

**Guidelines for case reporting**  
**Certification Anthroposophic Body Therapist**  
**Status: April 2022**



**Preliminary remark:**

These guidelines for the preparation of patient documentation are intended as an aid. The points of view listed are intended to provide suggestions and points of reference for the preparation. It is desirable to observe them.

The written papers are independently developed contributions to the solution of tasks. They document that a topic has been worked out on the basis of own observations and experiences, if necessary using specialist literature.

**Objective:**

The aim of the documentation is a comprehensive, both medical and anthroposophical-humanistic presentation of a course of treatment.

**Execution:**

Font: Verdana

Font sizes:

Headline 1:16

Heading 2 and 3: 14

Standard: 10

Footer: Page number right-justified, page 1 of ? and title of sheet

Length: maximum 15 pages with drawings, pictures or photos (without findings sheets, table of contents and appendix with bibliography/source list), findings sheets and documentation of the individual treatments in the appendix.

Deadline: by arrangement.

**Explanations:**

Possible content criteria for self-monitoring and assessment:

Findings/diagnosis:

1. the descriptions of the findings are comprehensible, consistent, sufficiently precise and limited to important elements.
2. the diagnosis is understood, correctly interpreted and related to the method used. method used.

The clinical picture is presented briefly and comprehensibly in context from a medical and anthroposophical-humanistic point of view. The description is based on the occurrence of the disease in relation to the essential elements or the threefold structure.

Questions and special features are pointed out.

**Course of treatment and reactions:**

1. The patient's reactions are described and interpreted in relation to the treatment.
2. the success of the treatment is shown on the basis of observations.
3. the assessment of individual parts of the treatment can show the success/failure.
4. the effect of the treatment is related to the disease process and the treatment goal and evaluated.

**Self-reflection:**

Why did I choose this patient, this disease?

What new insights and experiences can I gain from the description of the individual case?

One's own therapeutic approach is presented and critically questioned.

**Criteria (see also checklist):**

1. what is special about this case?
2. patient information (e.g. age, gender, ethnicity, profession)
3. main symptoms of the patient - consideration/embedding from an anthroposophical-medical point of view
4. medical, family, psychosocial history - including nutrition, lifestyle and genetic disposition; relevant concomitant diseases
5. previous interventions and their results
6. clinical findings
7. therapeutic intervention
8. changes in intervention (with reasons)
9. optional: treatment outcome and further follow-up
10. optional: other treatments and their outcomes

**Comparative patient documentation**

For this, the findings of each patient are collected several times, several treatments are carried out. The collected material is ordered and structured.

For each individual patient, the findings are described in summary form.

**Further aspects:**

What is my therapeutic aim / aim of the patient(s)?

How do I make the choice for the approach in relation to the method?

Which process form in which intention, quality, intensity do I consider appropriate?

Describe the procedure within the first treatment of each individual patient and the follow-up treatments, indicating the place of treatment, forms of intervention and their sequence. Show the structure of the treatment series (temporally, spatially, e.g. with the help of a graph/time line). Describe which immediate effect and which process effect were observable in the progress signs (temporally, reactively, spatially, through repetition, through comparison).

Compare thematically and consult the descriptions of the other patients for comparison.

The assessment is carried out by the mentor and the coordinator or his/her professional deputy; the result is communicated in writing. If requested, a discussion will take place.