



Advanced massage therapy for the complementary therapist

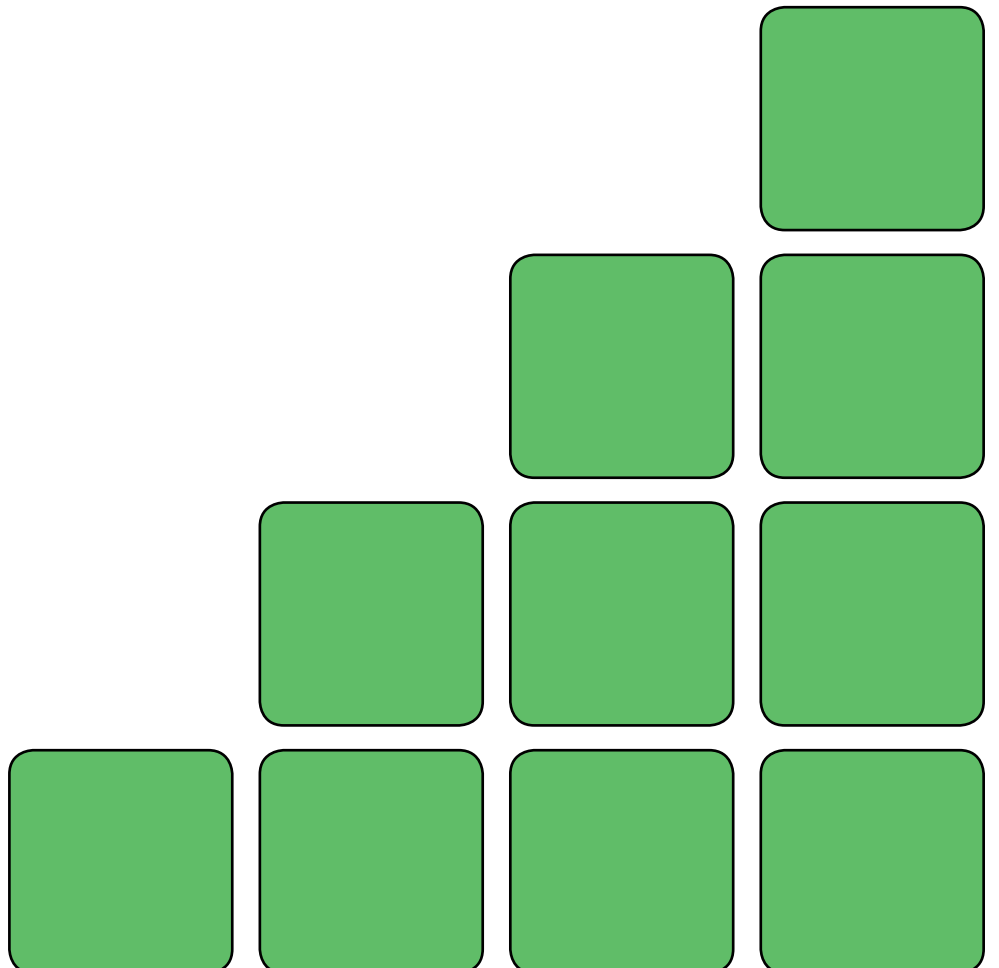
UCT16M

M/507/9569

Learner name:

Learner number:

VRQ



UCT16M

Advanced massage therapy for the complementary therapist

In this unit, you will build upon previous knowledge, skills and experience of massage therapy, with particular focus on using additional assessment techniques and advanced massage skills to address dysfunctional tissue, derived from lifestyle, posture and the general aging process.

This unit will introduce the relevant skills, knowledge and understanding needed to gather and analyse information elicited during subjective and objective client assessments. This will include exploration of the factors that may predispose clients to imbalance and dysfunction and how factors may influence the client's ability or willingness to rebalance and reasons for referral/deferral. A number of objective assessment techniques are introduced to include detailed assessment of soft tissue and muscle testing. To underpin the new range of objective tests, the bony and soft structures of the major joints of the body are revisited to give you a greater anatomical understanding and to facilitate practical application.

You will also evaluate the range of objective testing as to the appropriateness and value of the information they elicit. You will be able to utilise your new toolbox of skills and understanding to tailor your massage treatments to your individual client needs to promote restoration of dysfunctional tissue, health, balance and wellbeing.

Level

4

Observation(s)

2

External paper(s)

0



Advanced massage therapy for the complementary therapist

Learning outcomes

On completion of this unit you will:

1. Be able to conduct subjective and objective assessment
2. Be able to devise treatment plans using advanced massage techniques
3. Be able to prepare for advanced massage techniques
4. Be able to apply advanced massage techniques
5. Be able to bring advanced massage treatments to a close
6. Understand the influences and effects of client information on treatment planning
7. Understand the principles and practice of objective assessment techniques
8. Understand the principles and practice of advanced massage techniques

Evidence requirements

1. *Environment*
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. *Simulation*
Simulation is not allowed in this unit.
3. *Observation outcomes*
Competent performance of Observation outcomes must be demonstrated on **at least two occasions**. Assessor observations, witness testimonies and products of work are likely to be the most appropriate sources of performance evidence. Professional discussion may be used as supplementary evidence for those criteria that do not naturally occur.

Assessed observations should not be carried out on the same day for the same learning outcome. There should be sufficient time between assessments for reflection and personal development.

You need to meet the same standard on a regular and consistent basis. Separating the assessments by a period of at least two weeks is recommended as competence must be demonstrated on a consistent and regular basis.

4. *Range*
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. *Prerequisites*
You should hold a Level 3 massage and Level 3 anatomy and physiology qualification. Your centre will have ensured that you have the required knowledge, understanding and skills to enrol and successfully achieve this qualification.
6. *Case studies*
You must carry out and document a minimum of 30 treatments on 15 clients, with a minimum of two treatments per client.
7. *Knowledge outcomes*
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
8. *Tutor/Assessor guidance*
You will be guided by your tutor/assessor on how to achieve learning outcomes and cover ranges in this unit. All outcomes and ranges must be achieved.
9. *External paper*
There is no external paper requirement for this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of competent observations required is indicated in the Evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through professional discussion and/or oral questioning. This evidence will be recorded by your assessor in written form or by other appropriate means.

Your assessor will sign off a learning outcome when all criteria have been competently achieved.

Achieving range

The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.

Case studies sign off

To achieve this unit you must carry out and document evidence for a minimum of **30 recorded treatments** on a minimum of 15 clients with a minimum of two treatments per client.

Your assessor will complete the table below when the requirements have been completed and are documented in your portfolio of evidence.

Date achieved	Assessor initials



Observations

Learning outcome 1

Be able to conduct subjective and objective assessment

You can:

- a. Carry out subjective assessments of clients
- b. Obtain consent for objective assessments
- c. Carry out objective assessments of clients
- d. Record client information in accordance with professional practice requirements*

* May be assessed by supplementary evidence.

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Learning outcome 2

Be able to devise treatment plans using advanced massage techniques

You can:

- a. Devise a treatment plan
- b. Explain the rationale for the chosen massage interventions to the client
- c. Obtain consent for the treatment

**May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Learning outcome 3

Be able to prepare for advanced massage techniques

You can:

- a. Prepare the client for advanced massage techniques in accordance with workplace regulations

** May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Learning outcome 4

Be able to apply advanced massage techniques

You can:

- a. Provide advanced massage techniques
- b. Monitor client and tissue response throughout treatments
- c. Adapt advanced massage techniques to meet the needs of the client

**May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Learning outcome 5

Be able to bring advanced massage treatments to a close

You can:

- a. Obtain feedback from the client
- b. Provide homecare/aftercare advice
- c. Evaluate the treatment sessions and outcomes*
- d. Record treatment information as legally required*
- e. Reflect on own performance*

*May be assessed by supplementary evidence.

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



Range

*You must practically demonstrate that you have:

Palpated a minimum of 15 bony landmarks	Portfolio reference
Acromion process	
Anterior/medial borders of tibia	
Anterior superior iliac spine	
Calcaneus	
Clavicle	
Coracoid process	
Greater trochanter	
Head of fibula	
Head of radius	
Iliac crest	
Inferior angle of scapula	
Ischial tuberosity	
Lateral epicondyle	
Lateral borders of scapula	
Lateral femoral condyle	
Mastoid process	
Medial border of scapula	
Medial epicondyle	
Medial femoral condyle	
Medial and lateral malleolus	
Occipital process	

It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.



***You must practically demonstrate that you have:**

Palpated a minimum of 15 bony landmarks (cont)	Portfolio reference
Olecranon process	
Patella	
Pisiform	
Posterior superior iliac spine	
Pubic tubercles	
Sacrum	
Scaphoid	
Spine of scapula	
Spinous process C6 C7	
Spinous process T3 T7	
Spinous process L4 L5	
Talus	
Tibial tuberosity	

It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.



***You must practically demonstrate that you have:**

Palpated a minimum of 6 joint lines	Portfolio reference
Ankle	
Acromioclavicular	
Elbow	
Hip	
Knee	
Radioulnar	
Sacroiliac	
Shoulder	
Sternoclavicular	
Wrist	
Palpated a minimum of 10 origins, insertions and bellies of muscles	Portfolio reference
Adductor longus and magnus	
Biceps brachii	
Biceps femoris	
Gastrocnemius	
Gluteus medius	
Gluteus maximus	
Gracilis	
Infraspinatus	
Intercostals	
Latissimus dorsi	
Levator scapulae	
Pectoralis major	
Piriformis	

It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.



***You must practically demonstrate that you have:**

Palpated a minimum of 10 origins, insertions and bellies of muscles (cont)	Portfolio reference
Quadratus lumborum	
Rectus femoris	
Semimembranosus, semitendinosus	
Soleus	
Subscapularis	
Supraspinatus	
Tensor fascia latae	
Teres major and minor	
Tibialis anterior	
Trapezius	
Triceps brachii	
Vastus lateralis	
Vastus medialis	
Used all advanced massage techniques	Portfolio reference
Trigger points	
Muscle energy techniques	
Connective tissue	
Soft tissue release	

It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

**This is not an exhaustive list.*

Knowledge



Learning outcome 6

Understand the influences and effects of client information on treatment planning

You can:	Portfolio reference
a. Explain factors which may predispose clients to imbalance and dysfunction	
b. Explain how factors may influence a client's body's ability to rebalance	
c. Give examples of how subjective information may influence treatment planning	
d. Identify reasons for treatment deferral and referral	



Learning outcome 7

Understand the principles and practice of objective assessment techniques

You can:	Portfolio reference
a. Explain the methods and purpose for a range of objective assessment techniques: <ul style="list-style-type: none">• Asymmetry• Assessment of soft tissue• Range of movement (Active, Passive, Resisted)• Postural analysis• Muscle/special tests	
b. Explain how to interpret the findings for each objective assessment technique	
c. Critically evaluate the range of objective assessment methods used to gather information	



Learning outcome 8

Understand the principles and practice of advanced massage techniques

You can:	Portfolio reference
a. Describe the range of advanced massage techniques: <ul style="list-style-type: none">• Trigger points• Muscle energy techniques• Connective tissue• Soft tissue release	
b. Explain the protocols to follow for each advanced massage technique	
c. Critically evaluate the effects of each advanced massage technique	

Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to conduct subjective and objective assessment

Carry out subjective assessment: Age and occupation, activity levels, leisure activities, previous medical history, medication, other lifestyle factors (stress, diet, dependants); aims and objectives of treatment, perceived problem, site and spread of symptoms, behaviour of symptoms, onset and duration of symptoms, aggravating and relieving factors.

Obtain consent for objective assessment: Verbal, written, prior to and during assessment, therapists explains nature and purpose of assessment, risks, alternatives, effects.

Carry out objective assessments: Asymmetry, range of movement – active, passive, resisted, postural analysis, muscle/special tests.

Record information: In accordance with requirements (legal, professional practice).

Store information: As legally required.

Learning outcome 2: Be able to devise treatment plans using advanced massage techniques

Devise treatment plan: From subjective and objective information gathered, meet client objectives.

Advanced massage techniques: Trigger points, muscle energy techniques, connective tissue, soft tissue release.

Explain rationale: Verbal to client, for chosen massage interventions.

Obtain consent: Verbal, written (signature), prior, ongoing muscle/special tests.



Learning outcome 3: Be able to prepare for advanced massage techniques

Prepare treatment environment: Layout, temperature, ventilation, lighting, music, hygiene and ambience.

Prepare resources for client: Consultation form/record card, treatment plan, authorisation of any third party, referral from medical or healthcare practitioner), prepare to ensure comfort and privacy are maintained.

Preparation of self: Physically and mentally, energy field, grounding, appropriate clean and pressed work wear, closed-in footwear (low heel), clean and professional appearance (hair clean and away from face, freshly showered, short unpolished nails, no jewellery (except wedding band), fresh breath, no perfume worn), professional conduct and behaviour.

Select equipment and materials:

Treatment couch/chair, couch covers, couch roll, capped bottles, foot stool/steps, bolsters/supports, trolley, tissues, waste bin/bag, sanitising products.

Use and storage of materials: Correctly and safely, resources which are available to the therapist.

Workplace legislation: National and local work practices, in accordance with current legislation, professional codes of practice, health and safety, equality and diversity, data protection, employment, consumer protection, risk assessment, manual handling, liability insurance, control of substances hazardous to health, handling, storage, disposal of waste, fire precautions, hygienic practices, environmental protection.

Learning outcome 4: Be able to apply advanced massage techniques

Provide advanced massage treatments:

Assist client onto treatment couch/chair as required, ensure client safety, comfort and dignity, positioning of client (side lying, seated, prone, supine), position for effective application of different techniques, use of support bolsters, therapist's posture, balance of body weight.

Range of advanced massage techniques: Soft tissue release, connective tissue, muscular energy techniques and trigger points.

Monitor tissue response throughout treatments: Pain, erythema, tissue appearance or texture changes.

Gain feedback: Opportunities before, during, after treatment, empowerment, verbal and non-verbal communication.

Adapt advanced massage techniques:

To meet needs of client, verbal or visual indications, skin texture, elasticity, contra-indications, safety, mobility, goals, physiological, psychological.



Learning outcome 5: Be able to bring advanced massage treatments to a close

Feedback: Client feedback (on individual session or programme of treatments), client opinion on the effectiveness and appropriateness of methods used, review outcomes of treatment, emotional and physical responses, review progress. Subjective and objective information (verbal, non-verbal, feedback forms), use information as basis for amendments to programme, obtain client's agreement and consent.

Adapt treatment plans: Reassess, to meet client goals, consider other options.

Homecare/aftercare advice: Provide opportunity for questions, within scope of practice, possible adverse reactions (contra-actions), homecare product, rest, hydration, referral.

Feedback: Self-evaluation of treatment, client feedback (session or programme of treatments), review effectiveness and

appropriateness of methods used, review outcomes of treatment, review progress, refer where outside of scope of practice, subjective and objective information (verbal, non-verbal, feedback forms), use information as basis for amendments to programme, obtain clients agreement and consent.

Record: As legally required, feedback from client, outcomes, observations, changes to plan, referral, further appointments.

Self-reflection: Evaluate own performance constructively, consider - what (what happened, strengths, weaknesses, areas to develop), so what (the consequences), what next (what will you do to improve your practice), what now (additional learning needed, CPD, further study).

Monitor: Own personal development, changes in self, record responses to change.

Learning outcome 6: Understand the influences and effects of client information on treatment planning

Predisposing factors to imbalance and dysfunction: Lifestyle, age, diet, previous injury, levels of activity, levels of fitness, stress, rest, gender, body composition, imbalances, anatomy, health, how factors can influence.

Factors influencing ability to rebalance: Fitness levels, health, psychosocial, psychosomatic, stress, incentive, lifestyle.

Subjective information and influence on planning: Psychological, severity, irritability, acute/chronic, contra-indications,

to inform treatment plan, needs of client and preferences, pre-existing conditions, medical history, previous treatment, current treatment objective, time availability and money.

Reasons for deferral and referral: Contra-indications, contra-actions, acute inflammation, fractures/breaks, referral if treatment is not working, results are unpredictable, beyond scope of practice, best interests of client.



Learning outcome 7: Understand the principles and practice of objective assessment techniques

Asymmetry (methods): Visual observation, postural grid, apps, photography, anterior, posterior and lateral view, comparison to contralateral side, distance from mid-line, unequal levels, measurement from bony landmarks).

Asymmetry (purpose): Muscle imbalance, skeletal fault, joint malfunction, determine centre of gravity, identify over or under developed muscles, provide baseline assessment.

Range of movement (methods):

Active – patient carries out movement, goniometer, visual observation, compare to contra-lateral limb, good limb first.

Passive – therapist moves joint through planes of movement normal to joint, assessment stops should pain occur, overpressure at end of range to assess for joint end feel, comparison to contra-lateral limb.

Resisted – resistance applied by therapist to cause an isometric contraction of muscle being tested, muscle tested mid range, pressure applied at distal part of limb, slow smooth application of pressure, stabilise joint above, ensure recruitment of muscle being tested only, hold 10-20 seconds, Cyriax scale, Oxford scale, comparison to contralateral limb).

Range of movement (purpose):

Active – assess limitations in ROM, quality/ease of movement, patients willingness to move joint, determine point of onset of pain, identify crepitus, provides baseline measurement.

Passive – identify hypo or hypermobility, provide information about joint capsule,

ligaments and muscle tone.

Resisted – test muscle strength, provides baseline measurement.

Postural analysis (methods): Visual observation, plumb line, apps, postural grid, goniometer, photography, anterior, posterior and lateral views, spinal alignment and curves, trunk rotation.

Postural analysis (purpose): Muscle imbalance, skeletal fault, joint malfunction, determine centre of gravity, identify over or under developed muscles, provide baseline assessment.

Muscle/special tests (methods):

Ankle – bump test (percussion test), Thompson squeeze or Flipper Test, calf length test.

Knee – patella tap, sweep (effusion), patella maltracking (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.



Learning outcome 7: Understand the principles and practice of objective assessment techniques (continued)

Back conditions – straight leg raise and/or slump.

Interpretation of findings: Within scope of practice, non-diagnostic, identify problematic tissues, relate subjective to objective information, creation of hypothesis based on clinical reasoning, refer if necessary, explanation of anticipated positive and negative findings of assessment techniques: asymmetry, range of movement (active, passive, resisted), postural analysis, muscle tests.

Critically evaluate: Range of objective methods, reliability, validity.



Learning outcome 8: Understand the principles and practice of advanced massage techniques

Range of advanced massage techniques:

Trigger points – muscular, active, latent, referral pain patterns.

Muscle energy techniques – reciprocal inhibition (RI), post isometric relaxation (PIR), performed on muscle groups.

Connective tissue – skin rolling, multi-directional, stretch and hold.

Soft tissue release – passive, longitudinal, transverse.

Protocols for range of advanced massage techniques:

Soft tissue release – through fabric or skin contact, lock applied with various applicators (forearm, elbow, fist, palm, grip, reinforced thumbs, tools), angle of application and depth of pressure, lock applied with muscle in relaxed position, limb moved to facilitate a stretch, work proximal to distal, avoid bony structures, neural plexus, passive, active assisted, resisted.

Soft tissue release (cautions) – acute injury, fragile skin, easy bruising, hypermobility, usual contra-indications to massage.

Connective tissue – no lubricant; applicator (hands, forearms, fingers, thumbs), skin rolling (skin lifted from underlying fascia, skin fold rolled forward in varying directions, even glide), slow, sustained pressure; longitudinal, diagonal or cross-fibre, slight downward pressure combined with horizontal drag, fibres elongated beyond point of bind, held until tissue releases, client may experience burning/pulling sensation.

Connective tissue (cautions) – usual contra-indications to massage, connective

tissue disease.

Trigger points – reinforced thumb/fingers, elbow, tool, palpation to locate TP, referred pain patterns, latent, active, apply gradual increasing pressure, tolerable pain level, maintain pressure until discomfort eases (up to 90 seconds), ischaemic compression, pinching pressure or repeated deep compressions, avoid neural plexus, contractions (bruising, tenderness), stretches following treatment to maximise effect.

Trigger points (cautions) – acute injury, fragile skin, easy bruising, haemophilia, usual contra-indications to massage.

Muscle energy techniques (application) - reciprocal inhibition (RI) – target muscle lengthened just short of restriction, antagonist isometrically contracted against therapist resistance, 20-50% contraction, 7-12 second hold, contraction relaxed, patient inhales, target muscle lengthened to new position with exhalation, 3-4 repetitions, final position held for 30 seconds, performed on muscle groups.

Muscle energy techniques (application-post isometric relaxation (PIR)) – target muscle lengthened just short of restriction, agonist isometrically contracted against therapist resistance, 20-50% contraction, 7-12 second hold, contraction relaxed, patient inhales, target muscle lengthened to new position with exhalation, 3-4 repetitions; final position held for 30 seconds, performed on muscle groups.

Muscle energy techniques (cautions) – fractures, avulsion injuries, osteoporosis, hypermobility, mental incapacity to follow instructions.



Learning outcome 8: Understand the principles and practice of advanced massage techniques (continued)

Evaluate effects: Client feedback, tissue change (appearance and/or texture), change in range of movement, change in quality of movement, reduction in pain, increased extensibility of tissue, achievement of aims and objectives.