

MPS-SRT Data Collection

Thank you for recently attending the MPS-SRT Certification Course. Attached are the requirements for the completion of your Scar Certification practicum.

Submission of 10 case studies using the POSAS assessment, data collection, & pictures.

The scar assessment has been updated to clarify information for the use of compiling and comparing the data scores.

SRT MPS-Method Procedure

Each assessment is to be done on 1 scar only.

The 3-Step Standard Scar Treatment is to be used:

- 1) to Circle the scar 3x with units
- 2) then, circuit scar with B62
- 3) finish with circuit scar with Sp6.

Best to keep intensity on low.

All Pre-Post pictures should be sent in JPEG format.

Take pictures before and after each treatment.

After you receive the follow up data at the 5 day mark from your client on this single scar treatment you can then treat the person again, completing the scars and layering the treatment as learned for deeper releases to the body.

Please fill in each segment listed and blank spots on the data forms. It will be considered incomplete if any area is blank. You will have to submit 10 completed cases before the final step of taking an online test.

****Please email all the completed cases with pictures to:
certification@mpstherapy.com**

Explanatory Notes:

TISSUE TEXTURE: The extent to which surface irregularities are present (compared with adjacent normal tissue).
If linear, can you count the lumps, thick spots, and tensile pulls before and after?

PLIABILITY: Suppleness of the scar tested by wrinkling the scar between the thumb and first finger.
Does skin wrinkle within a one inch pinch?

COLOR: (A blend of vascularity & pigmentation)

SURFACE AREA: Surface area of scar in relation to the original wound area

Hypertrophic: Scar is within wound but does not exceed its boundaries.

Keloid: Overgrowth of scar tissue beyond original wound.

SENSATION: Feeling around scar site or down corresponding dermatome.

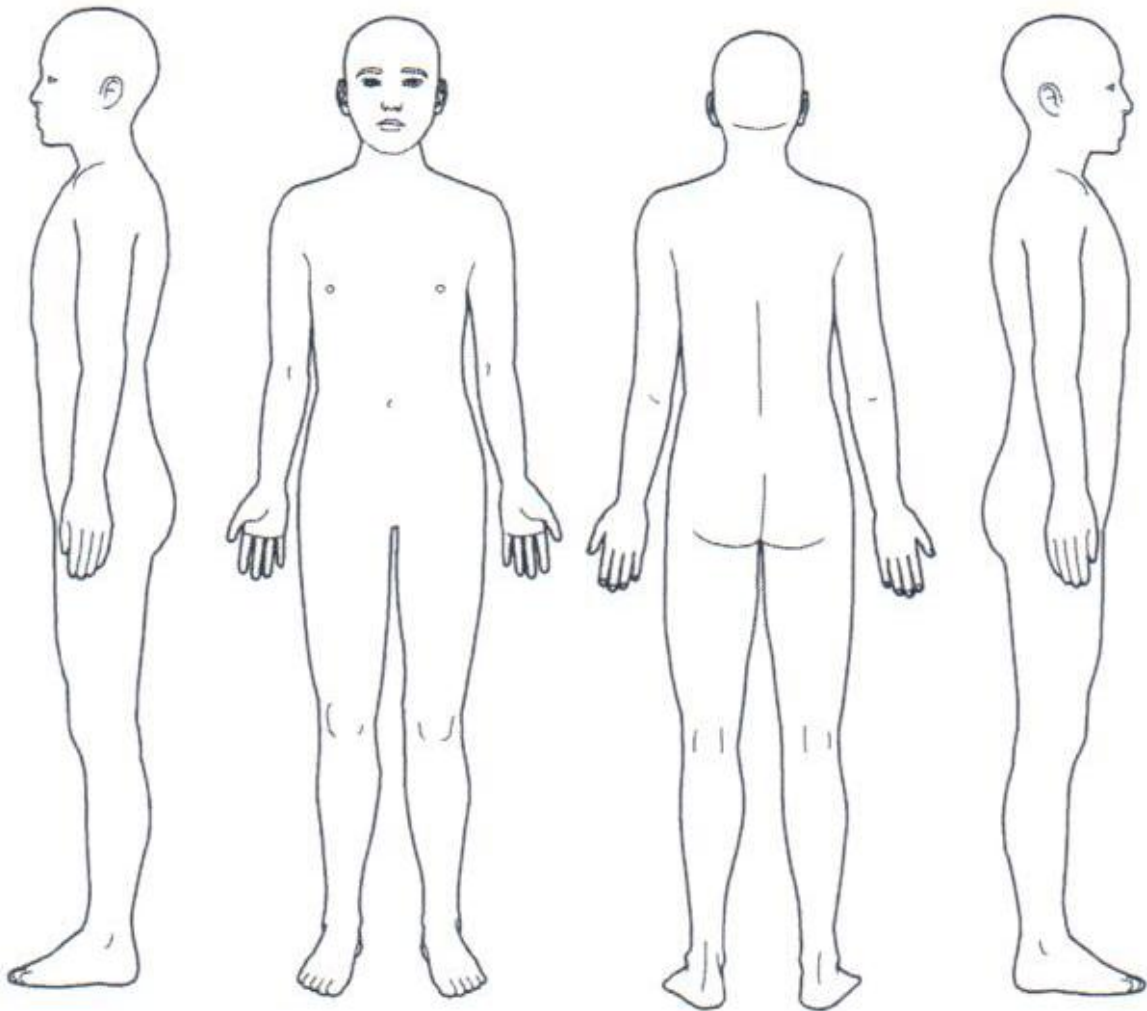
Scar Intake Form - Patient

Questions to be answered "by the Patient"

- * How long have you experienced pain? _____
- * What kind of other therapies have your tried? _____

- * Medication use before and after STR? _____
- * Benefits of SRT: Pain relief? increased mobility? and feeling better? _____

Mark THE ONE Scar you will be treating for this study



MODIFIED POSAS SCAR ASSESSMENT (please answer all questions)

Date: _____

Follow-up Email (optional): _____

Part A: PATIENT INFORMATION:

1. First Name: _____ 2. Age: _____ 3. Gender: M F

Part B: CONDITION/PAIN INFORMATION:

4. Diagnosis/Condition: _____

5. Location of Pain: _____ 6. Duration of Pain (i.e. 5 yrs): _____

7a. Severity of Pain before SRT (with none=0 to extreme=10; circle one): 0 1 2 3 4 5 6 7 8 9 10

7b. Severity of Pain after SRT (with none=0 to extreme=10; circle one): 0 1 2 3 4 5 6 7 8 9 10

Part C: SCAR RELATED INFORMATION:

8. Location of Scar: _____ 9. Age of Scar: _____

10. Cause of Scar (operation/accident/other): _____

Part D: BEFORE & AFTER TREATMENT:

11. Relief (scar tissue texture): a. Lumps/thickened spots: # before _____ # after _____

b. Holes/puckers: # before _____ # after _____

12. Pliability—Does scar wrinkle when pinched (“1 inch pinch” between thumb and index finger)?

(circle one): before: yes no after: yes no

13. Color—A blend of vascularity & pigmentation (circle 1): before: pale pink red purple after: pale pink red purple

14. Sensation type (circle one): before: numb dull sharp itching after: numb dull sharp itching

15. Sensation degree (related to Q 14 above; with none=0 and extreme=10; circle one):

before: 0 1 2 3 4 5 6 7 8 9 10

after: 0 1 2 3 4 5 6 7 8 9 10

16. # Hours Sleeping/Night: before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

17. Sleep quality (poor=0 to excellent=10): before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

18. # Pain Medication Taken daily: before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

19. Chronic Pain Levels: before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

20. Sexual Function (poor=0 to normal=10): before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

21. Quality of Life (poor=0 to excellent=10): before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

22. Overall Energy Level (low=0 to high=10): before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

23. Overall Mood (poor=0 to excellent=10): before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

24. Overall Health (poor=0 to excellent=10): before: 0 1 2 3 4 5 6 7 8 9 10 1 week after: 0 1 2 3 4 5 6 7 8 9 10

25. Additional Comments? _____

*Patients initials for Consent for MPS treatment & release of data &/or pictures for research compilation, _____.