**Massage Therapy Program Rehabilitation Application**

Name:

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you use text messaging? Y/N

Address:

Email:

Occupation: Number of Years?

Your availability (days and times):

Why would you like to be a Massage Therapy Program Rehabilitation Client?

Please describe past and current injuries or conditions, including how long this has been an issue, and if there have been any changes. (The information you provide will assist in matching you with the appropriate student):

Activities you regularly participate in (i.e. sports, hobbies, exercise etc.):

What has helped your condition?

What aggravates your condition?

Are you seeing a doctor for this condition?

Are you currently a client of the Student Massage Clinic? Y/N

Do you know any students in the program? (We cannot guarantee you will be paired with this student)

**Expectations**

The purpose of the Massage Therapy Program Rehabilitation is to provide students the opportunity to apply theory and skills that allow for the development and presentation of a comprehensive treatment plan for clients with specific medical conditions. Students provide treatment to the clients in the on-campus clinic.

If you are accepted as a Massage Therapy Program Rehabilitation client, you will be required to commit 25-30 hours of treatment scheduled throughout the term. Your commitment will include assessment, massage, feedback, and post treatment.

You will be matched with a second year massage student who will contact you to arrange massage appointments in a mutually convenient schedule. You can expect approximately 1-2 hours of massage per week. To ensure appointments do not conflict with the student’s class schedule, they will likely be booked in advance for the entire term which runs from January to April.

The student will be completing assessments to measure any changes and progress in your injuries or conditions. Communication is key; your honest feedback is vital to this program. Please regularly update your student with any changes, setbacks, or progress in your condition as they occur. It is important to follow the exercises and post treatment plan you are given by your therapist so they can assess the impact.

If at any point student or client expectations are not being met, or a student withdraws from the program, your existing appointments may be rescheduled or cancelled. These appointments are complimentary and we cannot guarantee a full course of treatment should any changes occur during the term. If any conflicts or issues arise that cannot be resolved directly between you and the student, please contact Rosemary Shannon, Massage Therapy Program Chair, at [**rosemary.shannon@lethbridgecollege.ca**](mailto:Amy-lynn.reed@lethbridgecollege.ca)**.**

**Once complete, please email this form to Rosemary Shannon, Massage Therapy Program Chair, at**

[**rosemary.shannon@lethbridgecollege.ca**](mailto:Amy-lynn.reed@lethbridgecollege.ca)**. For privacy reasons, please do not share this form with anyone other than the Program Chair.**

*The personal information you provide to us, including but not limited to your name, education and work history, attendance and participation in learning activities, future goals, learning needs and pre-placement requirements, are collected under the authority of subsection 33(c) of Alberta’s Freedom of Information and Protection of Privacy Act for the purpose of facilitating your work-integrated learning placement. It may be used and disclosed to other College departments and employees, and to work-integrated learning placement agencies for this purpose, or for a use consistent with this purpose. If you have a question about the collection, use, disclosure or protection of your personal information, please contact the College’s Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethbridgecollege.ca, or writing to 3000 College Dr. S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.*

*Client Signature (please do not sign until first appointment)*

*Student Signature (please do not sign until first appointment)*