

## **SECTION 9**

### **APPENDICES**

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### **9.1 MOHAWK COLLEGE MASSAGE THERAPY PROGRAM STUDENT AGREEMENT**

Students in the Massage Therapy Program are required to demonstrate ethical and professional behaviours. They are responsible for the confidential maintenance of the health information of their peers and the public as they learn to provide skillful and professional care. It is essential that students fully understand and assume this professional responsibility. The Massage Therapy Student Agreement is an addendum to the Mohawk College Student Policies.

#### **Please initial each statement below:**

\_\_\_\_\_ I acknowledge that I have reviewed the Massage Therapy Program Student Handbook in its entirety and have been provided the opportunity to clarify and ask questions about any of the items in the Handbook.

\_\_\_\_\_ I consent to provide my complete and up to date health history to the regulated health professionals in the Massage Therapy Program, as outlined in Section 3.2 (Lab Safety) and Appendix 9.2a of the Massage Therapy Program Student Handbook

\_\_\_\_\_ I acknowledge that I have been informed of the reasons, benefits, risks, and side effects, and the proposed draping (covering) associated with participation in practical demonstrations; I have been given opportunity to ask questions regarding volunteering for demonstrations and examinations by a faculty member who is a Regulated Health Professional; I give consent to be assessed / treated / palpated by Mohawk College faculty / technologists for educational purposes, as outline in Section 3.2 (Lab Safety) and Appendix 9.2e of the Massage Therapy Program Student Handbook. I understand that faculty / technologists will request additional consent if sensitive areas may be included during the demonstration process. I understand that this consent provides a blanket acknowledgement of the process and purpose of participation in practical demonstrations, and that I have the right to alter or rescind my consent to assessment / treatment / palpation for any given demonstration.

\_\_\_\_\_ I acknowledge that it is my responsibility to ensure I do not participate in any conscious, deliberate, or reckless attempt to obtain academic credit through deception or fraudulent means, as outlined in Section 5.6 (Academic Honesty) of the Massage Therapy Program Student Handbook. My signature, below, is a contract confirming that any work I submit will comply with the Mohawk College Academic Honesty Policy. <https://www.mohawkcollege.ca/student-life/library/get-help/research-help/academic-honesty>

\_\_\_\_\_ I acknowledge that my signature below is a contract confirming that I will comply with the guidelines outlined in the Massage Therapy Program Student Handbook, Section 6 (Student Behaviour and Conduct), and the Mohawk College Student Behaviour Policy. <https://www.mohawkcollege.ca/about-mohawk/leadership-and-administration/policies-and-procedures/corporate-policies-and/student>

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 9.2 CLINIC FORMS

### 9.2a Health History Form

The information requested below will assist us in developing safe and effective treatments. Feel free to ask questions about the information being requested. Note that all gathered information is stored to maintain confidentiality, in accordance with privacy legislation, unless disclosure is authorized by the individual or required by law. Your written permission will be required to release any information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you received massage therapy before? Yes \_\_\_\_\_ No \_\_\_\_\_

Did a health care practitioner refer you for massage therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide their name and address. \_\_\_\_\_

Please indicate conditions you are experiencing or have experienced:

<p><b><u>Cardiovascular</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> high blood pressure</li> <li><input type="checkbox"/> low blood pressure</li> <li><input type="checkbox"/> chronic congestive heart failure</li> <li><input type="checkbox"/> heart attack</li> <li><input type="checkbox"/> phlebitis / varicose veins</li> <li><input type="checkbox"/> stroke/CVA</li> <li><input type="checkbox"/> pacemaker or similar device</li> <li><input type="checkbox"/> heart disease</li> </ul> <p>Is there a family history of any of the above? Yes _____ No _____</p> <p><b><u>Respiratory</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> chronic cough</li> <li><input type="checkbox"/> shortness of breath</li> <li><input type="checkbox"/> bronchitis</li> <li><input type="checkbox"/> asthma</li> <li><input type="checkbox"/> emphysema</li> </ul> <p>Is there a family history of any of the above? Yes _____ No _____</p>	<p><b><u>Infections</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> hepatitis</li> <li><input type="checkbox"/> skin conditions</li> <li><input type="checkbox"/> TB</li> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> herpes</li> </ul> <p><b><u>Other Conditions</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> loss of sensation, where? _____</li> <li><input type="checkbox"/> diabetes, onset: _____</li> <li><input type="checkbox"/> allergies/hypersensitivities please explain _____</li> <li><input type="checkbox"/> type of reaction: _____</li> <li><input type="checkbox"/> epilepsy</li> <li><input type="checkbox"/> cancer location _____</li> <li><input type="checkbox"/> skin conditions, what? _____</li> <li><input type="checkbox"/> arthritis</li> </ul> <p>Is there a family history of arthritis? Yes _____ No _____</p>	<p><b><u>Head/Neck</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> history of headaches</li> <li><input type="checkbox"/> history of migraines</li> <li><input type="checkbox"/> vision problems</li> <li><input type="checkbox"/> vision loss</li> <li><input type="checkbox"/> ear problems</li> <li><input type="checkbox"/> hearing loss</li> </ul> <p><b><u>Women</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> pregnant, due: _____</li> <li><input type="checkbox"/> gynaecological conditions please explain _____</li> </ul> <p>Overall, how is your general health? _____</p> <p>Primary Care Physician: _____</p> <p>Address: _____ _____ _____</p>
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<p>Current Medications: _____</p> <p>condition it treats: _____</p> <p>Are you currently receiving treatment from another health care professional? Yes _____ No _____</p> <p>If yes, for what? _____</p> <p>Surgery – date _____ nature: _____</p> <p>Injury – date _____ nature: _____</p>	<p>Do you have any other medical conditions? (e.g. digestive conditions, haemophilia, osteoporosis, mental illness) Yes _____ No _____</p> <p>If yes, please explain. _____</p> <p>Do you have any internal pins, wires, artificial joints or special equipment? Yes _____ No _____</p> <p>If yes, please explain what and where they are. _____</p> <p>What is the reason you are seeking massage therapy? Please include the location of any tissue or joint discomfort. _____ _____</p>
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Notes:

Update 1 \_\_\_\_\_  
Update 2 \_\_\_\_\_  
Update 3 \_\_\_\_\_

### **9.2b Consent and Release**

All Massage Therapy Program supervisory staff are Registered Massage Therapists in good standing with the College of Massage Therapists of Ontario (CMTO). The teaching clinic makes every effort to guarantee a safe and effective treatment.

**Please initial each statement below:**

\_\_\_\_\_ I acknowledge that my appointment time includes a consultation and an assessment of my condition as well the treatment.

\_\_\_\_\_ I acknowledge that I will have the opportunity to undress to my comfort level in private prior to and following the treatment.

\_\_\_\_\_ I acknowledge that the front curtain/door will be open during the assessment and treatment portions of my appointment.

Requests for exception may be approved in consultation with the clinic supervisor.

Client request exception \_\_\_\_\_ Supervisor approval \_\_\_\_\_

\_\_\_\_\_ I understand that Mohawk College students in the Massage Therapy Student Clinic are expected to uphold the professional standards of the College of Massage Therapists of Ontario (CMTO), including the [Standard on Maintaining Professional Boundaries and Preventing Sexual Abuse](#).

\_\_\_\_\_ I acknowledge that this is a teaching clinic, that there will be a supervisor available at any given time during the assessment and/or treatment, and that I should report any concerns related to my treatment, privacy, personal safety, or student conduct directly to the supervisor.

\_\_\_\_\_ I have stated all my known medical conditions and will take it upon myself to inform the student therapist of any changes to my physical health.

\_\_\_\_\_ I acknowledge that receipts provided for treatments in the teaching clinic are a record of payment only and cannot be submitted for reimbursement through third party insurance plans or as medical expenses for income tax purposes.

\_\_\_\_\_ I acknowledge and understand that my personal information, inclusive of health history, is accessible by numerous individuals at the College but will be maintained according to privacy legislation under the Personal Health Information Protection Act (PHIPA).

In consideration of good and valuable services, the receipt and sufficiency of which is hereby acknowledged, the undersigned does hereby release and forever discharge the College, its successors and assigns of and from any and all manner of actions, causes of actions, suits, contracts, claims, demand, costs, expenses and all other legal obligations and compensation of whatsoever kind and how so arising from or out of any treatment which will be provided to the undersigned.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 9.2 c Client Intake Form

DATE:

CLIENT INITIALS:

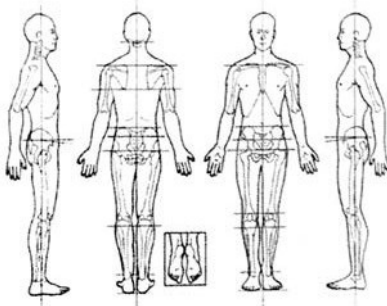
APPOINTMENT TIME:

STUDENT THERAPIST: \_\_\_\_\_ SEMESTER: \_\_\_\_\_ DURATION: \_\_\_\_\_

CLIENT'S PRIMARY CONCERN FOR TREATMENT: \_\_\_\_\_

PREVIOUS TX. RESULTS	INTENSITY
LOCATION	CHARACTER
ONSET	AGGRAVATING FACTORS
RADIATION	RELIEVING FACTORS
DURATION	ASSOCIATED SYMPTOMS
FREQUENCY	MEDICATIONS

#### POSTURAL ASSESSMENT FINDINGS



#### RANGE OF MOTION

#### ORTHOPEDIC ASSESSMENT FINDINGS

TEST	R or L	RESULTS	TEST	R or L	RESULTS

#### SHORT TERM GOALS *(pertains to today's treatment)*

#### LONG TERM GOALS *(pertains to a course of treatments)*


### **9.2d Treatment Notes Form**

**CLIENT NAME:** \_\_\_\_\_

**CLINICAL IMPRESSION:** \_\_\_\_\_

<b>TECHNIQUES USED:</b> (CHECK ALL APPLICABLE)	<b>TREATMENT NOTES:</b>	<b>AREAS TREATED:</b> (CIRCLE ALL APPLICABLE)
○ STATIC CONTACT		
○ COMPRESSION		
○ STROKING		BACK
○ VIBRATION		CHEST
○ ROCKING		NECK
○ SHAKING		SHOULDERS
○ EFFLEURAGE		FACE
○ PETRISSAGE		SCALP
○ TAPOTEMENT		ARM/HAND
○ TRIGGER POINT		L            R
○ RELEASE		LEG: ANT/POST
○ FRICTION		L            R
○ PASSIVE/FACILITATED		FEET
○ STRETCH		L            R
○ PROPRIOCEPTIVE		GLUTEALS
○ TECHNIQUES		ABDOMINAL
○ (MUSCLE ENERGY)		BREAST
○ JOINT MOBILIZATION		OTHER: _____
○ HYDROTHERAPY		
○ PASSIVE ROM		
○ ACTIVE ROM		
○ FASCIAL RELEASE		
○ MLD		

**BLOOD PRESSURE:** \_\_\_\_\_

<b>HOME CARE/Self Care Recommendations:</b>	<b>FUTURE TREATMENT Recommendations:</b>
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**SUPERVISOR NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

## 9.2e Written Consent for Treatment of Sensitive Areas

Massage Therapy Student Name: \_\_\_\_\_

☐ Assessment ☐ Reassessment Consent Date: \_\_\_\_\_

☐ Initial Treatment Consent Date: \_\_\_\_\_

When assessment and/or treatment of sensitive areas of the body is clinically indicated, the Standards of Practice established by the College of Massage Therapists of Ontario require *the client to provide* written consent.

I, \_\_\_\_\_ [patient name], have requested assessment/treatment by the above-named MT Student. As part of my assessment/treatment, I am aware that the above-named MT Student (as well as possibly the professor/ supervisor) will touch the following area(s) of my body, which may be perceived as sensitive areas [please indicate]:

☐ Buttocks (gluteal muscles)

☐ Upper Inner Thigh

☐ Chest Wall Muscles

☐ Breast(s)

The MT Student has explained the clinical indication for this assessment/treatment as follows: \_\_\_\_\_

and I fully understand the proposed assessment/treatment including:

- The nature of the assessment/treatment, including the clinical reason(s) for assessment/treatment of the above area(s)
- The draping methods to be used
- The expected benefits of the assessment/treatment
- The potential risks of the assessment/treatment
- The potential side effects of the assessment/treatment
- That consent is voluntary
- That I can withdraw or alter my consent at any time.

I voluntarily give my consent for the assessment/treatment as discussed and outlined above.

Client Name [print]: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ MT Student [sign]: \_\_\_\_\_

### ONGOING CONSENT for Treatment of Sensitive Areas

I am aware that the treatment of the above indicated area(s) is part of a treatment plan which has been discussed with me by the MT Student (and possibly the professor/supervisor). I confirm that, on the following date(s), the MT Student has reviewed the treatment plan and I provide my informed consent for treatment of the areas indicated:

Date (dd/mm/yy)	Gluteal Region	Inner Thigh	Chest Wall	Breast(s)	Client Signature	Student Initials

### **9.3 MASSAGE ABBREVIATIONS**

Activities of daily living- ADL	Erector spinae- ES
Abduction- Abd	Eversion- Ever
Active assisted range of motion- AAROM	Excessive- xs
Active range of motion- AROM	Extension- Ext
Active resisted range of motion- ARROM	External- EXT, ext
Adduction- Add	External rotation- ext. rot., EXT ROT
Adhesion- Adh	Fibrous tissue- FT
Agonist contract- AC	Finger knead- FK
Alternate thumb knead- ATK	Finger stripping- FS
Amyotrophic lateral sclerosis (Lou Gehrig disease)- ALS	Flexion- Flex, FLEX
Anterior- ant	Fell on outstretched hand- FOOSH
Anterior inferior iliac spine- ASIS	Foot- ft
Anterior superior iliac spine- AIIS	Fracture- Fx
Appointment- appt	Full range of motion- FROM
Bilateral- Bilat, BIL	Gastrocnemius- gastroc
Blood pressure- BP	Gastrointestinal- GI
Carpal metacarpal- CMC	General practitioner- GP
Caudal- caud	General Swedish massage- GSM
Central nervous system- CNS	General Swedish techniques- GST
Cephalic- ceph	Gluteus muscle group- gluts
Cerebral palsy- CP	Hamstring muscle group- hams
Cerebral spinal fluid- CSF	Head- hd
Cerebral vascular accident- CVA	Head, neck and shoulders- HNS
Cervical spine- c/s, CS, C-spine Chronic- Chr	Headache- HA
Client- Cl	Height- Ht
Complains of- c/o	Hepatitis B- HBV
Congestive heart failure- CHF	Hepatitis C- HCV
Contralateral- contralat	High blood pressure- HBP, ↑BP
Cross fibre stripping- XFF	History- Hx
Date of injury- DOI	Hold relax- HR
Decrease- ↓	Hormone replacement therapy- HRT
Deep- dp	Hypertonic- HT, Ht, H++
Deep tendon reflex- DTR	Hyperkyphosis- ↑ kyph
Deep vein thrombosis- DVT	Hyperlordosis- ↑ lord
Degenerative disc disease- DDD	Hypotonicity- H—
Degenerative joint disease- DJD	Iliotibial band- ITB
Deltoid- delt	Increase- ↑
Deviation- DEV Diagnosis- Dx	Inferior- Inf, inf
Distal- DIST, dist	Inflammation- Inflam
Distal interphalangeal joint- DIP	Inflammatory bowel disease- IBD
Dorsiflexion- DF	Internal- INT, int
Duration- dur	Internal rotation- int. rot.
Elbow stripping- ES	Irritable bowel syndrome- IBS
	Ischial tuberosity- IT



Joint- jt  
 Knuckle knead- KK  
 Kyphosis- kyph  
 Lateral- lat  
 Latissimus dorsi- lats  
 Laxity- lax  
 Left- L  
 Levator scapula- lev scap  
 Ligament- lig  
 Loss of movement- LOM  
 Low back- LB  
 Lower motor neuron lesion- LMNL  
 Lumbar spine- l/s, LS, L-spine Maximum- max  
 Medial- med  
 Medication- meds  
 Metacarpal phalangeal- MCP  
 Motor vehicle accident- MVA  
 Muscle- mm, Ms  
 Muscle approximation- mm approx.  
 Muscular dystrophy- MD  
 Myocardial infarction- MI  
 Nerve- n, nn  
 Occiput- occ  
 Osteoarthritis- OA  
 Pain- Px  
 Palmar knead- PK  
 Palmar strip- PS  
 Palpation- palp  
 Parasympathetic nervous system- PSNS  
 Patient- Pt  
 Pectoralis major- Pec+  
 Pectoralis minor-  
 Pec- Pectoralis muscle group- pec  
 Percussion, vibration, drainage- PVD  
 Peripheral nervous system- PNS  
 Picking up- P/U  
 Post isometric relaxation- PIR  
 Posterior- post  
 Posterior inferior iliac spine- PIIS  
 Posterior superior iliac spine- PSIS

Proprioceptive neuromuscular facilitation- PNF  
 Proximal- prox  
 Proximal interphalangeal joint- PIP  
 Iliopsoas muscle group- Psoas  
 Quadratus lumborum- QL  
 Quadricep muscle group- quads  
 Radial deviation- rad dev  
 Reflexology- reflex  
 Reinforced finger knead- RFK  
 Reinforced thumb knead- RTK  
 Rheumatoid arthritis- RA  
 Rhomboid major- Rhomb+  
 Rhomboid minor-  
 Rhomb- Right- R  
 Rigid- rig  
 Scoliosis- Scol  
 Self-care- SC  
 Sidelying- SL  
 Spasm, spasticity- Sp  
 Sprain- Spr  
 Sternocleido mastoid- SCM  
 Strain- Str  
 Superficial- super Supination- sup  
 Swelling- Sw  
 Sympathetic nervous system- SNS  
 Systemic digital ischemic compression- SDIC  
 Thoracic outlet syndrome- TOS  
 Thoracic spine- t/s, TS, T-spine  
 Tender point- TeP  
 Tension- ten Torsion- tor  
 Transverse- trans  
 Trapezius muscle group- traps  
 Treatment- Tx  
 Trigger point- TrP,  
 TP Ulnar deviation- uln dev  
 Unilateral- unilat  
 Upper motor neuron lesion- UMNL  
 Vibrations- vibes  
 Water- H<sub>2</sub>O  
 Within normal limits- WNL

#### **9.4 CONTRAINDICATIONS TO MASSAGE**

**Absolute Contraindications (CI):** Massage Treatment Is Not Appropriate

##### **General**

- Advanced kidney failure (very modified treatment, may be possible with medical consent)
- Advanced respiratory failure (very modified treatment, may be possible with medical consent)
- Diabetes with complications such as gangrene, advanced heart or kidney disease, very high or unstable BP
- Eclampsia
- Hemophilia
- Hemorrhage
- Liver failure (very modified treatment, may be possible with medical consent)
- Pneumonia in acute stages
- Post cerebrovascular accident, condition not yet stabilized
- Post myocardial infarction, condition not yet stabilized
- Severe atherosclerosis
- Severe (esp. if unstable) Hypertension
- Shock, all types
- Significant fever (101 F, 38.3 C)
- Some acute conditions requiring first aid or medical attention
- Anaphylaxis
- Appendicitis
- Cerebrovascular accident
- Diabetic coma, insulin shock
- Epileptic seizure
- Myocardial infarction
- Pneumothorax, atelectasis
- Severe asthma attack, status asthmaticus
- Syncope
- Some highly metastatic cancers not judged terminal
- Systemic contagious/infectious condition

##### **Local**

- Acute flare-up of inflammatory arthritides (e.g. rheumatoid arthritis, systemic lupus erythematosus, ankylosing spondylitis, Reiter's Syndrome) - may be general CI, depending on case
- Acute neuritis
- Aneurysms deemed life-threatening, e.g. of abdominal aorta (may be general CI depending on location)
- Condition of sepsis
- Ectopic pregnancy
- Esophageal varicosities (varices)
- Frostbite
- Local contagious condition
- Local irritable skin condition

- Malignancy, esp. if judged unstable
- Open wound or sore
- Phlebitis, phlebothrombosis, arteritis (may be a general CI if located in a major circulatory channel)
- Recent burn
- Temporal arteritis
- 24-48 hours post anti-inflammatory injection (target tissue and immediate vicinity)
- Undiagnosed lump

**Conditions Requiring Awareness Of The Possibility Of Adverse Effects Of Massage Therapy. Substantial Treatment Adaptation May Be Appropriate. Medical Consultation Is Frequently Needed**

**General**

- Any condition of spasticity or rigidity
- Asthma
- Cancer, including finding appropriate relationship to other treatments being given
- Chronic congestive heart failure
- Chronic kidney disease
- Client taking anti-inflammatory drugs, muscle relaxants, anti-coagulants, analgesics, or any other medications which alter sensation, muscle tone, standard reflex reactions, cardiovascular function, kidney or liver function, or personality
- Client is immunosuppressed
- Coma (may be absolute CI depending on cause)
- Diagnosed atherosclerosis
- Drug withdrawal
- Emphysema
- Epilepsy
- Hypertension
- Inflammatory arthritides
- Major or abdominal surgery
- Moderately severe diabetes, juvenile onset diabetes
- Multiple sclerosis
- Osteoporosis, osteomalacia
- Pregnancy and labour
- Post-CVA
- Post-MI
- Recent head injury

**Local**

- Acute disk herniation
- Aneurysm (may be general CI depending on location)
- Any acute inflammatory conditions
- Any anti-inflammatory injection site
- Any chronic or longstanding thrombosis
- Buerger's Disease (may be general CI if unstable)
- Chronic arthritic conditions
- Chronic abdominal/digestive disease
- Chronic diarrhea

- Contusion
- Endometriosis
- Flaccid paralysis or paresis
- Fracture, while casted and post cast removal
- Hernia
- Joint instability/hypermobility
- Kidney infection, stones
- Mastitis
- Minor surgery
- Pelvic inflammatory disease
- Pitting edema
- Portal hypertension
- Prolonged constipation
- Recent abortion/vaginal birth
- Trigeminal neuralgia

### **9.5 MASSAGE THERAPY CLINIC INVENTORY CHECKLIST**

MASSAGE TABLES (LAB)	BIOORIGIN MASSAGE GEL 64 OZ
MASSAGE TABLES (PORTABLE)	PARAFIN BATH
STOOLS	REFILL PARAFIN WAX
MASSAGE CHAIRS	FREEZER BAGS
BASIN	PLASTIC WRAP
CLAVICIDE (REFILLABLE)	THERMOPHORES
CLAVICIDE (1 GALLON)	HYDROCOLLATOR TROLLEY
LARGE BOLSTER	HYDROCOLLATOR CLAY PACK (NECK)
SMALL BOLSTER	HYDROCOLLATOR CLAY PACK (BACK)
ROUND BOLSTER	HYDROCOLLATOR COVER (NECK)
PREGNANCY PILLOW (EARLY)	HYDROCOLLATOR COVER (BACK)
PREGNANCY PILLOW (LATE)	RAPID RELIEF COLD PACK (LARGE)
SIDELYING PILLOW	RAPID RELIEF COLD PACK (SMALL)
VINYL GLOVES (LARGE)	KETTLES
VINYL GLOVES (MEDIUM)	EPSOM SALTS 1.8 KG
LATEX FINGER COT (LARGE)	PAINT BRUSHES
LATEX FINGER COT (MEDIUM)	DIGITAL THERMOMETER
COTTON PADS	LARGE TOTES (FOOT BATHS)
ALCOHOL PADS	DIXIE CUPS FOR ICE MASSAGE