



The Arvigo Techniques of Maya Abdominal Therapy™ Case Study Reporting Form – Follow-up Session

Case Study # _____	Client Initials _____	Practitioner _____
Changes since last session _____		
Current Issues/Concerns _____		

Findings:

	Findings	Comments
Upper abdomen		
Lower abdomen		
Uterine position		
Sacrum		
Hips: inferior/superior		
Hips: anterior/posterior		
Coccyx		
Hortence's point		
Other		

PCT Guidelines applied: yes _____ no _____ If not, omit the following:

Other Treatments (if utilized):

Has client been performing home self care: yes _____ no _____ If not, state reason:

Self care massage reviewed: yes _____ no _____ If not, state rationale:

Supportive Therapies may be used to enhance the MAM bodywork.

Check the ones you recommended to your client.

Herbal remedy(ies)	
Castor oil pack	
Vaginal steam	
Faja	
Meditation	
Diet	
Exercise	

Client response/experience to treatment session:

Changes since previous session:

Practitioner's self evaluation of session:

Plan for follow-up:

Additional comments (if needed):

Other notes (if needed):