

Post-treatment Instructions

Following your myofascial release treatment, here are some suggestions for optimal results:

1. Drink a lot of water over the next 48 hours to flush and hydrate your muscles and other tissues.
2. If you have been given exercises from a PT currently or in the past for this same syndrome, do them daily again at the recommended frequency. If any of these exercises cause any pain, stop immediately. Moderate exercise should be fine, as long as there is no pain with movement or exertion.
3. Some clients experience a period of soreness following a treatment. It may start the next day and last a day or two, but it should feel exactly like the soreness you'd get following a new workout routine—a bit tender or achey with movement or contact. Usually movement helps relieve the soreness and it rarely lasts longer than 2 days.
4. Especially if your treatment focus was hips and lower back, you might want to go for a brief (15 minutes or so) walk at some point before bed, at a casual pace, allowing your arms to swing freely.
5. If you experience any lasting sharp pain, shooting pain, numbness, tingling, weakness, joint pain with movement, or any other concerns, ***then you should contact me immediately and report what is happening so we can take further action.***
6. Please follow up with the feedback forms (either online or take-home) at 24 hours, 3 days, one week and two weeks.

If a chronic pain syndrome is long-standing and more complex (involving multiple areas of the body), the healing process is not always a smooth and steady progression. I approach solving musculoskeletal pain syndromes like solving a puzzle. If you don't find all the pieces, it doesn't resolve completely. Sometimes there are numerous, less obvious compensation issues that have arisen as a result of your body trying to accommodate a dysfunction, weakness, or misalignment. If I don't resolve every issue the first time, whatever is left unresolved will make itself known one way or another. Nevertheless, you should get a sense right away if the treatment is creating improvement or not.

Post treatment feedback follow up survey:

This data only the first time:

Name _____ Date _____

Date of birth _____

Diagnosis _____

Description of symptoms _____

Joints affected by pain or immobility _____

How long has this been going on? (start date, etc.) _____

Other interventions used for this syndrome, and results obtained: _____

Follow up:

Describe a problematic position or movement with your syndrome: _____

Level of pain before treatment (1 - 10, with 10 being worst pain) _____

Level of pain after treatment _____

Mobility pre- and post-treatment _____

Other symptoms pre- and post- treatment _____

Duration of relief _____

Post-treatment symptoms

Describe any soreness related to treatment _____

Other symptoms, ie. headache, new areas of pain or discomfort, etc.
