

**Sample Interview Questions
from Walton, Tracy,
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**Sample Interview Questions about Medications
From Chapter 4, Interviewing, Decision Making, and Charting**

BOX 4-3 THE FOUR MEDICATION QUESTIONS

1. How do you spell it?

Having the correct spelling helps you look it up. Even if your client doesn't know the correct spelling, a close approximation will enable you to look up the drug in a book, on the Internet, or in a product information reference. Be careful of similar-sounding brand names, though, such as Celebrex and Celexa, two very different drugs with different properties.

2. What is it for?

By itself, the condition being treated may contraindicate one or more massage elements. Investigate whether this is so.

3. Is it effective?

Establish whether the condition has resolved, or if there are still problems such as signs, symptoms, or effects on tissue function. Many medications control symptoms but do not address the underlying cause. Adapt massage to any remaining problems.

4. How does it affect you? Are there any side effects or complications of this medication?

Common side effects of medications, such as nausea, fatigue, hypotension, and digestive disturbances, require their own massage adjustments. Find out how the drugs are affecting your client, and adapt the massage plan accordingly.

Used well, these four questions satisfy the Medication Principle (see Chapter 3). When the format is used to ask about a medical procedure such as surgery or laser treatment, it satisfies a similar principle, the Procedure Principle (see Chapter 3).

The Medication Principle. Adapt massage to the condition for which the medication is taken or prescribed, and to any side effects.

Sample Interview Questions about Atrial Fibrillation From Chapter 11, Cardiovascular Conditions

● INTERVIEW QUESTIONS

1. What are the symptoms and signs of your atrial fibrillation? Are the symptoms mild, moderate, or severe?
2. Are your symptoms constant, or intermittent? Have you had them recently, or currently?
3. Do you feel dizzy or light-headed when it happens? Are you at risk of fainting or falling when you have symptoms?
4. What does your doctor tell you to do when you have symptoms? How could I assist you if so?
5. How does atrial fibrillation affect your activities? (See “Follow-Up Questions About Activity and Energy,” Chapter 4)
6. What is the cause, if known?
7. Do you have any complications of atrial fibrillation? Has the condition ever given you problems with very low blood pressure, heart problems, or blood clots forming in your heart?
8. Do you have other cardiovascular conditions such as high blood pressure, a heart condition, varicose veins, atherosclerosis, or a risk of forming blood clots in your legs?
9. How has your condition been treated? How long have you been in treatment? Is cardioversion among your treatments?
10. How do the treatments affect you?

Sample Interview Questions about Stroke From Chapter 10, Nervous System Conditions

● INTERVIEW QUESTIONS

1. When did your stroke occur?
2. Have things stabilized since the stroke? Have you recovered partially or completely?
3. What was the cause? Was it a clot or a bleed?
4. How does (or did) the stroke affect you? Which side of your body is affected?
5. Do you have any difficulty communicating? Are there any changes in memory or concentration?
6. Do you have any changes in your vision? How and where?
7. Are there any effects on swallowing? Are there positions that are more comfortable or less comfortable for you?
8. Do you have any difficulty with movement? Is there any paralysis, weakness, or spasticity? Do you have any problems with balance or history of falling?
9. Do you have any pain?
10. Do you have any changes in sensation?
11. Do you have any bladder or bowel control issues that make bathroom access important?
12. How is your skin? Are there any areas where it is open or irritated?
13. Has your doctor or nurse discussed any risk of blood clots (DVT) with you?
14. Are there any complications? Effects of the stroke on your skin, muscles, sensation, or movement?
15. How was your stroke treated? Was there any follow-up treatment?
16. How does the treatment affect you?