

CASE STUDY ASSESSMENT CHECK LIST

PLEASE CHECK THAT THE FOLLOWING ELEMENTS HAVE BEEN INCLUDED IN EACH OF YOUR CASE STUDY SUBMISSIONS

Note: Only visible scars from surgery and trauma are accepted. Fibrous masses, plantar fasciitis etc., are NOT acceptable

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| | Age and sex of client |
| | History of the scar – how was it acquired? |
| | Does the scar affect the client in daily life (limitation of movement, pain, discomfort)? |
| | Describe any emotional or psychological attachment to the scar and how that affects the client. |
| | Include pre treatment assessment information of the scar. (Texture, sensation, size, coloration) |
| | Include post treatment assessment including any noted changes to the scar. (Texture, sensation, size, coloration) |
| | Details of hands-on contact time with the client (in minutes) and pressures used (scaled 1 to 10) |
| | Treatment outcomes: in what ways has the scar treatment helped? (physically and/or emotionally) |
| | Have you ensured only MSTR® treatment was used for the case study? |
| | Was a positive and conclusive outcome demonstrated? If not, what explanation have you offered as to the possible lack of response from the client? |
| | If only ONE treatment was needed, did you make a follow-up interview with the client to ensure positive outcome was maintained? Describe the conclusions from that interview. |
| | Client’s overall feedback about the treatment. What did they say about the MSTR® session/s? |
| | What did YOU learn from each case study? |
| | Does the content and quality of work compare favourably with the examples shown on the Case Study Guidelines page? |

Photographs are optional.