



***Assessment Guidance and
Evidence Requirements for the***

*Level 3 Diploma in Sports
Massage Therapy*

*Level 4 Certificate in Sports
Massage Therapy*

*Level 5 Certificate in Sports
Massage Therapy*

Introduction

This document is designed to ensure consistency of delivery and assessment for Awarding Organisations offering the shared sports massage qualifications. This document provides additional guidance and agreed evidence requirements for the following:

- Level 3 Diploma in Sports Massage Therapy
- Level 4 Certificate in Sports Massage Therapy
- Level 5 Certificate in Sports Massage Therapy

These qualifications were developed collaboratively with the following organisations; Active IQ, Central YMCA Qualifications, CIBTAC, ITEC and VTCT with input from the industry through the Complementary and Natural Healthcare Council (CNHC) and the General Council for Massage Therapies (GCMT).

Code of Ethical Practice

All of the qualifications should be delivered, assessed and assured in line with the CNHC Code of Conduct, Ethics and Performance.

<http://www.cnhc.org.uk/assets/pdf/1-058.pdf>

Occupational competence for Tutors, Assessors and Quality Assurance Staff

These qualifications should also be assessed in line with Skills for Health's QCF Assessment Principles at www.skillsforhealth.org.uk

Required Criteria

All Tutors, Assessors and Quality Assurance staff must:

- Possess a sports massage qualification equivalent to the qualification or units being taught / assessed or quality assured.
- Have relevant industry experience (shown through a log or CV).
- Have knowledge of and a commitment to CNHC Code of Conduct, Ethics and Performance.
- Demonstrate active involvement in a process of industry relevant Continued Professional Development during the last two years (this may be discipline/ context specific (practical and knowledge) or relevant to tutoring assessing or quality assurance).

Tutors

Tutors must hold, or be working towards a teaching qualification.

The following are acceptable:

- Level 3 Award in Education and Training
- Level 4 Certificate in Education and Training
- Level 5 Diploma in Education and Training
- Certificate in Education or equivalent
- PGCE or equivalent
- Relevant predecessor RQF, QCF or NQF tutor qualifications

(This list is not exhaustive).

Assessors

Assessors must hold or be working towards any of the following:

- Level 3 Award in Assessing Vocationally Related Achievement or
- Level 3 Award in Assessing Competence in the Work Environment or
- Level 3 Certificate in Assessing Vocational Achievement , or
- A1 (previously D32, D33)
- Relevant predecessor NQF assessor qualifications.

Internal Quality Assurers

Internal quality assurers must hold or be working towards any of the following:

- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
- V1 (previously D34)
- Relevant predecessor NQF internal quality assurance qualifications.

External Quality Assurers

External quality assurers must hold or be working towards any of the following:

- Level 4 Award in the External Quality Assurance of Assessment Processes and Practice or
- Level 4 Certificate in Leading the External Quality Assurance of Assessment Processes and Practice or
- V2 (previously D35).

All new assessors and quality assurance staff must be given a clear action plan for achieving the appropriate qualification(s) and should be countersigned by an appropriately qualified individual until the qualification(s) are achieved.

Level 3 Diploma in Sports Massage Therapy – 601/4618/7

Scope of Qualification (Practice)

At level 3 a Sports massage therapist's role includes, planning, providing and evaluating sport massage treatments. Treatments in context; sports massage can be carried out for pre, post, inter and maintenance purposes, using a range of basic massage techniques.

Scope of practice is restricted to working on dysfunctional tissue and excludes working on recent non acute injuries or pre-existing conditions.

Prerequisites

There are no formal prerequisites for learners wishing to embark on the Level 3 Diploma in Sports Massage Therapy .

Qualification Structure

Learners must complete all five mandatory units (37 credits). A minimum of 34 credits must be achieved at level 3 or above.

	Title	Unit Reference Number	Level	Credits	GLH
1.	Anatomy and Physiology for Sports Massage	J/506/7220	3	10	70
2.	Principles of Health and Fitness	R/506/7222	2	3	20
3.	Professional Practice in Sports Massage	D/506/7224	3	5	30
4.	Understand the Principles of Soft Tissue Dysfunction	Y/506/7223	3	3	15
5.	Sports Massage Treatments	T/506/7228	3	16	90

Additional Guidance

Anatomy and Physiology for Sports Massage - J/506/7220

Understand the structural organisation of the human body

Structural organisation of the human body

- Human cell to include the structure and function of each organelle
- Human tissue to include: epithelial, glandular, connective, bone, lymphoid, nervous, cartilage, membranes
- Function of each type of human tissue

Understand the structure and functions of the skin

Skin

- *Layers of skin:* epidermis (horny, clear, granular, prickle cell, basal) , dermis, subcutaneous
- *Appendages of the skin:*
 - Arrector pili
 - Eccrine glands
 - Pores
 - Apocrine glands
 - Sebaceous glands
 - Sensory nerve endings
 - Blood vessels

Understand the structure and functions of the skeletal system

Skeletal system

- *Axial skeleton:*
 - Cranium
 - Vertebrae (Cervical, Thoracic, Lumbar, Sacral, Coccyx)
 - Sternum
 - Ribs
- *Appendicular skeleton:*
 - Scapula
 - Clavicle
 - Humerus
 - Ulna
 - Radius
 - Carpals
 - Metacarpals
 - Phalanges

- Ilium
- Ischium
- Pubis
- Femur
- Patella
- Tibia
- Fibula
- Tarsals
- Metatarsals
- Phalanges

Classification of bones:

- *Bone:*
 - Compact,
 - Cancellous (microscopic structure).
- *Types of bone:*
 - Long
 - Short
 - Flat
 - Irregular
 - Sesamoid
- *Locations of types of bone throughout the body and their functions.*

Stages of bone growth and bone repair:

- Processes of bone growth
- Processes of bone repair
- Bone remodelling
- Cells involved (osteoblasts, osteoclasts, osteocytes)
- Ossification (intramembraneous, endochondral)

Understand the structure and functions of joints

Joints

- *Joint categories:*
 - Immovable
 - Slightly movable
 - Freely movable/ Synovial (Gliding, Pivot, Ball and Socket, Hinge, Saddle, Condylod)
- *Structure of synovial joints:*
 - Articulating bone
 - Capsule
 - Membrane
 - Articular cartilage

- Synovial fluid
- Menisci
- Bursa
- Capsule
- Periosteum
- Accessory ligaments (intra/extra capsule).
- *Joint actions:*
 - Flexion
 - Extension
 - Hyperextension
 - Horizontal flexion/extension
 - Abduction
 - Adduction
 - Circumduction
 - Rotation
 - Pronation
 - Supination
 - Inversion
 - Eversion
 - Retraction
 - Protraction
 - Elevation
 - Depression
 - Plantar–flexion
 - Dorsi–flexion
 - Medial and lateral rotation
- *Ligaments:*
 - Structure
 - Functions
 - Properties
- *Tendons:*
 - Structure
 - Functions
 - Properties

Understand the structure and functions of the muscular system

Major Muscles:

- Scalenes, sternocleidomastoid, levator scapulae, pectoralis major/minor, deltoids, biceps, triceps, trapezius, rhomboids, rotator cuff (supraspinatus, infraspinatus, teres minor, subscapularis), teres major, brachioradialis, coracobrachialis, common wrist flexors/extensors, brachialis.
- Serratus anterior, latissimus dorsi, erector spinae, quadratus lumborum, rectus abdominis, obliques (internal/external), transversus abdominis, diaphragm, intercostals.
- Iliopsoas (psoas and iliacus), gluteus maximus, abductors (gluteus medius, minimus, tensor fascia latae), piriformis, gracilis, adductors (longus, magnus, brevis), quadriceps (rectus femoris, vastus group), hamstrings (biceps femoris, semitendinosus, semimembranosus), pectineus, sartorius.
- Gastrocnemius, soleus, plantaris, popliteus, tibialis anterior, peroneus(fibularis) – longus, brevis, tertius, tibialis posterior, extensor/flexor digitorum longus, extensor/flexor hallucis longus.

Muscle contraction:

- Concentric
- Eccentric
- Isometric
- Isotonic

Principles of muscle contraction:

- *Sliding filament theory:*
 - Myofibril
 - Sarcomere
 - Actin
 - Myosin
 - Troponin
 - Tropomyosin
 - Calcium
 - Sarcoplasmic reticulum
 - ATP
 - ADP
- *Neurotransmitters, resting potential*
- *Synapse*
- *All or none law*

Know the structure and functions of the nervous system

Nervous system

- *Structure*
 - Central nervous system (brain spinal cord)
 - Peripheral
 - Sensory
 - Motor
 - Somatic
 - Autonomic (sympathetic and parasympathetic)
- *Functions:* of each division of the nervous system
- *Nerves:*
 - Motor
 - Sensory
 - Inter-neurons
 - Characteristics (dendrites, axons, axon terminals, myelin sheath, cell body, role of each structure).

Understand the structure and functions of the endocrine system

Endocrine system

- *Structure:*
 - Hypothalamus
 - Thyroid
 - Parathyroid
 - Pituitary
 - Pineal and adrenal
 - Pancreas
 - Ovaries
 - Testes
- *Key hormones:*
 - Thyroxin
 - Adrenaline
 - Noradrenaline
 - Human growth hormone
 - Melatonin
 - Cortisol
 - Insulin
 - Glucagon
 - Oestrogen
 - Progesterone
 - Testosterone
 - ACTH

Understand the structure and functions of the cardiovascular system

Cardiovascular system

- *Structure:*
 - Heart
 - Chambers
 - Valves
 - Nodes
 - Septum
 - Blood vessels (arteries, veins, capillaries),
 - Heart wall (endocardium, myocardium, pericardium)
 - Coronary circulation
 - Cardiac conduction
- *Circulatory system:*
 - Pulmonary
 - Systemic
 - Oxygenated/Deoxygenated
- *Composition of blood:*
 - Plasma
 - Plasma proteins
 - Red and white blood cells
 - Platelets
- *Factors affecting blood pressure:*
 - Lifestyle factors

Understand the structure and functions of the respiratory system

Respiratory system

- *Main muscles involved in breathing:*
 - Normal breathing
 - Forced breathing (covering accessory muscles)

Understand the structure and functions of the lymphatic system

Lymphatic system

- *Structure:*
 - Capillaries
 - Vessels
 - Ducts
 - Nodes
 - Lymph fluid
 - Primary & secondary lymph organs

- *Function:*
 - Transportation of fats
 - White blood cells
 - Distribution of fluid
 - Fight infection
 - Immunity
- *Lymph nodes:*
 - Occipital
 - Submandibular
 - Cervical
 - Auricular
 - Axillary
 - Abdominal
 - Inguinal
 - Popliteal
 - Supratrochlear (Cubital)

Principles of Health and Fitness – R/506/7222

- No additional guidance was required



Professional Practice in Sports Massage – D/506/7224

Understand the standards relevant to the sports massage profession

Protocol in emergency situations

- *Learners should be made aware of protocols to follow at:*
 - Home – e.g. HSE guidelines
 - Organisation – e.g. policies
 - Event e.g. event organiser policies
- Learners should establish the protocol to follow with the organisers prior to the event so that they are aware of their roles and responsibilities.
- *Insurance:* Learners should understand the questions to ask insurers and the level of cover they provide.

Understanding the Principles of Soft Tissue Dysfunction – Y/506/7223

Definition of dysfunctional tissue: Non-pathological, free from disease, non-injured, aches and pains, areas of scar tissue, tense areas, postural ischemia, free from inflammation.

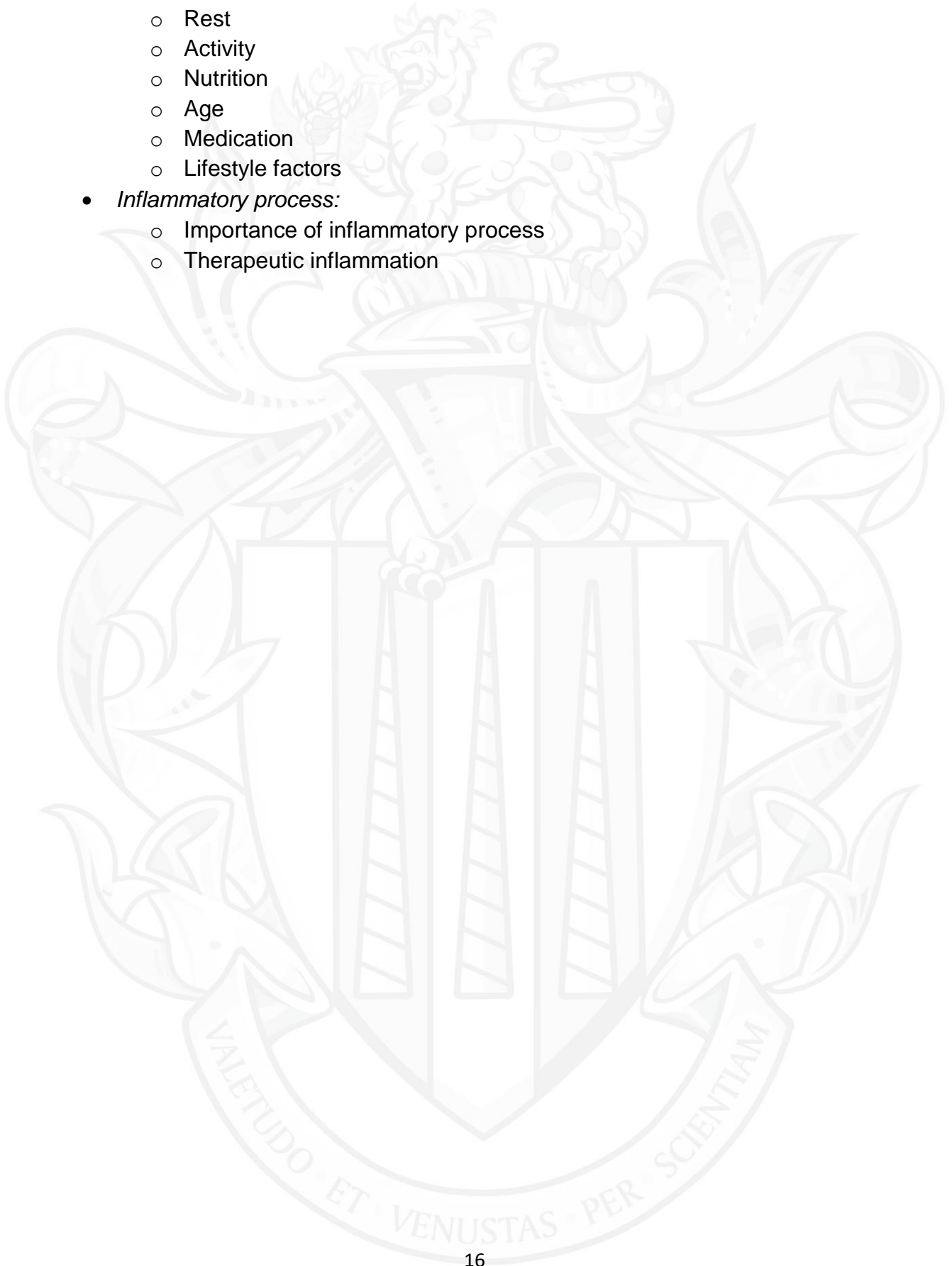
Understand soft tissue dysfunction

- *Types of soft tissue injuries:*
 - Strains
 - Sprains
 - Overuse
 - Skin
- *Common causes of soft tissue injuries:*
 - Intrinsic
 - Extrinsic
- *Severity of injuries:*
 - Grades of injury
 - Characteristics
 - Signs
 - Symptoms of each grade
- *Common causes of soft tissue dysfunction:*
 - Posture
 - Inactivity
 - Old injury
 - Body composition
 - Lifestyle
 - Work
 - Stress

Understand the process of repair of soft tissue

- *Soft tissue repair:*
 - Acute (cardinal signs)
 - Sub-acute
 - Remodelling
 - Therapeutic inflammation

- *Factors that may influence repair:*
 - Treatment
 - Rest
 - Activity
 - Nutrition
 - Age
 - Medication
 - Lifestyle factors
- *Inflammatory process:*
 - Importance of inflammatory process
 - Therapeutic inflammation



Sports Massage Treatments – T/506/7228

Best practice should be encouraged by giving students the opportunity to work on real clients and in real environments e.g. events. However, as this is not always possible and may create barriers to assessment, students may carry out treatments on peers in simulated environments.

Learners **must** provide sports massage to a **minimum of 3 different clients** to cover a range of sporting activities, and to cover the following contexts:

- Pre – event
- Post – event
- Maintenance

The sporting activities and treatment contexts can be simulated e.g. by scenarios set by tutor.

Observations

Learners **must** be observed summatively a **minimum of three times** to cover the practical learning outcomes (Be able to carry out client assessments, Be able to devise sports massage treatments plans, Be able to apply sports massage treatments and Be able to evaluate sports massage treatments).

Learners **must** be observed in each of the following contexts:

- Pre – event
- Post – event
- Maintenance.

Learners **must** be given opportunity to work across a range of environments:

- Clinical
- Non – clinical
- At different types of event

The types of equipment that may be used can include:*

- Plinth
- Props
- Plinth
- Blankets
- Mediums
- Towels

*List is not exhaustive.

Be able to carry out client assessments

Assessment of client

Assessment of client can include (as appropriate):

- Consultation
- Posture (basic asymmetry – knowledge of kyphotic and lordotic postures)
- Pain free active movement patterns (reduced function)
- Palpation (skin feel, drag, heat, cold)
- Observation (redness, swelling)
- Verbal and non-verbal

Understand the fundamentals of sports massage treatments & Be able to apply sports massage treatments

Sports massage techniques: When teaching the sports massage techniques the following factors should be included:

- Use of body weight, protection of digits, personal posture
- When to use the technique, different application of the technique, order of technique, contour of hands, depth of pressure, direction, speed (effects of different speeds), rhythm, use of different digits, different effects through variations of application e.g. effect of different speeds, pressure, rhythm
- Effects of technique e.g. relaxation, stimulation, blood flow, extensibility, heat, lymph drainage, breakdown of adhesions, mobility of soft tissue, pain reduction.
- *Range of Sports massage techniques, to include:*
 - Effleurage
 - Petrissage
 - Frictions (simple kneading frictions)
 - Tapotement
 - Compressions
 - Vibrations
 - Passive stretching incorporated with massage treatment (large muscle groups) *

**Before undertaking any passive stretching, the therapist must ensure that:*

- *On presentation there is no pain or inflammation*
- *The client has a pain free movement pattern*
- *The client has no radicular, or radiating pain or parasthesia*
- *The client does not have any co-existing pathology*
- *The client has no contraindications*
- *The client undertakes active stretching prior to passive stretching*
- *The area to be stretched is warm*

- *There are indications for undertaking passive stretching*

Be able to evaluate sports massage treatments

Evaluation of treatments

- Evaluation should be carried out to evaluate the effectiveness of the sports massage treatment.
- *Evaluation methods:*
 - Consultation
 - Posture (basic asymmetry – knowledge of kyphotic and lordotic postures)
 - Pain free active movement patterns (reduced function)
 - Palpation (skin feel, drag, heat, cold)
 - Observation (redness, swelling)
 - Verbal and non-verbal
- *Aftercare advice:*
 - Rest
 - Hydration
 - Awareness of adverse reactions
 - Erythema
 - Pain or stiffness
 - Tiredness
 - Light headedness
 - Bruising
 - Stretches (major muscles groups)

Level 4 Certificate in Sports Massage Therapy – 601/4648/5

Scope of Qualification (Practice)

At level 4 a Sports massage therapist's role includes, planning, providing and evaluating sport massage treatments. Treatments in context; sports massage can be carried out for pre, post, inter, maintenance, restorative **and** corrective purposes (focus on muscle and paratendon pathologies), using a range of basic and advanced massage techniques.

Scope of practice includes working on dysfunctional tissue and on recent non acute injuries or with pre-existing conditions.

Prerequisites

Learners wishing to embark on the Level 4 Certificate in Sports Massage Therapy must hold a Level 3 Certificate/Diploma in Sports Massage Therapy , or equivalent.

Qualification Structure

Learners must complete all three mandatory units (19 credits).

	Title	Unit Reference Number	Level	Credits	GLH
1.	Conducting Subjective and Objective Assessment	D/506/7501	4	7	50
2.	Treatment Modalities to Support Soft Tissue Repair	K/506/7503	4	3	20
3.	Provide Sports Massage Techniques to Prevent and Manage Injury	H/506/7502	4	9	58

Additional Guidance

Conducting Subjective and Objective Assessment – D/506/7501

Observations:

- Objective testing must be carried out on a **minimum of five clients** to cover **all major joints of the body**. See 'Be able to conduct subjective and objective assessment'.

Understand the anatomy and physiology of the major joints of the body

Anatomy and Physiology of the major joints of the body (bony and soft structures, joint end feel)

- *Ankle and foot*
 - Joint line – talocalcaneal
 - Landmarks – medial/lateral malleolus, peroneal tubercle, navicular tuberosity, talar dome, tarsal, metatarsal, phalanges
 - Soft Tissue – talofibular ligaments, calcaneofibular ligament, Achilles tendon, deltoid ligament, plantar fascia, inter capsule, intra capsule, inter synovial, intra synovial, bursa – Achilles (superficial and deep), interosseous membrane, retinaculum (superior/inferior extensor, lateral and posterior)
- *Knee*
 - Joint line – tibial plateau
 - Landmarks – superior pole of patella, inferior pole of patella, lateral and medial femoral condyle, tibial tuberosity, lateral and medial femoral epicondyle, head of fibula, pes anserine
 - Soft tissue – lateral collateral ligament, medial collateral ligament, patellar tendon, medial and lateral meniscus, bursa (popliteal, pre-patella, supra-patella, superficial and deep infra-patella, pes anserine)
- *Hip*
 - Joint line – femoroacetabular, sacroiliac
 - Landmarks – iliac crest, anterior superior iliac spine, anterior inferior iliac spine, posterior superior iliac spine, ischial tuberosity, pubic tubercles, greater trochanter
 - Soft tissue – bursa (superficial and deep trochanteric, ischial), ligaments (ischiofemoral, iliofemoral, pubofemoral, head of femur, transverse ligament), labrum, sciatic nerve, femoral nerve

- *Shoulder*
 - Joint line – glenohumeral, acromioclavicular, sternoclavicular
 - Landmarks – acromion process, coracoid process, greater tubercle, lesser tubercle, lateral/ medial border of scapula, inferior/ superior angle of scapula, spine of scapula
 - Soft tissue – acromioclavicular ligaments, coracoclavicular ligament, coracoacromial ligament, sternoclavicular ligaments, glenohumeral ligaments, costoclavicular ligament, interclavicular ligament, bursa (subdeltoid, subacromion), bicep tendon, labrum, brachial plexus (pathway)
- *Elbow*
 - Joint line – radioulnar, humeroulnar, humeroradial
 - Bony landmarks – lateral and medial epicondyle, head of radius, olecranon process
 - Soft tissue – lateral and medial collateral ligaments, annular ligament, bursa (olecranon), interosseous membrane
- *Wrist/hand*
 - Joint lines – radiocarpal, ulnocarpal
 - Bony landmarks – radial and ulnar styloid processes, carpals, metacarpals, phalanges
 - Soft tissue – radial/ulnar collateral ligaments, radiocarpal/ ulnocarpal ligaments, interosseous membrane, carpal tunnel, tunnel of Guyon, ulnar nerve, medial nerve, radial nerve, retinaculum (flexor)
- *Spine/head*
 - Joint line – sacroiliac joint
 - Spinous process of C7, T3, T7, L4, sacrum, occipital process, mastoid process
 - Soft tissue – ligaments (supraspinous, interspinous, inter-transverse, anterior longitudinal, posterior longitudinal, ligamentum flavum, ligamentum nuchae, sub occipital, sacrospinous, sacrotuberous, iliolumbar, sciatic nerve, sacral/lumbar plexus (knowledge of)
- *Joint end feel*
 - Bone on bone
 - Muscle spasm
 - Capsular
 - Spongy block
 - Tissue approximation
 - Empty

Understand the influences and effects of client information on treatment planning

- Predisposing factors to injury and dysfunction
- Lifestyle, age, diet, previous injury, levels of activity, sport, stress, rest, gender, body composition, anatomy
- *Deferral*
 - Acute inflammation, referral of treatment, contra-indications/contractions
- *Referral*
 - Fractures / breaks, haematomas, ruptures, dislocations, anything that is not soft tissue damage, treatment is not working or results are unpredictable, contra-indications/contractions, outside of scope of practice

Understand the effects of anatomy, physiology and pathology on human function

- *Common postural types*
 - Centre of gravity (lateral)
 - Upper and lower cross syndrome
 - Scoliosis
 - Hyper and hypo lordosis
 - Hyper and hypo kyphosis
 - Sway Back
 - Neutral spine
 - Military
 - Slumped
 - Flat back
 - Dowagers hump
 - Posterior, anterior, lateral pelvic tilt and rotations
 - Sports specific postures
- *Effects of postural deviations*
 - Compensatory somatic patterns
 - Physiological effects
 - Psychological effects
 - Effects on performance (negative/positive)
 - Increased susceptibility to injury
- *Pathophysiology of common injuries/soft tissue dysfunction*
 - Muscle strains

- Spasms
- Cramps
- Tendinopathy/tenosynovitis
- Compartment syndrome (most common leg or forearm)
- Inter/Intra muscular haematoma
- Common signs, symptoms for different musculo-skeletal/soft tissue dysfunction

- *Pathophysiology of ankle/foot*
 - Achilles rupture, fibular fracture, anterior capsule, calcaneal bursitis, plantar fasciitis, ATFL sprain

- *Pathophysiology of leg*
 - Shin splints, tibial stress fracture

- *Pathophysiology of knee*
 - Effusion, runners knee, pes anserine bursitis, Osgood Schlatters disease, patella bursitis (pre, supra, infra), imbalance VMO and vastus lateralis, jumpers knee (patella tendinopathy)

- *Pathophysiology of hip*
 - Hip stability, gluteus medius weakness, hip flexor tightness/contracture, rectus femoris tightness, leg length (true and apparent), ITB length, piriformis syndrome, trochanteric bursitis, myositis ossificans

- *Pathophysiology of shoulder*
 - Rotator cuff (impingement, tendinitis, strain), subacromial bursitis/impingement, subacromial impingement, supraspinatus strain, long thoracic nerve damage, weak serratus anterior/mid trapezius, scapula winging), bicep tendon tendonitis, biceps tendonitis, clavicle fracture

- *Pathophysiology of elbow*
 - Medial epicondylitis, lateral epicondylitis, ulnar nerve test, median nerve test, olecranon bursitis

- *Pathophysiology of wrist and hand*
 - Fractures, radial and ulnar arteries, scaphoid fracture, navicular fracture, carpal tunnel syndrome, flexor tenosynovitis, flexor tendon avulsion, extensor tendon avulsion, De Quervain's disease, median, ulnar or radial nerve

- *Pathophysiology of back and neck*
 - Sciatica check (lumbar or piriformis syndrome), vertebral fracture, herniated disc, facet joint lock, facet joint syndrome, pain cord compression, spinal cord or nerve root damage, rib fracture

Understand the principles and practice of objective assessment techniques

Objective assessment:

- Ankle, knee, hip, shoulder, elbow, wrist, spine-active only
- Major muscle groups
- Upper and lower cross syndromes
- Sports specific postures
- *Range of objective assessment techniques:*
 - Asymmetry
 - Palpation
 - Postural analysis
 - Active
 - Passive
 - Resisted
- *Range of movement:*
 - Active
 - Passive
 - Resisted
- *Functional tests:*
 - Sit to stand
 - Walking
 - Squat
 - Lunge

Special tests:

All special tests are for the purpose of identifying musculoskeletal length, injury or imbalance and to rule out fractures. Muscle length and strength of major muscles where appropriate e.g. hamstrings, pectorals, gastrocnemius

- Ankle
 - Bump test (percussion test), Thompson squeeze or Flipper Test, calf length test
- Knee
 - Patella tap, sweep (effusion), patella mal tracking (lateral pull test), modified Ober's test, Noble's test
- Hip
 - Trendelenburg, Thomas Test, Kendall Test, leg length (true and apparent), modified Ober's Test, piriformis length test

- Shoulder
 - Arm drop test, painful arc test, empty can test, Apley's scratch test, Speed's test, active impingement test (Neer's test), impingement relief test, Gerber's lift off sign, Hawkins Kennedy test
- Elbow
 - Mill's test, Cozen's sign, passive test (medial epicondylitis)
- Wrist and Hand
 - Metacarpal and carpal percussion, scaphoid load test, trigger finger test, Jersey finger sign, mallet finger test, Finkelstein test, Phalen's test, reverse Phalen's test
- *Back conditions:*
 - The straight leg raise and/or slump can be used prior to massage treatment as "safety checks" for learners. Clients should be referred if the tests are positive.

Provide Sports Massage Techniques to Prevent and Manage Injury – H/506/7502

Best practice should be encouraged by giving students the opportunity to work on real clients. However, as this is not always possible and may create barriers to assessment, students may carry out treatments on peers.

Learners must provide sports massage to a **minimum of 5 different clients**.

Observations

Learners must be observed summatively a minimum of five times to cover 'Be able to apply soft tissue techniques in sports massage treatments'.

Understand the principles of soft tissue techniques used in sports massage

Soft tissue techniques

- Soft tissue release (Active and Passive)
- Connective tissue
- Corrective frictions (transverse)
- Trigger points
- Muscle energy techniques (performed on muscle groups)

Treatment Modalities to support Soft Tissue Repair – K/506/7503

- Cryotherapy, heat, active and passive stretching, other research based modalities



Level 5 Certificate in Sports Massage Therapy – 601/5325/8

Scope of Qualification (Practice)

At level 5 a sports massage therapist's role includes, planning, providing and evaluating sport massage treatments. Treatments in context: sport massage can be carried out for pre, post, inter, maintenance, restorative **and** corrective purposes (focus on ligamentous pathology and neurologic conditions), using a range of **complex assessment techniques, complex massage techniques and peripheral joint manipulations.**

Scope of practice includes working on dysfunctional tissue and on recent non acute injuries and pre-existing conditions.

Prerequisites

Learners wishing to embark on the Level 5 Certificate in Sports Massage Therapy must hold a Level 4 Certificate/Diploma in Sports Massage Therapy , or equivalent.

Qualification Structure

Learners must complete both mandatory units (25 credits).

	Title	Unit Reference Number	Level	Credits	GLH
1.	Conduct Complex Assessment for Sports Massage	H/506/9010	5	7	42
2.	Provide Complex Massage Techniques for Sports Massage	J/506/9016	5	18	85

Additional Guidance

Conduct Complex Assessment for Sports Massage – H/506/9010

- Learners must be observed summatively carrying out complex assessment on a **minimum of five clients**
- Objective assessment should be client specific, relevant to the clients condition and needs
- Learners must be observed carrying out complex assessment to include all joints of the body

Understand neurological presentations

- *Dermatomes and myotomes*
 - Characteristics of dermatomes and myotomes
 - To include pathways from spinal cord to nerve root to peripheral areas
 - Dermatome map
 - Central v peripheral v vascular (glove and stocking)
 - Trauma v non trauma
- *Common causes of neurological damage*
- *Presentations to warrant neurological testing*
 - Radiating pain and/or parathesia on presentation
 - Radiating pain and/or parathesias on any tests
 - Pain that does not fit a specific peripheral nerve pattern
- *Pathophysiology of common neurological injuries/soft tissue dysfunction*
 - Pathophysiology of ankle/foot
 - Anterior and posterior ankle ligaments, Moreton's neuroma, metatarsal stress fracture, posterior tibial nerve pathology, syndesmosis sprain, retinaculæ inflammation,
 - Pathophysiology of knee
 - Sprain/rupture (medial collateral ligament, lateral collateral ligament, anterior cruciate ligament, posterior cruciate ligament), patellofemoral syndrome (chondromalacia patellae), anterior meniscal horns, medial meniscus, lateral meniscus, posterior horns of menisci, osteoarthritis, Bakers cyst, fat pad inflammation
 - Pathophysiology of hip
 - Osteoarthritis/joint lesion, stress fracture neck of femur, anterior/posterior sacroiliac ligaments, labrum tear

- Pathophysiology of shoulder
 - AC joint injury, inferior instability, labral tear, anterior/posterior dislocation, GH laxity/subluxation, adhesive capsulitis
- Pathophysiology of elbow
 - Osteophytes, ulnar (medial) collateral ligament, radial (lateral) collateral ligament, elbow avulsion medial apophysis
- Pathophysiology of wrist and hand
 - Collateral ligament sprains (PIP and DIP), Volkmann's contracture, Dupuytren's contracture
- Pathophysiology of back and neck
 - Whiplash, torticollis, ankylosing spondylitis
- *Importance of referral for neurological testing*
 - Radiating pain and/or parathesia on objective testing
 - Aggravated by objective testing
 - Does not fit a specific peripheral nerve pattern
 - Always refer with positive SLR slump or Valsalva test

Understand sports specific posture and gait

- *Sports specific posture and gait*
 - Stance phase, stride phase
- *Methods (understanding of)*
 - Visual
 - Recording
 - Pressure mats
- *Foot deformities and effect on gait*
 - Pes cavus/planus
 - Hammer toes
 - Claw toes
 - Club foot
 - Rear foot varus/valgus
 - Equinus
 - Plantar-flexed first ray
- *Gait abnormalities*
 - Hemiplegic
 - Spastic diplegic
 - Neuropathic
 - Myopathic
 - Parkinsonian
 - Choreiform
 - Ataxic (cerebellar) and sensory
- *Effect on sporting performance, e.g.*

- Antalgic shuffling
- High stepping
- Ataxia
- Scissor
- Negative and positive effects

Be able to undertake assessment of sports specific postures and gait

- *Gait analysis*
 - Walking (front, rear, side view)
 - Base width
 - Swing width
 - Step length
 - Stride length
 - Abnormalities
 - Pelvic tilts
 - Pelvic hitch
 - Movement in the lumbar spine, hip, knee and ankle
 - Pronation
 - Supination
 - Strike

Understand the principles and practice of complex assessment methods for sports massage & Be able to conduct assessment methods for sports massage

Complex assessment methods

- *Subjective*
 - Recognising radiating pain and parathesia patterns (for dermatomes, common peripheral neuropathies)
- Palpation
- *Range of movement*
 - Active, passive, resisted
 - Spine (gross movements only, not segmental)
- *Postural analysis*
 - As per level 4
 - Barrel chest
 - Pigeon chest
 - Myofascial body reading e.g. anatomy trains, Schleips slings, Zink patterns
- *Special Tests (to include)*
 - Ligament testing
 - Labral
 - Cartilage
 - Impingement (trapped peripheral nerve)
 - Dislocations

- *Special tests per joint area: list is not exhaustive*
 - *Ankle*
 - Draw test (anterior and posterior ligaments)
 - Moreton's test
 - Syndesmosis sprain (squeeze test)
 - Squeeze test
 - Talar tilt (inversion, eversion)
 - *Knee*
 - Valgus stress
 - Varus stress
 - Anterior drawer test
 - Posterior drawer
 - Patellofemoral grind test
 - Clarke's test
 - Forced hypertension
 - McMurrays
 - Apley's Grinding test
 - Apley's Distraction test
 - *Hip*
 - Passive circumduction
 - Faber's test
 - Fulcrum test
 - Anterior distraction test
 - Posterior distraction test (Hibbs test)
 - Slump Test & straight leg raise
 - Spine section and Valsalva
 - *Shoulder*
 - Compression (Scarf) test
 - Sulcus sign test
 - O'Brien's labral test
 - Apprehension test (anterior and posterior dislocation)
 - Anterior and posterior drawer test
 - Acromial clavicular (AC) springing test

- *Elbow*
 - Passive repeated extension
 - Valgus stress test
 - Varus stress test
 - Posterolateral rotatory draw test
 - Ulnar nerve test
 - Median nerve test

- *Wrist and Hand*
 - Allen Test
 - Tinel's Sign
 - MCP & IP ligament stress tests (passive rotation, distraction, compression, valgus and varus stress tests)

Best practice should be encouraged by giving students the opportunity to work on real clients. However, as this is not always possible and may create barriers to assessment, students may carry out treatments on peers.

Observations:

- Learners must provide complex sports massage techniques to a **minimum of 5 different clients**.
- Learners must be observed summatively a **minimum of five times** to cover 'Be able to apply complex massage techniques'.

Understand the principles of complex techniques used in sports massage

- *Complex Techniques*
 - Myofascial: Fascial assessment: indirect, direct, superficial, deep, modern, traditional, dry, lubricant
 - Positional Release: Jones strain/counterstrain
 - Proprioceptive Neuromuscular Facilitation (PNF)
 - Active isolated stretching

- *Pre Existing conditions*

Learners should research each condition and evaluate the potential benefits of massage:

- Stroke
- Hyper/hypotension
- Angina
- Vertebral artery disease
- Haemophilia (mild)
- COPD
- Asthma
- Colitis/Crohn's disease
- Diabetes
- Cancer
- Arthritis
- Parkinson's disease
- Motor Neurone
- Muscular sclerosis

- Whiplash
- Chronic fatigue syndrome
- Fibromyalgia
- Pregnancy

Understand aftercare methods to complement complex massage techniques for sports massage

- *Aftercare methods*
 - Mobility relevant to condition- range of movement exercises in a pain free range of movement
 - Proprioception – early proprioception exercises e.g. standing on one foot on the ground.
 - Isometric strengthening – basic isometric contractions through range of movement.
- Aftercare methods are meant as early stage rehab only, which supports and reinforces the practical work carried out by the therapist. Beyond this stage, clients should be referred to an suitably exercise professional to continue and build on their rehab e.g. Physiotherapist, Sports Therapist, Osteopath, Personal Trainer, Sports Rehabilitator.

Be able to evaluate research undertaken on sports massage

To provide evidence for this outcome, learners should conduct a literature review on research on sports massage/soft tissue therapy. The literature review may have to be based on abstracts (if students do not have access to published research). Reviews should be based on a range of papers.