Professional Massage Program Health Statement

AIM ASHLAND INSTITUTE OF MASSAGE

awareness, integrity, meaning

Date: _____

AIM requires completion of this form by a licensed health practitioner/physician (MD, DO, ND, DC, PA, or NP) in the interest of helping to ensure a positive, successful experience for those considering training to become a massage therapist. We appreciate your cooperation.

_____

APPLICANT NAME   PHYSICIAN NAME   PHYSICIAN PHONE

_____

PHYSICIAN ADDRESS   CITY   STATE   ZIP

AIM's professional massage program is a rigorous course of study, and it is recommended that persons who undertake this training be in good physical health. If the answers to any of the questions below indicate concern about a candidate's ability to undergo this program, please explain on the other side of the page.

- ☐ This person is in good physical health.

- ☐ This person has had no recent injuries, accidents, or muscular-skeletal disorders, including concussion or head injury, whiplash, sciatica, carpal tunnel syndrome, or thoracic outlet syndrome. (If a candidate does have any of these conditions, please describe in detail any limits to his/her ability to function due to condition.)

- ☐ This person is able to work extensively in the standing position with use of hands/wrists.

- ☐ This person does not have a history of chronic headaches, including migraines.

- ☐ This person has no history of auto-immune dysfunction, CFS, or fibromyalgia.

- ☐ This person has no communicable disease.

As part of taking this training, the applicant would be receiving massage work on a consistent basis for 6–10 months of classes, including deep tissue and range-of-motion work. If there are health situations for which it would not be in the person's best interest to be receiving massage, this should be considered when recommending this person for massage training. Please check if any of the following conditions are present for this candidate:

1. Some of the basic contraindications to receiving general massage (based on Swedish massage, the most extensive component of AIM training):

☐ Advanced stages of diabetes   ☐ Advanced stages of heart conditions   ☐ Arteriosclerosis

☐ Advanced failure of any internal organs   ☐ Highly metastatic cancers   ☐ Extreme emotional instabilities

2. Local, regional massage is contraindicated in conditions of acute flare-up:

- [ ] Inflammatory arthritis
- [ ] Acute neuritis
- [ ] Phlebitis
- [ ] Thrombosis
- [ ] Arteritis

3. Possible adverse effects and contraindication exist for conditions of:

- [ ] High blood pressure
- [ ] Chronic congestive heart failure
- [ ] Atherosclerosis
- [ ] Post CVA
- [ ] Malignant tumors
- [ ] Spastic paralyses
- [ ] Parkinson's
- [ ] Multiple sclerosis
- [ ] Systemic contagious/infectious condition
- [ ] Taking medications that alter sensation, muscle tone, standard reflex actions, cardiovascular function, kidney or liver function, or personality
- [ ] Other _____

4. Are there any other conditions that may be of possible concern? [ ] Yes [ ] No

- [ ] Please identify: _____

5. Are there any situations for which medications are being taken? [ ] Yes [ ] No

- [ ] Please identify medication & condition: _____

6. Do you recommend any limitations to this candidate's giving or receiving massage and bodywork? [ ] Yes [ ] No

- [ ] Please identify: _____

Because individual situations can be different, it is sometimes difficult to give a yes/no recommendation or contraindication for massage. If the health practitioner is in any doubt, we suggest a consultation with AIM.

Please use a separate paper to add any comments regarding this applicant's health or preparedness to enter into this course of study.

_____

PHYSICIAN SIGNATURE   DATE

This informational form is kept separate from the academic records, secure from theft, and private.