



**McLOUGHLIN
SCAR TISSUE RELEASE®
FOR DOGS**

PRE and POST TREATMENT EVALUATION FORM

CLIENT NAME:

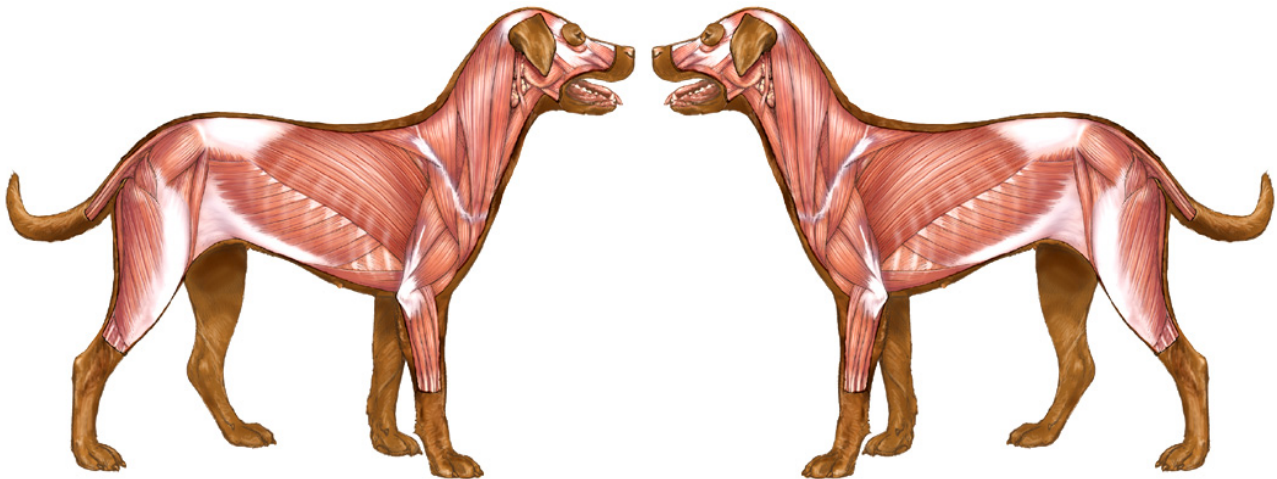
ADDRESS:

BREED:

SEX: F M Spayed Neutered Intact
(Please circle or highlight the appropriate description)

DOB:

Energy Level Low Medium High
(please circle or highlight the appropriate description)



INDICATE AS CLOSELY AS POSSIBLE THE LOCATION OF THE SCAR/S TO BE TREATED.

ASSESSMENT BEFORE TREATMENT

1)What assessment techniques did you use to assess the dog?

2)When was/were the scar/s acquired?

3)How was/were the scar/s acquired? (e.g. surgery, accident)

4)What does/do the scar/s feel like to touch?

5)Did you feel any other tension or tightness? Where did you feel it and what did it feel like?

6)Did the dog respond negatively or positively to you touching the scar?

Yes/No

If the answer is 'no' please go to question 9.

7)What kind of response did you receive by *touching* the scar/s?

8) On a scale of 1 - 10 please rate the strength of the response. (where 1 produces only mild response and 10 produces an extremely strong response)

Please circle the number

1 2 3 4 5 6 7 8 9 10

POST TREATMENT EVALUATION - WEEK 1 (DAY OF TREATMENT)

9) What physical changes did you note (if any) *during* the treatment?

10) What physical changes did you note (if any) *after* the treatment.

11) During the treatment did the dog respond negatively or positively to your touch?

Yes/No

12) Now the treatment session is completed did the dog respond in a negative or positive way?

Yes/No

13) Now the treatment session is completed did the dog experience any changes in mobility or ROM

Yes/No

14) If you answered YES to question 10, 11, 12 or 13, please describe what changes you saw happen.

15) On a scale of 0 - 10 please rate the range of motion or mobility the dog experienced. (where 0 produces no change and 10 produces an extremely impactful change)

Please circle the number

1 2 3 4 5 6 7 8 9 10

16) Did the owner have any other observations or comments about the treatment?

POST TREATMENT EVALUATION - WEEK 2

1. How does the physical scar feel?
2. Does the dog respond negatively or positively to you touching the scar now?
Yes/No
3. Did the owner have any comments or observations about your treatment?

PRACTITIONER OBSERVATIONS AND COMMENTS AFTER WEEK 2:

Practitioner name: Practitioner signature: Date:
Dog owner/guardian name: Dog owner/guardian signature: Date: