shape safe delivery.

WHAT THE STANDARD REQUIRES

- Build cautions and contraindications into the plan
- Modify technique, pressure and position for safety
- Monitor the client's response during treatment
- Stop and reassess if the response is adverse
- Document risks, modifications and incidents

WHAT IT MEANS FOR YOU AS A STUDENT

- Re-check screening before you treat
- Plan modifications for the client's conditions
- Watch the client, not just the tissue
- Be ready to stop and escalate
- Never treat over a red flag you found

Cautions & Modifications

Common adjustments to a plan

SITUATION	HOW THE PLAN CHANGES
On blood thinners	Lighter pressure; avoid deep work; watch bruising
Diabetes / neuropathy	Reduced sensation — moderate pressure, check skin
Pregnancy	Positioning changes; avoid contraindicated areas
Acute inflammation	Avoid the site; treat surrounding tissue
Skin lesion / infection	Local contraindication — avoid the area
High blood pressure	Gentler approach; monitor the client

When a modification isn't obvious, consult your supervisor before treating.

Planning for Different Clients

One plan never fits all

1. **Older adults**
   Consider skin integrity, medications, positioning and gentler dosage.

2. **Athletes**
   Align goals with training loads and recovery; set functional targets.

3. **Sedentary / desk workers**
   Address postural load; pair treatment with movement advice.

4. **Anxious or first-time clients**
   Go slowly, explain more, and build trust before deeper work.

Fees & Billing

CMTO · Fees and Billing

Principle. The therapist is honest and transparent about fees, and bills accurately for services actually provided.

WHAT THE STANDARD REQUIRES

- ◯ Charge fairly and communicate fees clearly
- ◯ Bill only for services actually provided
- ◯ Keep accurate financial records
- ◯ Avoid conflicts of interest in recommendations
- ◯ Never bill or receipt dishonestly

WHAT IT MEANS FOR YOU AS A STUDENT

- ◯ Tell clients the fee before treatment
- ◯ Record the correct fee on the form
- ◯ Recommend visits based on need, not income
- ◯ Never falsify a receipt or service
- ◯ Honest billing is a client-safety issue too

Sequencing a Treatment

A logical order within the session

1. **Warm and assess**
   Begin with broad, warming work; confirm tissue state by touch.

2. **Address the priority**
   Spend your focused time on the tissues driving the client's main goal.

3. **Integrate**
   Connect the treated area to the surrounding region and the whole body.

4. **Finish and reassess**
   Close with calming work, then re-test your baseline measures.

Managing the Clock

Deliver a complete session on time

1. **Plan the minutes**
   allocate time to the priority
2. **Protect intake & consent**
   never skip them to save time
3. **Don't over-treat one spot**
   balance the session
4. **Leave time to reassess**
   and to educate
5. **Leave time to chart**
   document before the next client
6. **Reset the room**
   clean and prepare for the next visit

The Plan Is a Living Document

Reassess and adjust

A plan is a hypothesis about what will help — the client's response tests it.

Re-test. Check your baseline measures after treatment.

Interpret. Did the client improve, stay the same, or worsen?

Adjust. Progress, maintain, modify or refer accordingly.

Record. Note the outcome and the updated plan for next visit.

Documenting the Plan

What the record must show

1. **The recommended plan**
   State the approach in the treatment-plan field of the form.

2. **Techniques and areas**
   Check off exactly what you used and where.

3. **Consent and fee**
   Record informed consent (and written consent if sensitive) and the fee.

4. **Self-care and next steps**
   Note home-care and future treatment recommendations.

Communicating the Plan

The client should be able to repeat it back

A plan the client understands is a plan the client can consent to and follow.

Summarise simply. “Today I'll work your shoulder and upper back, then show you two stretches.”

Set expectations. Explain what they may feel during and after.

Agree together. Confirm the plan matches their goal and get consent.

Invite questions. Make it easy to ask or to decline any part.

When Time Is Short

Prioritise safely

1. **Safety first**
   Never trade screening or consent for treatment time.

2. **Treat the priority**
   Focus on the tissues driving the client's main concern.

3. **Do less, well**
   A focused, safe partial treatment beats a rushed full-body one.

4. **Communicate**
   Tell the client what you'll cover today and what waits for next time.

Worked Example — Assessment to Plan

A supervised session

1. **Impression**
   Soft-tissue overuse of the right shoulder girdle; no red flags.

2. **Goals**
   Short-term: ease ache 6→4/10, improve reaching. Long-term: pain-free overhead reach.

3. **Approach**
   Warm, effleurage/petrissage to upper trapezius & deltoid, gentle stretch; home stretch ×2.

4. **Consent & fee**
   Explain plan; no sensitive areas; confirm consent; state the fee.

5. **Deliver & reassess**
   Treat, re-test abduction and pain, record outcome and next-visit plan.

Planning on Peers

Today's simulation

1. **Build a full plan**
   From a peer's assessment, write goals, approach and self-care.

2. **Justify your choices**
   Explain the evidence and reasoning behind each technique.

3. **Confirm consent and fee**
   Rehearse the plan-and-consent conversation, including cost.

4. **Chart the plan**
   Complete the treatment, techniques and plan sections of the form.

Common Planning Errors

And how to avoid them

1. **Recipe treatments**
   plan from findings, not habit
2. **Vague goals**
   make them measurable
3. **Ignoring cautions**
   build them into the plan
4. **Over-treating**
   dose to the tissue and goal
5. **Skipping re-consent**
   confirm changes
6. **No reassessment**
   always re-test outcomes
7. **Unrealistic home care**
   keep it small and doable
8. **Hidden costs**
   state fees up front

Choosing Outcome Measures

Decide now how you'll prove change

1. **Pick re-testable measures**
   Choose findings you can measure the same way each visit — pain, ROM, a specific palpation finding.

2. **Tie them to goals**
   Each goal should have a measure that shows whether it's being met.

3. **Keep it practical**
   A few meaningful measures beat many that you won't re-check.

4. **Record the baseline**
   Today's numbers are the reference for every future comparison.

Managing Expectations Honestly

Under-promise, over-deliver

A client who expects a miracle is set up for disappointment — and you for overclaiming.

Be realistic. Explain what massage can and cannot do for this presentation.

No guarantees. Describe likely benefits without promising specific outcomes.

Normalise variation. Some clients respond quickly, others gradually.

Refer when needed. If massage isn't the right answer, say so and refer.

Frequency, Progress & Discharge

Planning beyond today

1. **Recommend frequency by need**
   Base the visit schedule on the client's presentation and goals, not on revenue.

2. **Define progress**
   Decide in advance what improvement would justify continuing the plan.

3. **Plan for discharge**
   Care has an endpoint — as goals are met, taper and empower self-management.

4. **Refer on plateau**
   If the client stops improving or worsens, reassess and refer as appropriate.

Honest frequency and discharge planning reflect the Fees & Billing and Conflict of Interest standards.

Post-Treatment Aftercare

What to tell the client before they leave

Clear aftercare turns a single session into a safe, continuing plan the client can follow.

EXPLAIN

Possible soreness mild tenderness can follow deeper work

Hydration & rest general comfort advice within scope

What's normal versus what should prompt contact

Home care the specific self-care you agreed

SAFETY-NET

When to seek care unexpected or worsening symptoms

How to reach the clinic for questions or concerns

Next steps the plan for the following visit

Record it note advice given on the form

Treatment-Plan Checklist

Before you deliver care

STEP	DONE?
Impression links findings to plan	☐
Short- and long-term goals set with client	☐
Techniques chosen to match findings & cautions	☐
Dosage (pressure, pace, duration) planned	☐
Contraindications and modifications built in	☐
Informed consent to the plan (written if sensitive)	☐
Fee explained and recorded	☐
Self-care and reassessment planned	☐

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Plan Ready — Now Deliver Safely

A bridge to Module 5

A sound plan is only as good as the safe, hygienic, well-draped delivery that carries it out.

Safety & IPAC. Tomorrow: infection prevention, hygiene and a safe environment.

Draping. Protecting privacy and dignity while you work.

Body mechanics. Delivering the plan without injuring the client or yourself.

Then: documentation. Module 6 turns the whole encounter into a clear record.

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Accreditation Alignment

Mapping Module 4 to FOMTRAC competencies

1. **PC 5**
   Develops evidence-informed treatment plans

2. **PC 1**
   Plans within scope, ethics and standards

3. **PC 4**
   Maintains consent for the plan and cost

4. **PC 3**
   Communicates the plan and self-care clearly

5. **PC 7**
   Practises honestly, including fees & billing

6. **CMTCA**
   Planning, consent & fees standards met

CMTO Standards of Practice are published at cmto.com; students consult the current text directly. PC references follow the FOMTRAC Inter-Jurisdictional Practice Competencies.

Key Takeaways

What to carry onto the clinic floor

1. A treatment plan connects findings to goals, techniques and dosage the client agrees to.
2. Practise evidence-informed care: integrate evidence, judgement and client preference.
3. Choose techniques and dosage from the findings and cautions — never from habit.
4. Consent covers the plan and its cost; re-consent whenever the plan changes.
5. The plan is a living document — reassess, adjust and document every visit.

MODULE 04 COMPLETE

You can now turn assessment into a safe, reasoned, client-owned plan.

Up next ·

Safety, IPAC, Hygiene, Draping & Body Mechanics

Module 5 is where the plan meets the table: infection prevention and control, a safe and hygienic environment, professional draping, and body mechanics that protect both client and therapist.