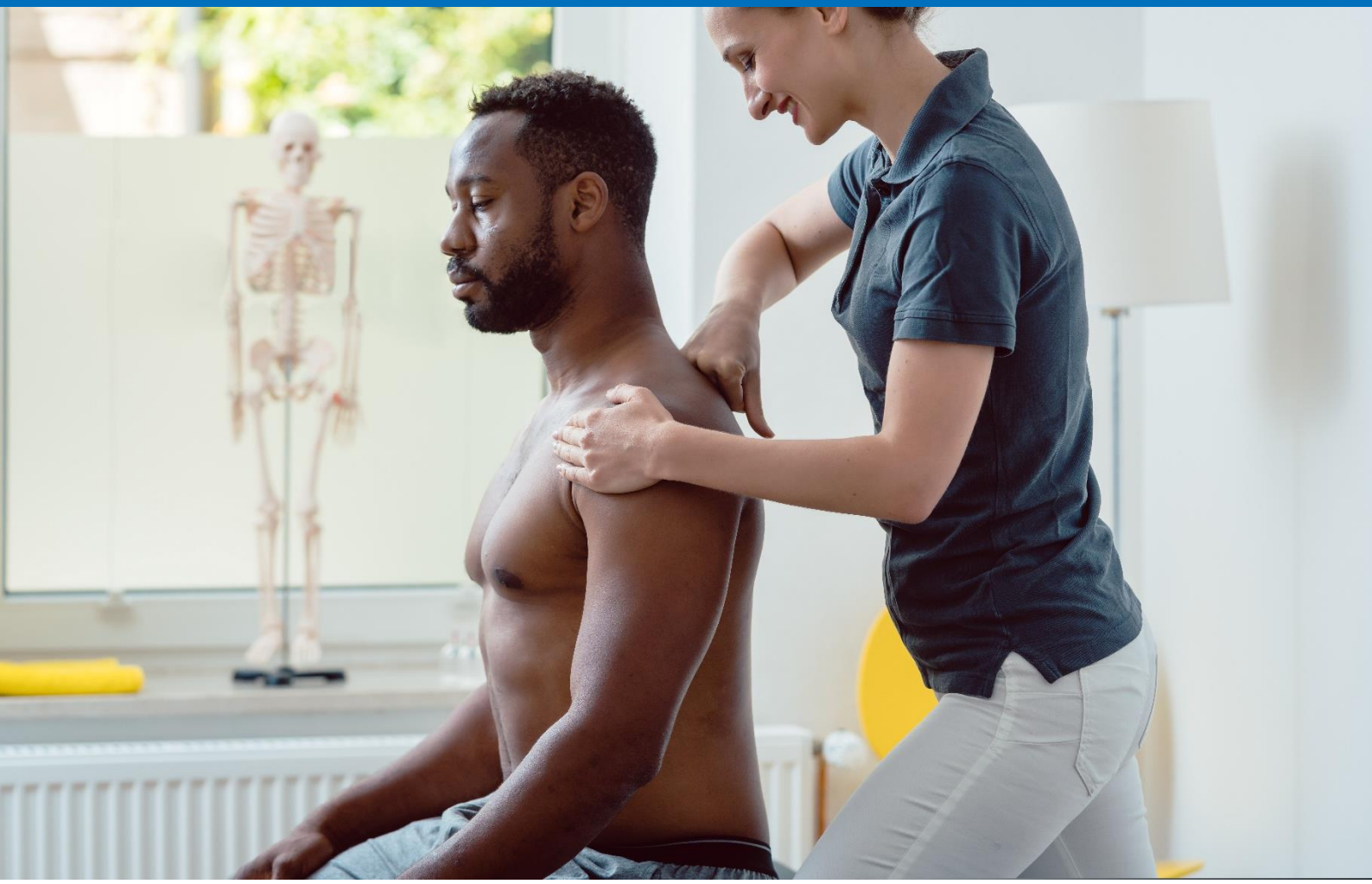


YMCA Level 3 Technical Specialist in Performance Massage (Certificate) (QN2)

Operational start date: 01/08/2026

Qualification Specification



YMCA Level 3 Technical Specialist in Performance Massage (Certificate) (QN2)

Qualification Specification

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Contents

Introduction	1
Aims: Technical specialist qualifications	1
Progression opportunities	1
Stakeholder engagement	3
Entry requirements, prerequisites and availability	4
Grading and structure	7
Further anatomy and physiology for performance massage (L/650/1361).....	20
Massage professional practice (M/650/1362)	34
The principles of soft tissue dysfunction (A/650/6136).....	45
Assessing clients and treatment planning (R/650/1363).....	51
Application of performance massage (Y/650/1365).....	57
Providing post-treatment care advice (T/650/1364).....	70
Guidance for training providers	76

Introduction

YMCA Awards is part of Central YMCA – the world’s first YMCA – a national charity that has been helping people make positive changes in their lives since 1844.

We are experts in education, health, and wellbeing with over 20 years of experience developing UK-regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 300,000 people have advanced their careers with the YMCA Awards.

Aims: Technical specialist qualifications

Our technical specialist qualifications are designed to:

- Build on the outcomes within an occupational standard and enable an individual to specialise in an occupation having achieved the specialist qualification in addition to their attainment of outcomes set out in the standard.
- Provide learners with knowledge, skills and behaviours relevant to developing additional specialist competence in an occupation
- Provide employers with reliable evidence of learners’ attainment against occupational outcomes which form the minimum requirements for practice in a specialised role within the occupational area
- Differentiate learner achievement to support employment, progression and employer selection decisions (where identified as required)
- Form part of an engaging course of learning and act as motivation for learners to specialise within the occupational area.

YMCA Level 3 Technical Specialist in Performance Massage (Certificate) (QN2)

By completing this qualification, learners will:

- Meet Skills England approved outcomes for Performance massage (Linked to L3 Personal trainer OCC0302)
- Provide learners with the knowledge and skills necessary to deliver pre-event, post-event, and maintenance massage, supporting preparation, recovery, and general well-being following strenuous activities.
- Enable learners to perform massage at a fundamental level on non-pathological tissue, primarily within the context of sports, fitness, and exercise, such as an adjunct to personal training or gym-based sessions

Progression opportunities

This qualification is designed to enable existing personal trainers to broaden their scope of practice by incorporating performance massage into their range of services

In addition, it provides a recognised pre-entry pathway to Level 4 Sports massage therapy qualifications, which are essential for achieving full professional recognition and membership as a sports massage therapist.

Level 4 represents the industry-standard benchmark set by leading regulatory bodies and professional organisations, including The Council for Soft Tissue Therapies (GCMT), the Association for Soft Tissue Therapists (SMA), the Sports Therapy Association (STA), and the Sports Therapy Organisation (STO).

Example of a relevant qualification includes

- YMCA Level 4 Certificate in Sports Massage Therapy (Soft Tissue Dysfunction).

It can also lead to further training at other levels to specialise and further increase scope of practice. For example:

- YMCA Level 4 Certificate in Advanced Nutrition for Health, Weight Management and Sports Performance (610/2694/3)
- YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)
- YMCA Level 3 Award in First Aid at Work (603/1903/3)
- YMCA Level 2 Award in Mental Health Awareness and Understanding Approaches to Support Individuals (603/7146/8)
- Level 3 and Level 4 Strength and conditioning qualifications

Additionally, this qualification may also be used to support access towards degree studies related to sports therapy and/or sport and exercise sciences/rehabilitation.

Stakeholder engagement

This qualification is mapped to National Occupational Standards (NOS):

- CNH1 Explore and establish the client's needs for complementary and natural healthcare
- CNH2 Develop and agree plans for complementary and natural healthcare with clients
- CNH27 Plan, apply and evaluate massage to prevent and manage injury

Qualification	National Occupational Standards (NOS)		
	CNH1	CNH2	CNH27
YMCA Level 3 Technical Specialist in Performance Massage (Certificate) (QN2)	Fully mapped	Fully mapped	Partially mapped

This qualification was developed in association with:

- General Council for Soft Tissue Therapies (GCMT)
- The Association for Soft Tissue Therapies (SMA).

Entry requirements, prerequisites and availability

These qualifications have been designed for learners who:

- are 16+ years old
- hold an occupation entry qualification or apprenticeship endorsed against the CIMSPA Personal Trainer professional standard
- are fit enough to perform massage.
- have basic communication skills.

Learners can take these qualifications in:

Location	Regulated by
England	Not yet submitted
Wales	Not yet submitted
Northern Ireland	Not yet submitted
Other UK regions and outside of the UK	Not yet submitted

Assessment requirement

Client suitability and learner responsibilities for practical assessments, “Learners must have access to real clients who reflect the client profiles identified in the qualification’s practical assessment tasks. These clients must present with appropriate criteria as detailed in the relevant assessment brief.”

Pre-event massage (Assessment task 2.1)

Suitable client

An athlete or physically active individual who is preparing for a sporting event or physically demanding activity. They must be free from acute injuries and contraindications and be seeking massage to help optimise performance and mentally prepare for the event.

Post event massage (Assessment task 2.2)

Suitable client

An athlete or physically active individual who has recently completed a sporting event or intense physical activity. They must be free from acute injuries and contraindications and be seeking massage to help support recovery.

Maintenance massage (Assessment task 2.3)

Suitable client

An athlete or physically active individual who is either currently using or considering massage as part of their ongoing training and recovery routine. They must be free from acute injuries and contraindications.

Sourcing clients

The responsibility for sourcing suitable clients rests with the learner; however, the centre may provide support where appropriate.

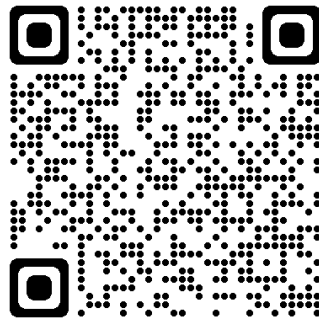
Safeguarding

Should a learner identify their chosen client as vulnerable, they must ensure they are working within their scope of practice and where appropriate a suitable chaperone must be present throughout the assessment, in accordance with safeguarding best practice.

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Reasonable adjustments and special consideration

In making these qualifications available, YMCA Awards has made every attempt to make sure that there are no unnecessary barriers to achievement. You can find full details of our reasonable adjustment and special consideration policy on our website.



ymcaawards.co.uk/centres/policies-and-procedures

Grading and structure

YMCA Level 3 Technical Specialist in Performance Massage (Certificate) (QN2)

This qualification is graded as Pass or Refer.

A Pass grade demonstrates that a learner has been assessed as fully competent against all assessment criteria within the qualification.

A Refer indicates that a learner has been assessed as not yet competent against one or more of the assessment criteria of the unit and/or qualification. This is a failing grade, and learners will require reassessment to achieve the qualification.

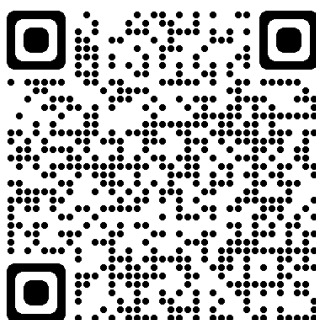
To achieve a Pass, learners must obtain **six** mandatory units:

UN	Unit title	Level
L/650/1361	Further anatomy and physiology for performance massage	3
M/650/1362	Massage professional practice	3
A/650/6136	The principles of soft tissue dysfunction	3
R/650/1363	Assessing clients and treatment planning	3
Y/650/1365	Application of performance massage	3
T/650/1364	Providing post-treatment care advice	3

Guided learning hours (GLH): 181

Total qualification time (TQT): 310

Find out more about GLH and TQT on our website:



ymcaawards.co.uk/qualifications/glh-and-tqt

Assessment overview

This qualification is designed to be assessed in stages with learners demonstrating the knowledge, skill and behaviours outlined in one stage before proceeding to the next.

- Learners completing Assessment Stage 1 will have foundational knowledge and practical understanding of human anatomy, physiology, injury mechanisms, tissue repair, and the role of performance massage can play in supporting function.
- Learners completing Assessment Stage 2 will possess the expertise and practical skills to administer safe, effective, and targeted performance massage across diverse contexts, including pre-event preparation, post-event recovery, and ongoing maintenance.



Assessment stage 1

Assess learners' understanding of fundamental anatomy, physiology, injury mechanisms, tissue repair, and the effects, benefits, and different applications of performance massage

Assessment stage 2

Assess learners' ability to deliver safe, effective performance massage for pre-event prep, post-event recovery, and maintenance.

The table below provides details of the tasks within each assessment stage.

Assessment Stage and Task	Details	Unit(s) assessed
1.1 Presentation and professional discussion	<p>Learners are required to create and deliver a 20 minutes (+/- 10%) presentation titled “Understanding soft tissue injury, dysfunction, and the role of performance massage”.</p> <p>Learners can use their class notes and independent research from evidence-based, reputable sources to support preparation for their presentation.</p> <p>This presentation should be prerecorded and submitted to assessor for review prior to the professional discussion (see below). The assessor will provide feedback within two weeks.</p> <p>1. Presentation</p> <p>Must be structured into three sections:</p> <ul style="list-style-type: none"> • Section 1: Soft tissue injury and dysfunction <p>Demonstrating knowledge of:</p> <ul style="list-style-type: none"> ○ Differentiating between soft tissue injury and dysfunction ○ Types and common causes of soft tissue injuries ○ Injury severity levels ○ Common causes, signs, and symptoms of soft tissue dysfunction <ul style="list-style-type: none"> • Section 2: Soft tissue repair and healing <p>Demonstrating knowledge of:</p> <ul style="list-style-type: none"> ○ The process of soft tissue repair ○ Factors influencing tissue healing ○ The role and importance of inflammation in recovery 	<p>Further anatomy and physiology for performance massage (L/650/1361)</p> <p>The principles of soft tissue dysfunction (A/650/6136)</p> <p>Assessing clients and treatment planning (R/650/1363)</p> <p>Application of performance massage (Y/650/1365)</p>

- **Section 3: Performance Massage**

Demonstrating knowledge of:

- Physical, physiological, neurological, and psychological effects of performance massage
- Its benefits and applications in different contexts
- How performance massage complements other treatments

2. Professional discussion

Learners will undertake a 27 minute ($\pm 10\%$) professional discussion with their assessor. The professional discussion will consist of one broad open-ended question and up to nine additional open-ended questions and will be used to authenticate the learner's work and confirm their knowledge and understanding relating to

- the task
- fundamental anatomy and physiology
 - The structural organisation of the human body
 - The structure and functions of the skin
 - The structure and functions of the lymphatic system
 - The structure and functions of the urinary system

Learners may refer to their presentation during the professional discussion. No other notes are permitted.

Further information on assessment is available in the Learner Assessment Record

<p>2.1 Observed pre-event massage treatment session and professional discussion</p>	<p>The learner will be required to provide a pre-event massage session for a suitable client in a non-clinical setting, using necessary equipment.</p> <p>Note: A suitable client for this task should be an athlete or physically active individual preparing for a sporting event or demanding physical activity. They should be free from acute injuries and contraindications and seeking a massage treatment to help optimise their performance and mentally prepare themselves for the event.</p> <p>The learner must manage their time effectively, ensuring the pre-event massage treatment session lasts 20 minutes $\pm 10\%$.</p> <p>This will be followed by a professional discussion (see below)</p> <p>1. Observed pre-event massage treatment</p> <p><u>The session must be observed live</u> and comprise three parts</p> <ul style="list-style-type: none"> • Preparation and planning • Application of suitable techniques • Evaluation <p>The above treatment must be accompanied by a fully completed client record card which contains full details of the session, and this must be submitted to the assessor within 24 hours of completing the massage activity. The assessor will provide feedback within two weeks.</p> <p>The professional discussion cannot take place until the assessor has confirmed the client record card and observation of the pre-event massage have been completed sufficiently. Sufficiency guidance can be found in the learner assessment record.</p>	<p>Massage professional practice (M/650/1362)</p> <p>Assessing clients and treatment planning (R/650/1363)</p> <p>Application of performance massage (Y/650/1365)</p> <p>Providing post-treatment care advice (T/650/1364)</p>
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	<p>2. Professional discussion</p> <p>Learners will undertake a 15 minute ($\pm 10\%$) professional discussion with their assessor. The professional discussion will consist of one broad open-ended question and up to five additional open-ended questions and will be used to authenticate the learner's work and confirm their knowledge and understanding relating to</p> <ul style="list-style-type: none"> • The task • Legal & ethical responsibilities • Professionalism & standards • Client agreement & assessment • Massage environment & hygiene (pre-event) <p>Learners may refer to the completed client record card during the professional discussion. No other notes are permitted.</p> <p>Further information on assessment is available in the Learner Assessment Record</p>	
<p>2.2 Observed post-event massage treatment session and professional discussion</p>	<p>This task should be completed after Task 2.1</p> <p>The learner will be required to provide a post-event massage session for a suitable client in a suitable environment (e.g. indoor: a clinic, changing room, outdoor: athletics track, sports field etc) using necessary equipment.</p> <p>Note: A suitable client for this task should be an athlete or physically active individual who has recently completed a sporting event or intense physical activity. They should be free from acute injuries and contraindications and be seeking a massage treatment to aid them in their recovery.</p> <p>The learner must manage their time effectively, ensuring the post-event massage treatment session lasts 30 minutes $\pm 10\%$.</p>	<p>Further anatomy and physiology for performance massage (L/650/1361)</p> <p>Massage professional practice (M/650/1362)</p> <p>Assessing clients and treatment planning (R/650/1363)</p> <p>Application of performance massage (Y/650/1365)</p>

	<p>This will be followed by a professional discussion (see below)</p> <p>1. Observed post-event massage treatment</p> <p><u>The session must be observed live and</u> comprise three parts</p> <ul style="list-style-type: none"> • Preparation and planning • Application of suitable techniques • Evaluation <p>The completed treatment must be accompanied by a fully completed client record card which contains full details of the session, and this must be submitted to the assessor before the professional discussion can take place. The assessor will provide feedback within two weeks.</p> <p>2. Professional discussion</p> <p>Learners will undertake a 42 minute ($\pm 10\%$) professional discussion with their assessor. This professional discussion will be divided into two parts</p> <p>Part one will consist of one broad open-ended question and up to twelve additional open-ended questions and will be used to authenticate the learner's work and confirm their knowledge and understanding relating to</p> <ul style="list-style-type: none"> • The task • Referral, communication, and professionalism • Cautions, contraindications, responses, and massage mediums • Massage techniques & positioning • Massage environment & hygiene (post-event) <p>Part two will consist of twelve questions designed to assess the learner's knowledge of:</p> <ul style="list-style-type: none"> • the origin and insertion of 3 anterior major muscles (assessor choice) • Functions of the 3 selected anterior major muscles • the origin and insertion of 3 posterior major muscles (assessor choice) 	<p>Providing post-treatment care advice (T/650/1364)</p>
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	<ul style="list-style-type: none"> • Functions of the 3 selected 3 posterior major muscles <p>Learners may refer to the completed client record card during the professional discussion. No other notes are permitted.</p> <p>Further information on assessment is available in the Learner Assessment Record</p>	
2.3 Observed maintenance massage treatment session and professional discussion	<p>This task should be completed after Task 2.2</p> <p>The learner will be required to provide a maintenance massage session for a suitable client in a clinical environment, using necessary equipment.</p> <p>Note: A suitable client for this task should be an athlete or physically active individual who is currently using, or considering using, massage as part of their regular training and recovery routine.</p> <p>They should be free from acute injuries and any contraindications to treatment</p> <p>The learner must manage their time effectively, ensuring the maintenance massage treatment session lasts 40 minutes $\pm 10\%$.</p> <p>This will be followed by a professional discussion (see below)</p> <p>1. Observed maintenance massage treatment</p> <p><u>The session must be observed live</u> and comprise three parts</p> <ul style="list-style-type: none"> • Preparation and planning • Application of suitable techniques • Evaluation of treatment effectiveness <p>The completed treatment must be accompanied by a fully completed client record card which contains full details of the session, and this must be submitted to the assessor before the professional discussion can take place.</p> <p>The assessor will provide feedback within two weeks.</p>	<p>Massage professional practice (M/650/1362)</p> <p>Assessing clients and treatment planning (R/650/1363)</p> <p>Application of performance massage (Y/650/1365)</p> <p>Providing post-treatment care advice (T/650/1364)</p>

2. Professional discussion

Learners will undertake a 24 minute ($\pm 10\%$) professional discussion with their assessor. The professional discussion will consist of one broad open-ended question and up to eight additional open-ended questions and will be used to authenticate the learner's work and confirm their knowledge and understanding relating to

- The task
- Record keeping
- Client assessment & treatment planning
- Massage environment & hygiene (maintenance)
- Appropriate surfaces, necessary equipment hygiene/infection control protocols
- Post-treatment evaluation & advice
- Lifestyle & nutrition considerations

Learners may refer to the completed record card during the professional discussion. No other notes are permitted.

Further information on assessment is available in the Learner Assessment Record

Due to the synoptic nature of assessment tasks, learners may generate evidence across multiple units within a single task. However, the minimum requirements for assessment are outlined below.

UN	Technical Specialist in in Performance Massage units	1.1	2.1	2.2	2.3
L/650/1361	Further anatomy and physiology for performance massage	X		X	
M/650/1362	Massage professional practice			X	X
A/650/6136	The principles of soft tissue dysfunction	X			
R/650/1363	Assessing clients and treatment planning	X	X	X	X
Y/650/1365	Application of performance massage	X	X	X	X
T/650/1364	Providing post-treatment care advice		X	X	X

Using this document

The following pages provide the unit content for this qualification. Each unit includes learning outcomes, assessment criteria and relevant content for delivery. These are set out below.

Learning outcome ('The learner will')	
Assessment criteria (‘The learner can’) What a learner is expected to know, understand or be able to do following their learning.	Relevant content (additional delivery guidance) Suggestions on depth and breadth of content to cover Learners may not be assessed against all the relevant content identified.

Qualification content: YMCA Level 3 Technical Specialist in Performance Massage (Certificate) (QN2)

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Further anatomy and physiology for performance massage (L/650/1361)

Unit aim

To provide fitness professionals with the additional anatomy and physiology knowledge required for safe, predictable, and effective massage.

Content

1. Understand the structural organisation of the human body

1.1 Outline the structural organisation of the human body

The human body has six levels of structural organisation.

Beginning with the smallest:

1. Chemical level

- Chemicals combine to form the various molecules of the human body e.g. water, carbohydrates, protein, DNA

2. Cellular level

- The most basic structural and functional unit of life

3. Tissue level

- 2 or more cells of similar function or origin which are grouped together

4. Organ level

- 2 or more major tissue types which perform a specific function for the body

5. System level

2 or more organs working together, each with its own specific function, to accomplish a common purpose (e.g. cardiovascular system, digestive system)

Cellular structure		Function
Nucleus		Control centre of the cell Contains most of the cell's genetic material
Cell membrane		Separates the interior of all cells from the outside environment
Nucleolus		To make ribosomes
Ribosomes		Combine amino acids to build proteins
Vacuoles	Storage	Food/nutrients required by a cell
		Cellular waste products
Centrosome		Regulates the cell cycle (division)
Golgi apparatus		Modifies, sorts and packages proteins for secretion
Mitochondria		Energy conversion/production of ATP
Lysosomes	Digestion	Material taken up from outside the cell
		Obsolete components of the cell itself
Vesicles		Transportation of material into, out of or within the cell
Cytoplasm		Fluid that fills a cell
Endoplasmic reticulum		Provides a surface area for chemical reactions
		Permits transport of cellular materials

- 6. Organismal level
 - All the organ systems function together to promote life

1.2 Describe the structure of the human cell	See AC 1.1												
1.3 Describe the functions of the human cell	See AC 1.1												
1.4 Describe the different types of human tissue	<p>Tissue is composed of similarly specialised cells that perform a common function in the body</p> <table><tr><th>Tissue type</th><th>Structure</th><th>Function</th></tr><tr><td>Epithelial tissue</td><td>Closely packed cells arranged in 1 or more layers</td><td>Covers the body surface, lines most cavities and forms glands</td></tr><tr><td>Glandular tissue</td><td>Composed of epithelial cells</td><td>Secretes bodily products such as sebum, or hormones such as insulin</td></tr><tr><td>Membranes</td><td>Lines the interior of various bodily structures</td><td><p>Mucous membranes line the interior walls of tubes that open to the outside of the body</p><p>Serous membranes cover organs and line body cavities</p><p>Synovial membranes line freely movable joint cavities</p><p>Meninges cover the brain and spinal cord</p></td></tr></table>	Tissue type	Structure	Function	Epithelial tissue	Closely packed cells arranged in 1 or more layers	Covers the body surface, lines most cavities and forms glands	Glandular tissue	Composed of epithelial cells	Secretes bodily products such as sebum, or hormones such as insulin	Membranes	Lines the interior of various bodily structures	<p>Mucous membranes line the interior walls of tubes that open to the outside of the body</p> <p>Serous membranes cover organs and line body cavities</p> <p>Synovial membranes line freely movable joint cavities</p> <p>Meninges cover the brain and spinal cord</p>
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	Lymphoid tissue	Bone marrow	White blood cells	Lymphocytes	Functions as part of the immune system to help protect body from infection and foreign bodies	
		Thymus	Spleen	Lymph nodes		
	Connective tissue	Bones	Contains protein fibres e.g. elastin, collagen, reticular		Binds structures together, provides support and protection, fills spaces and stores fat	
		Cartilage				
		Blood				
	Nervous tissue	Nerves	See LO 6		Initiates and/or conducts nerve impulses	
		Brain				
		Spinal cord				
	Muscle tissue	Cardiac	See LO 5		Provides movement	
		Smooth				
		Skeletal				
	1.5 Explain the functions of the different types of human tissue	See AC1.4				

2. Know the structure and functions of the skin

2.1 Outline the structure of the skin	<ul style="list-style-type: none">• Comprises two main parts, the dermis and epidermis<ul style="list-style-type: none">○ Dermis:<ul style="list-style-type: none">– Much thicker than the epidermis– Mainly formed of collagen fibres, connective tissue and elastin– Contains various structures such as hair follicles, sweat and sebaceous glands, fat cells, nerves, blood and lymphatic vessels○ Epidermis:<ul style="list-style-type: none">– 5 layers (horny, clear, granular, prickle cell, basal)– Makes up the outer layer of the skin that protects the dermis– Contains no blood or lymphatic vessels– Pierced by hairs (which allow sebum to reach the surface of the skin) and sweat ducts– Production of skin cells begins in the deepest layers, pushing the cells up towards the surface; as the cells move away from the base layers they die and fill with the protein keratin, causing the cells to toughen as they reach the surface.
2.2 Outline the functions of the skin	<ul style="list-style-type: none">• Protection from infection and injury• Regulation of temperature due to sweat gland activity and/or vasodilation of superficial vessels• Excretion of sweat, which is 99% water and 1% salts• Sensation by detecting temperature, pressure, touch and pain• Secretion of sebum to lubricate and protect the skin by making it acidic• Formation of chemicals, including vitamin D (for calcium utilisation) and melanin (to protect underlying structures from UV radiation ie, sun tan).

3. Understand the structure and functions of the lymphatic system

3.1 Describe the structure of the lymphatic system	<ul style="list-style-type: none">• Lymphatic vessels<ul style="list-style-type: none">○ Thoracic duct○ Right lymphatic duct• Lymphatic capillaries• Lymph• Lymphocytes• Lymphatic nodes<ul style="list-style-type: none">○ Occipital○ Popliteal○ Inguinal○ Axillary○ Cubital• Spleen
3.2 Describe the functions of the lymphatic system	<ul style="list-style-type: none">• Remove excess tissue fluid (oedema) and return it to the bloodstream.• Filter fluids to help prevent infection of the blood and tissues.• Aid digestion via the absorption of lipids from the small intestine.
3.3 Explain the structure of a lymph node	<ul style="list-style-type: none">○• Capsule: The outer layer protects the lymph node and keeps its parts intact.• Cortex: The outer area contains lymphocytes (mainly B-cells) that detect pathogens and start immune responses.• Medulla: The inner part holds macrophages and other immune cells that filter and remove harmful particles from the lymph.• Afferent lymphatic vessels: These bring unfiltered lymph into the node, allowing it to be screened for potential threats.• Efferent lymphatic vessel: After filtering, this vessel carries clean lymph away from the node.

<p>3.4 Explain the functions of a lymph node</p>	<ul style="list-style-type: none"> • • Filters lymph to remove harmful substances. • Hosts immune cells (like B-cells and macrophages) that detect and respond to pathogens. • Activates immune responses when threats are identified. • Helps ensure that only clean lymph is returned to circulation, supporting overall immune protection.
<p>3.5 State the location of the major lymph nodes</p>	<ul style="list-style-type: none"> • Occipital <ul style="list-style-type: none"> ○ Nape (back of neck) • Popliteal <ul style="list-style-type: none"> ○ Behind knee • Inguinal <ul style="list-style-type: none"> ○ Groin • Axillary <ul style="list-style-type: none"> ○ Armpit • Cubital <ul style="list-style-type: none"> ○ Crook of elbow • Spleen (collection of lymph nodes ie, lymphatic organ) <ul style="list-style-type: none"> ○ On the left side of the abdomen just inferior (below) to rib cage <p>Note: Important to know since a ruptured spleen (through blunt force trauma) can prove fatal.</p>

4. Know the structure and functions of the urinary system

4.1 Outline the structure of the urinary system

Structure (to include)	Function (to include)
Kidneys	Filter waste from the blood and produce urine
Ureter	Tubes through which urine leaves the kidneys and travels to the bladder
Bladder	Stores urine until it is excreted
Urethra	Carries urine from the bladder out of the body

4.2 Outline the functions of the urinary system

See AC 4.1

5. Understand structure and functions of the musculoskeletal system

5.1 Describe the origin and insertion of the major anterior skeletal muscles

- See Table B

5.2 Describe the origin and insertion of the major posterior skeletal muscles

- See Table B

5.3 State the actions of the major anterior skeletal muscles

- See Table B

5.4 State the actions of the major posterior skeletal muscles

- See Table B

Table B

Muscle	Location		Primary action/s
Erector spinae	Along the length of the vertebral column, ribs and pelvis	Vertebral column and ribs	Extension of spine
Quadratus lumborum	Iliac crest	12th rib and L1-L4	Lateral flexion of spine Bilaterally extends spine
Internal obliques	Iliac crest and lumbar fascia	8th, 9th, 10th ribs and linea alba	Rotation and lateral flexion of spine
External obliques	Lower 8 ribs	Iliac crest and linea alba	
Sternocleidomastoid	Sternum and medial clavicle	Mastoid process	Flexion, lateral flexion and rotation of neck
Scalenes	C1-C8	1st and 2nd ribs	
Transversus abdominis	Iliac crest, lower 6 ribs, lumbar fascia	Linea alba and pubis	Drawing abdomen inward
Rectus abdominis	Pubic symphysis, pubic crest	Xiphoid process and 5th, 6th, 7th ribs	Flexion of spine
Intercostals	Ribs	Ribs	Inhalation (external) Expiration (internal)
Gluteus maximus	Iliac crest, sacrum and coccyx	Upper posterior femur and ITB	Extension and lateral rotation of the hip
Gluteus medius	Lateral and posterior ilium	Posterior and lateral surface of upper femur	Abduction and medial rotation of hip

Muscle	Location		Primary action/s
Gluteus minimus	Lateral ilium	Anterior surface of upper femur	Abduction and medial rotation of hip
Piriformis	Anterior sacrum	Upper surface of upper femur	Abduction and lateral rotation of hip
Iliopsoas	Lumbar spine and pelvis	Lesser trochanter of femur	Flexion of hip and spine
Pectineus	Anterior pubis	Upper femur	Adduction and flexion of hip
Adductor brevis	Anterior pubis	Medial femur	Adduction of hip
Adductor longus			
Adductor magnus			
Gracilis	Ischiopubic ramus	Medial tibia	Adduction of hip and flexion of knee
Sartorius	Anterior superior iliac spine (ASIS)	Medial condyle of tibia	Flexion, abduction and lateral rotation of hip Flexion and medial rotation of knee
Tensor fascia latae	Anterior iliac crest	Lateral tibia via iliotibial band (ITB)	Flexion and abduction of hip Medial rotation as hip flexes
Rectus femoris	Anterior inferior iliac spine (AIIS)		Flexion of hip and extension of knee
Vastus lateralis	Lateral/upper femur	Tibial tuberosity via patella	Extension of knee
Vastus intermedius	Anterior femur		Extension of knee
Vastus medialis	Medial femur		Extension of knee (especially last 20 degrees of movement)

Muscle	Location		Primary action/s
Biceps femoris	Ischial tuberosity and posterior femur (2 origins)	Head of fibula and lateral condyle of tibia	Extension of hip and flexion of knee
Semimembranosus	Ischial tuberosity	Medial condyle of tibia	
Semitendinosus			
Popliteus	Lateral upper femur	Posterior upper tibia	Flexion and medial rotation of knee
Plantaris	Lateral upper femur	Calcaneus	Plantarflexion of ankle
Gastrocnemius	Posterior medial/Lateral upper femur	Calcaneus	Flexion of knee and plantarflexion of ankle
Soleus	Upper posterior tibia and fibula	Calcaneus	Plantarflexion of ankle
Tibialis anterior	Lateral tibia	Plantar surface of foot	Dorsiflexion and inversion of ankle
Tibialis posterior	Posterior surfaces of tibia and fibula	Plantar surface of foot	Plantarflexion and inversion of ankle
Peroneus longus	Upper lateral surface of fibula	Plantar surface of foot	Plantarflexion and eversion and of ankle
Peroneus brevis	Lower lateral surface of fibula	Plantar surface of foot	Plantarflexion and eversion and of ankle
Peroneus tertius	Lower anterior surface of fibula	Dorsal surface of foot	Dorsiflexion and eversion of ankle
Extensor digitorum longus	Lateral upper tibia and anterior fibula	Dorsal surface of 4 outer toes	Dorsiflexion and eversion of ankle Extension of 4 outer toes

Muscle	Location		Primary action/s
Extensor hallucis longus	Anterior surface of fibula	Dorsal surface of 1st (big) toe	Dorsiflexion and inversion of ankle Extension of 1st (big) toe
Flexor digitorum longus	Posterior surface of tibia	Plantar surface of 4 outer toes	Plantarflexion and inversion of ankle Flexion of 4 outer toes
Flexor hallucis longus	Lower fibula	Plantar surface of 1st (big) toe	Plantarflexion and inversion of ankle Flexion of 1st (big) toe
Trapezius	Base of cranium and cervical and thoracic vertebrae	Clavicle and scapula	Elevation, depression and retraction of shoulder girdle
Rhomboids (minor and major)	C7-T5	Medial border of scapula	Elevation and retraction of shoulder girdle
Levator scapulae	C1-C4	Superior angle of scapula	Elevation of shoulder girdle Lateral flexion of neck
Latissimus dorsi	T6–T12, L1–L5, Iliac crest and lower 3 ribs	Anterior surface of humerus	Extension, adduction and medial rotation of shoulder
Pectoralis major	Clavicle, sternum and 1st to 6th ribs	Anterior humerus	Adduction, horizontal Flexion and medial rotation of shoulder joint

Muscle	Location		Primary action/s
Pectoralis minor	3rd , 4th and 5th ribs	Coracoid process (anterior scapula)	Depression and protraction of shoulder girdle
Serratus anterior	Upper 8 or 9 ribs	Medial border of scapula	Protraction of shoulder girdle
Deltoid	Scapula and clavicle	Lateral humerus	<p>Anterior head:</p> <ul style="list-style-type: none"> flexion, horizontal flexion and medial rotation of shoulder joint <p>Lateral head:</p> <ul style="list-style-type: none"> abduction of shoulder joint Posterior head: extension, horizontal extension and lateral rotation of shoulder joint
Supraspinatus	Superior surface of scapula	Superior humerus	Initiates abduction of shoulder joint
Infraspinatus	Posterior surface of scapula	Superior posterior humerus	Adduction and lateral rotation of shoulder joint
Teres minor	Lateral border of scapula	Superior posterior humerus	Adduction and lateral rotation of shoulder joint
Subscapularis	Anterior surface of scapula	Superior anterior humerus	Medial rotation of shoulder joint

Muscle	Location		Primary action/s
Teres major	Inferior angle of scapula	Superior anterior humerus	Extension, adduction and medial rotation of shoulder joint
Triceps brachii	Long head: <ul style="list-style-type: none"> • superior scapula Lateral head: <ul style="list-style-type: none"> • lateral posterior humerus Medial head: <ul style="list-style-type: none"> • posterior humerus 	Superior ulna (olecranon)	Extension of shoulder joint and elbow
Biceps brachii	Long head: <ul style="list-style-type: none"> • superior scapula Short head: <ul style="list-style-type: none"> • anterior scapula 	Radius	Flexion of shoulder joint and elbow Supination of forearm
Coracobrachialis	Superior scapula	Medial humerus	Flexion and adduction of humerus
Brachialis	Mid humerus	Superior ulna	Flexion of forearm
Brachioradialis	Distal humerus	Distal radius	Flexion and supination of forearm
Common wrist flexors	Medial humerus	Palm of hand	Flexion of wrist
Common wrist extensors	Lateral humerus	Back of hand (dorsum)	Extension of wrist

Massage professional practice (M/650/1362)

Unit aim

This unit covers the knowledge and understanding required of the professional and legal responsibilities when applying massage.

Content

1. Understand legislation required in massage

1.1 Describe the legal obligations relating to massage, to include:

- Duty of care
 - Requires “a person act toward others and the public with watchfulness, attention, caution and prudence that a reasonable person in the circumstances would. If a person's actions do not meet this standard of care, then the acts are considered negligent, and any damages resulting may be claimed in a lawsuit for negligence.”
- General Data Protection Regulation (GDPR)
 - Following correct data handling procedures
 - Maintaining confidentiality
 - Keeping and allowing access to accurate records
- Health and Safety at Work Act
 - Adhere to all HSE guidelines
 - Maintaining a high standard of hygiene (for self and environment)
 - Adhering to requirements of first aid
- Equality Act 2010
 - Legally protects people from discrimination in the workplace and in wider society

1.2 Explain the importance of having a chaperone present when working with children and vulnerable adults

- A chaperone can act as a safeguard for both parties (children/vulnerable adults and massage therapist) and is a witness to the conduct and the continuing consent of the procedure.

	<ul style="list-style-type: none"> ○ Provides protection to healthcare professionals against unfounded allegations of improper behaviour ○ Helps ensure that the child/vulnerable adult fully understands and consents to examination and treatment <p>– May act as a signatory for informed consent</p>
1.3 Explain the importance of obtaining and working within boundaries of informed consent	<ul style="list-style-type: none"> • Regardless of the intentions of the massage therapist, to examine/treat someone without their express permission (informed consent) may be considered assault or an invasion of privacy.
1.4 Describe what information needs to be given to clients to obtain informed consent	<p>For informed consent to be valid:</p> <ul style="list-style-type: none"> • Consent should be given by someone with the mental ability to do so, and who has reached the age of majority (in the UK this is 18). • Sufficient information to enable the client to have clear appreciation and understanding of the facts, implications and future consequences of any proposed actions eg, <ul style="list-style-type: none"> ○ Examination ○ Treatment • Consent must be freely given.
1.5 Evaluate the consequences of noncompliance with legislation and professional standards	See ACs 1.1-1.4

2. Understand the scope of practice when providing massage

2.1 Describe cautions and contraindications to massage, to include:

Condition	Action	Possible consequences
Contagious skin conditions	(local) Avoid area	Exacerbate condition
Open wound	(local) Avoid area	Introduce infection
Injury in acute stage	(local) Avoid area	Promote blood flow to area, increasing size of resultant scar tissue
Any condition ending with 'itis' (e.g. lymphangitis)	(local/systemic) Avoid area/refer to GP	'itis' is indicative of an inflammatory condition; therefore massage is contraindicated
Varicose veins	(local) Avoid area	Damage, weaken vein walls/valves
Colds/fever	(systemic) Avoid treatment	Any stimulation to lymphatic system will encourage the infection
Deep vein thrombosis (DVT)	(systemic) Refer to GP	Any massage may dislodge thrombosis (cause embolism)
Diabetes	(systemic) Refer to GP	Massage may be possible, but medical advice should be sought before treatment
Any condition of which the practitioner is unaware of how massage will affect it	Refer to GP	The massage practitioner has a duty of care to the client, therefore, if in doubt, they should refer

<p>2.2 Distinguish the actions to take if presented with cautions or contraindications</p>	<ul style="list-style-type: none"> • Local • Systemic <p>See AC 2.1</p> <ul style="list-style-type: none"> • Local cautions or contraindications <ul style="list-style-type: none"> ○ Avoid area and adapt treatment • Systemic cautions or contraindications <ul style="list-style-type: none"> ○ Avoid treatment and refer to medical practitioner for treatment authorisation
<p>2.3 Describe referral procedures when working with other professionals</p>	<ul style="list-style-type: none"> • Gain informed consent from the client (to review the information in the client record form and to liaise with the referring healthcare professional). • Exchange the client record form with the referring healthcare professional. • Review the assessment and treatment information with the client. • Update the assessment information and produce a treatment plan. • Establish a method for updating the referring healthcare professional of any progress. • Understand when to refer - contra-indications, treatment not working, outside scope of practice. • Identify healthcare professional to refer to, format referral letter.
<p>2.4 Describe how to communicate with others in a professional manner, to include:</p>	<ul style="list-style-type: none"> • Verbal and non-verbal communication methods, active listening, professional etiquette and administration efficiency • Client <ul style="list-style-type: none"> ○ Valuing equality and diversity, including respect for: <ul style="list-style-type: none"> – Gender – Ethnicity – Religion – Physical and mental ability – Sexual orientation and status ○ Maintaining a professional appearance and manner at all times ○ Ensuring confidentiality

	<ul style="list-style-type: none"> • Healthcare professional <ul style="list-style-type: none"> ○ Professional ○ Respectful of individual responsibilities ○ Open to the opinions of others ○ Receptive to suggestions, comments and constructive criticism ○ Responding in a timely manner ○ Keeping records which are <ul style="list-style-type: none"> – Accurate – Detailed – Unambiguous – Consistent with expected best practice
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3. Understand the standards relevant to the massage profession

3.1 Discuss key principles of professional standards as stipulated by massage membership organisations, to include:	<ul style="list-style-type: none"> • SMA Code of Ethics and Conduct • Institute of Sport and Remedial Massage • General Council for Massage Therapists (GCMT) • Complementary and Natural Healthcare Council (CNHC)
3.2 Evaluate the roles of professional organisations relating to massage, to include:	<ul style="list-style-type: none"> • Establishing and maintaining minimum standards for training. • Giving confidence to the general and sporting public, the medical profession and government agencies that members are suitably trained to provide a quality service. • Holding national registers. • Establishing and maintaining ethical, professional, and educational standards. • Supporting and promoting members and their profession. • Promoting and developing programmes of continuing professional development (CPD). • Keeping members informed of the legislative developments in complementary medicine, education and training. • Promoting and developing work opportunities with other sport and medical bodies.

	<ul style="list-style-type: none"> • Negotiating Professional Indemnity Insurance (rates and cover) for its members. • Obtaining discounts for other products and services for its members.
3.3 Explain the purpose of regulation, to include:	<ul style="list-style-type: none"> • To apply the principles of: <ul style="list-style-type: none"> ○ Proportionality ○ Accountability ○ Consistency ○ Transparency. • To achieve <ul style="list-style-type: none"> ○ Protection of the public ○ Establishment of minimum requirements ○ Setting standards ○ Professional development.
3.4 Explain the importance of continuing professional development, to include:	<ul style="list-style-type: none"> • Keeping up to date with developments in the areas covered in the qualification. • Following the latest research/opinions on applicable areas covered in the qualification. • Personal development. • Awareness of different or divergent views. • May be a professional association requirement. • Maintain professional development.
3.5 Describe the protocol to follow when presented with an emergency situation, to include:	<ul style="list-style-type: none"> • Own roles and responsibilities when working at: <ul style="list-style-type: none"> ○ home ○ organisation ○ event ○ outdoors.
3.6 Describe insurance requirements for massage practice	<ul style="list-style-type: none"> • Professional Liability/Professional Indemnity Insurance • Public liability, Employers liability, equipment and vehicle insurance • In the event of a client suing for compensation as a result of a treatment, this helps pay for: <ul style="list-style-type: none"> ○ Legal defence ○ Any damages awarded • CPD

4. Understand the principles of professional practice in massage	
<p>4.1 Explain the importance of valuing equality and diversity when working with clients, to include:</p>	<ul style="list-style-type: none"> • Establishing trust and confidence. • Adopting a non-judgemental approach which maintains respect and dignity. • Ensuring fair treatment through equal opportunities. • Meeting individual needs and requirements. • Providing a safe, supportive, and welcoming environment. • Removing barriers. • Legislation compliance.
<p>4.2 Explain the importance of professionalism, to include:</p>	<ul style="list-style-type: none"> • Helping to establish client/public <ul style="list-style-type: none"> ○ Trust ○ Confidence ○ Credibility • To demonstrate <ul style="list-style-type: none"> ○ Respect ○ Care • Provide a high treatment standard. • Prevent cross – infection. • Ensure client retention and satisfaction.
<p>4.3 Explain the personal and clinical standards expected</p>	<ul style="list-style-type: none"> • Maintaining standards relevant to the massage profession see (AC 3.1) • Professionalism (see AC 4.2) • Appearance <ul style="list-style-type: none"> ○ Clothing ○ Body language • Hygiene <ul style="list-style-type: none"> ○ Self ○ Equipment ○ Environment • Appropriate behaviour, conduct, integrity • Attitude

	<ul style="list-style-type: none"> ○ Full attention given to client during treatment sessions • Good practice <ul style="list-style-type: none"> ○ Awareness of limitations, of knowledge and skills, and acting appropriately ○ Referral ○ Record keeping • Reliability <ul style="list-style-type: none"> ○ Time-keeping • Keeping up to date in knowledge and skills <ul style="list-style-type: none"> ○ CPD • Treating others with respect (see AC 2.4)
4.4 Explain the importance of good communication skills	<p>“Ineffective communication is the most frequently cited category of root causes of sentinel events. Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety.”</p> <p>The Joint Commission (2007) <i>National Patient Safety Goals</i>.</p>

4.5 Describe advantages/disadvantages of different means of communication, to include:	Means of communication	Advantages	Disadvantages
	Verbal (e.g. face-to-face, telephone)	<ul style="list-style-type: none"> • Messages are communicated immediately • SMT can also exercise their personal influence to their client • SMT can judge the reaction of their client • Any doubts or misunderstandings can be identified and resolved immediately 	<ul style="list-style-type: none"> • Lack of evidence unless recorded • Requires direct contact with recipient. Although reasonable for client, third parties may have time constraints
	Non-verbal, written (e.g. letters, progress reports)	<ul style="list-style-type: none"> • No need for personal contact • Provides proof for future reference • Clear and self-explanatory 	<ul style="list-style-type: none"> • Subject to delays in response • Confidentiality concerns since it is possible for written evidence to be read by anyone

5. Understand how to produce, maintain and store client records

5.1 Explain the importance of accurate and confidential record keeping	<ul style="list-style-type: none">• Adhere to legal requirements for data protection• Provide evidence of<ul style="list-style-type: none">○ Judgment used to support professional actions– Demonstrating Duty of Care<ul style="list-style-type: none">○ Treatment/advice given to client– Adherence to Scope of Practice<ul style="list-style-type: none">○ Informed consent of client○ Progress of client○ Efficacy of treatment• Demonstrate professional competence<ul style="list-style-type: none">○ Transference of information between involved parties
5.2 Explain what information should be recorded	<ul style="list-style-type: none">• S.O.A.P records• Subjective information<ul style="list-style-type: none">○ Verbal and written information relating to the client and their condition, prior to treatment eg,○ The client's personal/lifestyle details○ Any contraindications○ Relevant medical history questions○ The reason for the client's visit○ Appropriate questions regarding the possible causes for the client's current status○ Client's signature to confirm informed consent• Objective information<ul style="list-style-type: none">○ Examination methods used to determine the client's condition prior to any treatment and their results eg,○ Observations○ Range of motion tests○ Palpation• Analysis (findings)• Action (treatment

	<ul style="list-style-type: none"> • Plan: <ul style="list-style-type: none"> ○ effects ○ outcome ○ advice given.
5.3 Explain the principles to apply when recording treatments, to include:	<ul style="list-style-type: none"> • Accurate and unambiguous. • Completed in an indelible format with any alterations initialled. • Completed within 24 hours. • Storage duration requirements. • Use of permanent ink. • Practitioner signature on each page. • Electronic records, regular backup, password protection, firewall protections.
5.4 Explain the legal requirements for the storage and disposal of records	<ul style="list-style-type: none"> • See AC 5.3 • General Data Protection Regulation requirements <ul style="list-style-type: none"> ○ Security ○ Accessibility ○ Disposal

The principles of soft tissue dysfunction (A/650/6136)

Unit aim

This unit provides the knowledge and understanding required to differentiate between soft tissue injuries and soft tissue dysfunction, to help ensure that learners remain within their own scope of practice when working with clients.

Content

1. Understand soft tissue dysfunction

1.1 Differentiate between soft tissue injury and dysfunction, to include:

- Soft tissue injury - Damage to any biological tissue except bone
- 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

Soft tissue injury		Soft tissue dysfunction
When?	Onset of symptoms readily established	Exact onset of symptoms often vague and not readily established
How?	Mechanism of injury (MOA) normally identified as one or more of the following types of extrinsic trauma: <ul style="list-style-type: none">• Human• Implemental• Vehicular• Environmental	Cause can be hard to determine. Normally established as being due to intrinsic factors such as: <ul style="list-style-type: none">• Muscle imbalance(s)• Muscle weakness(s)• Muscle tightness(s)• Muscle(s) overuse/underuse• Compensatory movement patterns

	Typical presentation	<ul style="list-style-type: none"> • Often an acute pain (which commenced immediately after MOA) • Exact site easily identified (client points to area) 	<ul style="list-style-type: none"> • General aching/stiffness • Source tends to be more generalised and harder to identify (client rubs area)
1.2 Explain the types of soft tissue injuries	<ul style="list-style-type: none"> • Common overuse type injuries <ul style="list-style-type: none"> ○ Shin splints – Stress fracture – Compartment syndrome – Tenoperiostitis <ul style="list-style-type: none"> ○ Golfer's elbow (medial epicondylitis) ○ Tennis elbow (lateral epicondylitis) ○ Rotator cuff impingement ○ Plantar fasciitis ○ Carpal tunnel syndrome • Skin <ul style="list-style-type: none"> ○ Graze – Abrasion <ul style="list-style-type: none"> ○ Cut – Laceration <ul style="list-style-type: none"> ○ Burn – Heat – Cold • Muscle tissue <ul style="list-style-type: none"> ○ Strains (damage to muscle fibres) ○ DOMS (damage to myofibrils) • Connective tissue <ul style="list-style-type: none"> ○ Tendon <ul style="list-style-type: none"> – Strain (damage to tendon) – Tendinitis (inflammation of tendon – overuse/friction) – Tendinosis (degeneration of the tendon's collagen in response to chronic overuse) 		

	<ul style="list-style-type: none"> – Tendinopathy (general term that describes tendon disease or disorder) <ul style="list-style-type: none"> ○ Ligament sprain (damage to ligament) ○ Joint capsule sprain (damage to joint capsule) ○ Hyaline cartilage damage ○ Meniscal tear ○ Bursae – Bursitis (inflammation of a bursa – overuse/friction) – Haemabursa (damage to a bursa – impact trauma) • Nervous tissue <ul style="list-style-type: none"> ○ Neuropraxia – Bruising to a nerve e.g. hitting your ‘funny bone’ – Pressing/trapping a nerve (impingement) e.g. sciatica ○ Neurotemesis (severance of a nerve)
1.3 Describe common causes of soft tissue injury	<ul style="list-style-type: none"> • Extrinsic factors <ul style="list-style-type: none"> ○ See AC 1.1 – Impact – Trip – Fall – Inadequate/poorly fitting equipment
1.4 Differentiate between the severity of injuries	<p>See AC 1.4 (re: overuse vs. injury)</p> <ul style="list-style-type: none"> • Strains (grade 1, 2 and 3) <ul style="list-style-type: none"> ○ Grade 1 least severe, grade 3 total rupture – Inflammation (redness, swelling, diminished function, pain) – Note: associated pain levels are not a reliable indicator of severity • Sprains (grade 1, 2 and 3) <ul style="list-style-type: none"> ○ Grade 1 least severe, grade 3 total rupture – Inflammation (redness, swelling, diminished function, pain) – Note: associated pain levels are not a reliable indicator of severity

1.5 Describe common causes of soft tissue dysfunction	<ul style="list-style-type: none"> • Intrinsic factors <ul style="list-style-type: none"> ○ See AC 1.1 – posture – inactivity – old injury – body composition – lifestyle – work – stress.
1.6 Describe signs and symptoms of soft tissue dysfunction	See AC 1.1 and 1.3

2. Understand the process of repair of soft tissue

2.1 Describe the process of soft tissue repair	<ul style="list-style-type: none"> • Acute phase <ul style="list-style-type: none"> ○ Typically lasts for up to three days post-injury ○ Signs and symptoms of inflammation are present ○ Process (damage limitation) – Vasoconstriction. – Effects of histamine and thrombin. – Sticky matrix formation. – Phagocytosis. • Sub-acute (repair phase) <ul style="list-style-type: none"> ○ Follows acute stage and typically lasts between three days and three weeks post-injury ○ Swelling/pain may still be present; however redness and heat have diminished ○ Process (repair) – Formation of new blood and lymphatic vessels at the injury site. – Re-establishment of the supply of oxygen and nutrients to the cells of the damaged tissues. – Fibroblasts produce collagen. – Granulation tissue formation.
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	<ul style="list-style-type: none"> • Chronic stage (ongoing repair and remodelling phase) <ul style="list-style-type: none"> ○ Follows sub-acute stage and typically lasts between three weeks and one to two years post-injury ○ Continued reduction of swelling and pain accompanied by a gradual return to function ○ Process (remodelling): <ul style="list-style-type: none"> – Granulation tissue matures into scar tissue. – Lymphocytes continue to act to reduce size of original haematoma.
2.2 Describe factors that may influence soft tissue repair	<ul style="list-style-type: none"> • Types of tissue <ul style="list-style-type: none"> ○ Avascular tissues (e.g. ligaments and tendons) take longer to repair than those with greater blood supply (e.g. muscles) • Severity of injury <ul style="list-style-type: none"> ○ Grade 3 injuries take longer to repair than grades 2 and 1 • Age <ul style="list-style-type: none"> ○ The repair process for older clients will generally take longer to complete than younger ones • Medication <ul style="list-style-type: none"> ○ Although anti-inflammatories may help relieve the symptoms, inflammation is vital for the repair of soft tissue. Therefore taking drugs such as non-steroidal anti-inflammatories (NSAIDs) may slow the repair process. • Nutrition <ul style="list-style-type: none"> ○ Adequate supply of nutritionally rich food containing protein is vital for the repair of soft tissue • Treatment (to assist repair) <ul style="list-style-type: none"> ○ Acute stage <ul style="list-style-type: none"> – Protect, Rest, Ice, Compress, Elevate (PRICE) ○ Sub-acute stage <ul style="list-style-type: none"> – Gradually introduce controlled localised movements ○ Chronic stage <ul style="list-style-type: none"> – Gradually introduce controlled functional movements

<p>2.3 Explain the importance of the inflammatory process</p>	<ul style="list-style-type: none"> • Inflammation is a protective tissue response to injury or destruction of tissues, which serves to destroy, dilute, or wall off both the injurious agent and the injured tissues. Disposal of dead or dying tissue and promotion of the repair and renewal of normal tissue. • See AC 2.2
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DRAFT

Assessing clients and treatment planning (R/650/1363)

Unit aim

This unit provides the knowledge and understanding required to differentiate between soft tissue injuries and soft tissue dysfunction, to help ensure that learners remain within their own scope of practice when working with clients.

Content

1. Understand the effects of performance massage on the body systems	
1.1 Describe the physical effects of performance massage	<ul style="list-style-type: none">• Mechanical pumping and squeezing action to assist in the flow of fluids (e.g. blood and lymph).• Longitudinal and transverse stretching of soft tissue aids in mobility.• Helps to influence the formation of collagen fibres.• Specific techniques assist in the removal/reduction of any soft tissue adhesions and aid in free movement.
1.2 Describe the physiological and neurological effects of performance massage	<ul style="list-style-type: none">• Generally elicits a parasympathetic (relaxation) response:<ul style="list-style-type: none">○ Vasodilation to both blood and lymphatic vessels○ Reduction in neural stimulation (contraction) of muscles○ Reduction in the production of sympathetic ('stress') hormones• However, varying the method of application can cause sympathetic response (i.e. the opposite to occur).
1.3 Describe the psychological effects of performance massage	<ul style="list-style-type: none">• Sympathetic response:<ul style="list-style-type: none">○ Increase mental alertness.○ Stimulate the client to help prepare them for activity.○ Increase adrenaline and endorphins in the body.• Parasympathetic response:<ul style="list-style-type: none">○ Reduction in physical tension.○ Feeling of wellbeing and relaxation.

	<ul style="list-style-type: none"> ○ Lowering of anxiety.
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2. Understand the principles of performance massage treatments

2.1 Describe the benefits of performance massage	<ul style="list-style-type: none"> • Increase the supply of nutrients to vascular tissues, enhancing their health and assisting healing and repair. • Aid in the removal of metabolic waste products from tissue, assisting in recovery from activity. • Help to reduce pain, by lessening tension in muscles, reducing pressure build-up due to congestion and removal of metabolic irritants. • Increase in range of movement, thereby reducing the risk of injury by aiding in the efficiency of movement.
2.2 Explain the contexts in which performance massage is used, to include: <ul style="list-style-type: none"> • Pre-event • Inter/intra-event • Post-event • Maintenance 	<ul style="list-style-type: none"> • Pre-event <ul style="list-style-type: none"> ○ Prepare the athlete for high-intensity activity – A short, invigorating massage normally proves extremely effective in ‘psyching’ up the athlete, mentally preparing them for speed, strength and explosive power events. – Should excess nervousness or excitability be exhibited by the client, a more relaxing, ‘de-stressing’ massage treatment may be indicated. – A sympathetic response will help ‘kick start’ the metabolic functions of the body, increased oxygen uptake at the cellular level helping delay the onset of lactic acid accumulation. – Although not a replacement for a conventional ‘warm up,’ massage is an extremely efficient method to prepare muscles for stretching. • Inter/intra-event <ul style="list-style-type: none"> ○ To minimise the likelihood of muscles tightening up during the short rest periods between multiple competitions/events held on the same day. – Similar format to that of pre-event massage. – Should focus on the main muscles stressed, together with any input from the athlete. • Post-event <ul style="list-style-type: none"> ○ Aid in recovery from intense activity

	<ul style="list-style-type: none"> – A relaxing massage will help the athlete ‘unwind’ from the mental demands of intense training and competition. – Many believe that long deep strokes (effleurage) in the direction of venous return, will aid in the removal of lactic acid and other metabolic wastes from muscles, thereby aiding recovery. • Maintenance <ul style="list-style-type: none"> ○ Primary focus is to correct any soft tissue dysfunction caused by high intensity training. – Requires a detailed examination prior to treatment to establish both athlete’s symptoms and performance massage therapist’s clinical findings. – Proposed massage strategy is then discussed and agreed. – Treatment is then carried out using massage methods appropriate to the presentation and needs of the client. – Following treatment its effectiveness is evaluated against the original treatment aims.
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3. Understand how to establish treatment goals	
3.1 Explain what is meant by subjective assessment	<ul style="list-style-type: none"> • Verbal and written information relating to the client and their condition, prior to treatment.
3.2 Explain what is meant by objective assessment	Examination methods used to determine the client’s condition prior to any treatment and their results.
3.3 State the reasons for conducting subjective and objective assessment prior to treatment	<ul style="list-style-type: none"> • Client’s suitability for treatment. • To establish and help agree aims for treatment/action plan.
3.4 Describe methods of carrying out subjective assessments	<ul style="list-style-type: none"> • Consultation <ul style="list-style-type: none"> ○ Face-to-face discussion ○ Completion of client record card ○ Referral to written information supplied by/with client.

3.5 Describe objective assessments methods	<ul style="list-style-type: none"> • Observations • Comfortable movement patterns • Range of movement • Palpation <p>Recording findings</p>
3.6 Describe how to establish treatment goals based upon subjective and objective assessments	<ul style="list-style-type: none"> • Client's expectations from subjective assessment. • Which treatment will best suit client from objective examination.
3.7 Explain why the client needs to agree to any proposed treatment	<ul style="list-style-type: none"> • Informed consent is a legal requirement.
3.8 Explain the importance of accurate client assessments and re-assessments	<ul style="list-style-type: none"> • Establish baselines against which to measure progress of client and efficacy of treatment.

4. Be able to conduct client assessments

4.1 Ensure presence of an appropriate chaperone if necessary, documenting accordingly	<ul style="list-style-type: none"> • Can act as a safeguard for both parties (children/vulnerable adults and performance massage therapist) and is a witness to the conduct and the continuing consent of the procedure: <ul style="list-style-type: none"> ○ Provides protection to healthcare professionals against unfounded allegations of improper behaviour. ○ Helps ensure that the child/vulnerable adult fully understands and consents to examination and treatment. – May act as a signatory for informed consent.
4.2 Conduct subjective assessments of clients, to include:	<ul style="list-style-type: none"> • Review any previous treatment notes • Accurately completing a client record card for a client • Demonstrating effective communication skills, including: <ul style="list-style-type: none"> ○ Professional attitude and appearance. ○ Positive body language. ○ Rapport and understanding.

	<ul style="list-style-type: none"> ○ Clear explanations and avoidance of technical jargon. ○ Answering all client's questions fully and accurately. ○ Explanation of the assessment procedure. ● Obtaining client's signature to confirm informed consent prior to examination. ● Accurately record all findings.
4.3 Establish informed consent before carrying out physical assessments	<ul style="list-style-type: none"> ● Informed <ul style="list-style-type: none"> ○ Explanation of <ul style="list-style-type: none"> – Purpose/requirement of physical assessments – Procedure – Reason/s for the possible removal of some clothing during examination ● Consent <ul style="list-style-type: none"> ○ Verbal agreement ○ Obtained signature ○ See also AC 4.1
4.4 Conduct objective assessments of clients	<ul style="list-style-type: none"> ● Ensuring suitable client privacy using of towels, where appropriate. ● Palpation of site/s being examined, noting <ul style="list-style-type: none"> ○ skin feel ○ muscle tightness/tension ○ signs of client discomfort. ● Observing the area to be treated, noting/acting upon: <ul style="list-style-type: none"> ○ signs of swelling or inflammation ○ scars ○ skin condition. ● Safely and effectively instructing the client to perform comfortable movement patterns of all joints relevant to treatment, noting: <ul style="list-style-type: none"> ○ signs of muscle weakness ○ compensatory movement patterns. ● Observing the client's posture/gait, noting: <ul style="list-style-type: none"> ○ muscle imbalance/atrophy

- compensatory movement patterns.

5. Be able to design performance massage treatment plans

5.1 Summarise the information obtained from subjective and objective assessments

- Construct a treatment plan summarising information obtained, recording an appropriate action against each symptom/finding.

5.2 Present proposed massage strategies to clients

- Confirm treatments aims (from):
 - Prepare for sports activity
 - Assist in injury prevention
 - Facilitate post-exercise recovery
 - Enhance feeling of wellbeing
- Discuss proposed actions
- Area/s to be treated
 - Techniques to be used
 - Purpose
 - Effects/possible side effects
 - Proposed massage mediums
 - Oils (type)
 - Lotion
 - Powder
 - Gels
 - Waxes.

5.3 Agree treatment goals with client and **obtain informed consent** for proposed treatment

- Modify strategy if required.
- Obtain client's signature to agree to proposed treatment.

Application of performance massage (Y/650/1365)

Unit aim

To provide the knowledge, understanding and skills required to prepare for and apply performance massage in a safe and effective manner.

Content

1. Understand the fundamentals of performance massage treatments

1.1 Describe a range of performance massage techniques, to include:

- Name
- Purpose
- Methods
- Application
- Effects
- Safety considerations.

Name	Purpose	Methods	Effects
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	Effleurage	<ul style="list-style-type: none"> • Introduce the performance massage therapist's touch to the client • Relax the client • Apply the massage medium (e.g. oil) • Encourage blood and lymphatic circulation • Warm up the soft tissues • Monitor the tissues as part of palpation • Link other performance massage techniques • Provide a rest between specific, deep-tissue techniques • Conclude the treatment 	<ul style="list-style-type: none"> • Longitudinal/transverse • Superficial/deep 	<ul style="list-style-type: none"> • Increase circulation at the level of application • Improve skin condition • Increase relaxation of soft tissues • General relaxation of soft tissues
	Petrissage	<ul style="list-style-type: none"> • Mobilise muscles or groups of muscles 	<ul style="list-style-type: none"> • Wringing • Rolling 	<ul style="list-style-type: none"> • Increase muscle and fascial mobility

		<ul style="list-style-type: none"> • Reduce intramuscular congestion • Reduce tension in muscle fascia • Assist in free movement of muscles or muscle groups 	<ul style="list-style-type: none"> • Kneading • ‘Picking up’ 	<ul style="list-style-type: none"> • Increase circulation • Reduce fibrous adhesions in muscle fibres and fascia • Improve skin condition, especially elasticity
	Compressions	<ul style="list-style-type: none"> • Often used as a warm-up for deeper, more specific massage work. 	<ul style="list-style-type: none"> • Rhythmic pressure applied to muscles 	<ul style="list-style-type: none"> • Deep hyperaemia (Increased blood flow) resulting in a “softening” effect of tissues
	Vibrations /shaking	<ul style="list-style-type: none"> • To stimulate client • Relax muscles 		<ul style="list-style-type: none"> • Increase circulation • Decrease muscular tension • Physical/mental “preparation” for activity (pre-event)
	Tapotement	<ul style="list-style-type: none"> • To stimulate the client (sympathetic response) • To help tone muscles that have atrophied due to disuse/poor neural recruitment 	<ul style="list-style-type: none"> • Hacking • Cupping • Beating • Pounding 	<ul style="list-style-type: none"> • Mental stimulation • Increased muscle tone

	Passive stretching	<ul style="list-style-type: none"> • Therapist taking affected joint through an extended range of motion; however: • Before undertaking any passive stretching, the therapist must ensure that: <ul style="list-style-type: none"> ○ On presentation, the client has no pain or inflammation ○ The area to be stretched is has been warmed ○ There are indications for undertaking passive stretching ○ The client: <ul style="list-style-type: none"> – undertakes active stretching prior to passive stretching – has a pain free movement pattern – has no radicular, or radiating pain or paraesthesia – has no co-existing pathology – has no contraindications.
Application considerations (including safety)		
	Method of application	Considerations
	Hand positions	<ul style="list-style-type: none"> • Reinforced digits • Fingers aligned to direction of force • Avoid excessive use of fingers
	Effective contact	<ul style="list-style-type: none"> • Maintain contact throughout treatment • Begin superficial progress to as deep as required • Rhythmical application of techniques • Use pressure that is sufficient to reach target structures while ensuring minimal client discomfort • Effleurage: pressure applied in direction of venous return reduced on return strokes

	Appropriate direction	<ul style="list-style-type: none"> • Longitudinal effleurage strokes applied towards the major lymph nodes/direction of venous return • Shorter strokes applied in whichever direction is deemed to have the greatest effect • Work away from bony structure to avoid pinching/discomfort
	Regions treated	<ul style="list-style-type: none"> • Work on proximal areas before distal • Avoid working directly on bony structures or endangerment sites

<p>1.2 Explain how performance massage can complement other therapies and treatments</p>	<ul style="list-style-type: none"> • Reducing physical, physiological, and psychological tension prior to manipulative therapies <ul style="list-style-type: none"> ○ Chiropractic ○ Osteotherapy ○ Physiotherapy • Aiding <ul style="list-style-type: none"> ○ Cognitive therapies by promoting a feeling of well-being ○ Palliative care – Relaxing the whole body – Promoting restful sleep – Reducing mental stress
<p>1.3 Explain the importance of positioning and posture for the:</p> <ul style="list-style-type: none"> • Massage therapist • Client • Use of props 	<p>Massage therapist</p> <ul style="list-style-type: none"> • Stance (lunge) <ul style="list-style-type: none"> ○ Wide base of support ○ Weight on back foot/staying behind the stroke ○ Spine aligned with back leg ○ Effective use of weight transfer • Stance (squat) <ul style="list-style-type: none"> ○ Unsuitable for effective application of pressure ○ Neutral spine • Hand positions (see AC 1.1) <p>Client</p> <ul style="list-style-type: none"> • Should be positioned for <ul style="list-style-type: none"> ○ Comfort ○ Ease of access to treatment sites ○ Non-invasive of contact of tissues • Different positions <ul style="list-style-type: none"> ○ Prone ○ Supine ○ Side lying • Use of props

1.4 Describe the signs and symptoms of contra-actions	<table border="1"> <thead> <tr> <th data-bbox="528 188 999 259">Signs and symptoms</th><th data-bbox="999 188 1445 259">Response</th></tr> </thead> <tbody> <tr> <td data-bbox="528 259 999 512">Redness/itching, indicative of an allergic reaction to chosen medium</td><td data-bbox="999 259 1445 512"> Remove medium using cologne or similar alcohol-based cleanser Cease treatment/use alternative medium (according to client's choice) </td></tr> <tr> <td data-bbox="528 512 999 705">Heightened emotional state, exaggerated parasympathetic responses</td><td data-bbox="999 512 1445 705">Maintain a professional approach and assure client that reactions are not unusual (and are 'involuntary')</td></tr> </tbody> </table>	Signs and symptoms	Response	Redness/itching, indicative of an allergic reaction to chosen medium	Remove medium using cologne or similar alcohol-based cleanser Cease treatment/use alternative medium (according to client's choice)	Heightened emotional state, exaggerated parasympathetic responses	Maintain a professional approach and assure client that reactions are not unusual (and are 'involuntary')
Signs and symptoms	Response						
Redness/itching, indicative of an allergic reaction to chosen medium	Remove medium using cologne or similar alcohol-based cleanser Cease treatment/use alternative medium (according to client's choice)						
Heightened emotional state, exaggerated parasympathetic responses	Maintain a professional approach and assure client that reactions are not unusual (and are 'involuntary')						
1.5 State the therapist's response to contra-actions	<ul style="list-style-type: none"> • See AC 1.4 						
1.6 Describe effects and benefits of commonly used mediums in performance massage	<ul style="list-style-type: none"> • Oils <ul style="list-style-type: none"> ○ Oils provide a smooth, friction-free medium that allows large areas to be massaged easily – Natural vegetable- and plant-based oils – Nut or seed oils – Essential oils (if qualified) <ul style="list-style-type: none"> ○ Natural oils nourish the skin – Take care to avoid allergies • Creams and lotions <ul style="list-style-type: none"> ○ Thicker than oil, with less gliding ability ○ Easier to use than oils when manipulating tissues since it allows effective 'purchase' whilst minimising the risk of pinching ○ Less greasy than many oils which reduces the likelihood of stains to clothing and towels • Powder <ul style="list-style-type: none"> ○ Although powder reduces friction, it is not as efficient as cream, lotion or oil. Useful when the client does not want any oil or cream on their body or if they have excessive body hair. 						

	<ul style="list-style-type: none"> • Massage waxes <ul style="list-style-type: none"> ○ Combination of bee's wax, blended with oils (such as sweet almond or grapeseed) which helps provide a firmer grip when required • Massage gels <ul style="list-style-type: none"> ○ Provide an oil-like glide without the greasiness often associated with oils. They are also more readily absorbed than other massage mediums
1.7 Explain the advantages and disadvantages of commonly used mediums in performance massage	<ul style="list-style-type: none"> • See AC 1.6

2. Understand how to prepare for performance massage

<p>2.1 Describe the requirements of suitable environment in which to conduct performance massage, to include the following settings:</p> <ul style="list-style-type: none"> • in a clinic • outside 	<ul style="list-style-type: none"> • in a clinic: <ul style="list-style-type: none"> ○ room should be warm, quiet, private and well ventilated ○ area must be kept clean and tidy ○ hand-washing facilities must be available ○ a supply of clean, laundered towels, linen and paper couch roll must be available ○ a bin for disposal of waste must be available. • outside: <ul style="list-style-type: none"> ○ no obvious hazards, such as doorways, stairs, large volumes of human traffic ○ avoid working underneath trees ○ seek shelter from elements and consider use of a canopy ○ ensure the ground is level and stable ○ although a bare couch is easier to keep clean, the sun may make it very hot if left exposed for long periods ○ towels should be used prudently by encouraging clients to only remove minimal clothing to maintain
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	<p>warmth/privacy and massage should be done through clothing whenever possible</p> <ul style="list-style-type: none"> ○ keep hands clean by using alcohol wipes ○ if massaging in a confined area for short periods, take regular breaks.
<p>2.2 Identify the considerations when selecting a surface upon which to apply massage.</p> <ul style="list-style-type: none"> • Couch • Chair/bench • Ground 	<ul style="list-style-type: none"> • couch <ul style="list-style-type: none"> ○ robust ○ secure and stable ○ adjustable height ○ weight ○ consider advantages/disadvantages of inclined back/face hole ○ consider merits/limitations of different materials (wood, aluminium, carbon fibre, etc) ○ number of legs (more legs = harder to level and more to adjust) ○ price • chair/bench <ul style="list-style-type: none"> ○ robust ○ secure and stable ○ fully adjustable ○ weight ○ bench only suitable for legs • ground <ul style="list-style-type: none"> ○ location (see AC 2.1) ○ use of mat ○ only really suitable for legs
<p>2.3 Describe the purpose of couch roll, towels, pillows and bolsters</p>	<ul style="list-style-type: none"> • couch roll <ul style="list-style-type: none"> ○ protects towels from contamination ○ protects clothing from medium • towels <ul style="list-style-type: none"> ○ provide warmth ○ ensure modesty/privacy ○ used as props

	<ul style="list-style-type: none"> pillows/bolsters/props <ul style="list-style-type: none"> provide comfort prevent hyperextension of joints assist in the relaxation of muscles
2.4 Explain how to maintain personal hygiene & infection control during the treatment process	<ul style="list-style-type: none"> removing of watches and jewellery avoiding wearing vests or any tops without sleeves tying hair back wearing suitable footwear adherence to Government guidelines

3. Be able to perform performance massage treatments	
3.1 Prepare treatment area, equipment and self for performance massage	<ul style="list-style-type: none"> • Risk assessment to ensure site is suitable for proposed treatment <ul style="list-style-type: none"> ○ Indoor <ul style="list-style-type: none"> – Clinic – Changing room – Other ○ Outdoor • Appropriate standards of dress, personal hygiene and appearance • Equipment, materials and environment are clean and hygienic • Couch/massage surface is suitable for both therapist and client e.g. couch height • Materials are adequate for the planned massage <ul style="list-style-type: none"> ○ Couch cover ○ Couch roll ○ Towels ○ Medium ○ Cleansing lotion
3.2 Prepare clients for performance massage	Only the body area to be treated is exposed
3.3 Position clients for comfort, dignity and maximal effectiveness	<ul style="list-style-type: none"> • See AC 1.3
3.4 Perform massage methods that meet the presentation and needs of the client	<ul style="list-style-type: none"> • Client is suitably positioned throughout the massage • The application and duration of massage techniques are suitable to the client, their condition and the aims of the treatment • Any contra-actions are acted upon accordingly
3.5 Recognise verbal and non-verbal feedback and adapt the treatment plan accordingly	<ul style="list-style-type: none"> • Verbal feedback to be encouraged during treatment, closed and open questions • Non-verbal feedback in relation to body language, adverse reactions, practitioner observations

<p>3.6 Adapt own posture and position throughout to ensure safe and effective application of techniques</p>	<ul style="list-style-type: none"> • Lunge stance <ul style="list-style-type: none"> ○ wide base of support ○ weight on back foot/staying behind the stroke ○ spine aligned with back leg ○ effective use of weight transfer • squat stance <ul style="list-style-type: none"> ○ neutral spine • different treatment positions <ul style="list-style-type: none"> ○ prone ○ supine ○ side lying
<p>3.7 Perform all techniques in an effective manner</p>	<ul style="list-style-type: none"> • different hand positions <ul style="list-style-type: none"> ○ re-enforced digits ○ fingers aligned to direction of force ○ avoid excessive use of fingers • maintain contact throughout treatment <ul style="list-style-type: none"> ○ monitoring tissue response and responding accordingly • superficial to deep • appropriate speed/ pressure/depth • different directions <ul style="list-style-type: none"> ○ effleurage in direction of venous return ○ working away from bony structures to avoid pinching • rhythmical and linking techniques • variety
<p>3.8 Maintain interaction with clients throughout the massage</p>	<ul style="list-style-type: none"> • seeking continuous feedback • maintaining informed consent • ensuring minimal discomfort • building trust and rapport
<p>3.9 Remove massage medium when necessary</p>	<ul style="list-style-type: none"> • hygiene • safety • sports requirements

3.10 Apply and maintain professional standards throughout treatments	<ul style="list-style-type: none"> • appearance and manner • client care and communication • health, safety, and hygiene • confidentiality and boundaries
3.11 Restore working environment to safe and hygienic condition	<ul style="list-style-type: none"> • return equipment and furniture to place of storage • cleaning and sterilising • disposal of waste products • prepare room as appropriate • turn off electrical equipment

Providing post-treatment care advice (T/650/1364)

Unit aim

To provide the fitness professional with sufficient knowledge, understanding and skills to ensure that they can safely advise suitable post-treatment care for their client.

Content

1. Understand how to evaluate performance massage treatments

1.1 Compare methods used to evaluate the effectiveness of treatments	<ul style="list-style-type: none">• Methods used and advantages and disadvantages of each<ul style="list-style-type: none">○ Subjective methods○ Objective methods
1.2 Explain how the client can play an active role in ensuring the effectiveness of their treatment	<ul style="list-style-type: none">• Adhering to any advice given (see AC 5.4)
1.3 Explain the importance of self-reflection	

2. Understand how the lifestyle of the client can affect the effectiveness of treatment

2.1 Explain why it is important to consider individual lifestyle factors prior to giving any aftercare advice	<ul style="list-style-type: none">• identifying positive and negative lifestyle factors• accounting for stresses/demands placed on client's body (i.e. activities of daily living – ADL)
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2.2 Describe positive lifestyle factors	<p>Things which will have a positive impact on the client's recovery. e.g.</p> <ul style="list-style-type: none"> • access to additional resources (e.g. gym member) • high level of commitment (e.g. their own reasons for rapid recovery) • access to coaching/expert advice • flexible working hours
2.3 Describe negative lifestyle factors	<p>Things which will have a negative influence on the client's recovery. e.g.</p> <ul style="list-style-type: none"> • unable to rest the injured limb(s) due to work • child-care demands • high volume of seated activities (e.g. desk worker) • necessity of climbing stairs

3. Understand the importance of healthy eating

3.1 Explain the dietary role of key macro nutrients	<ul style="list-style-type: none"> • Carbohydrates <ul style="list-style-type: none"> ○ energy ○ digestion (fibre) ○ nervous system function (brain). • Fats <ul style="list-style-type: none"> ○ energy ○ insulation ○ protection of vital organs ○ fat-soluble vitamins ○ essential fatty acids ○ cell membranes and nerve structures. • Protein <ul style="list-style-type: none"> ○ cell growth and repair, including muscles ○ energy.
3.2 Explain the dietary role of key micronutrients	<ul style="list-style-type: none"> • Vitamins <ul style="list-style-type: none"> ○ Organic (can be broken down by heat, air or acid) • Minerals <ul style="list-style-type: none"> ○ Non-organic (maintain their chemical structure) • Essential for normal growth, function and health

	<ul style="list-style-type: none"> ○ Functions include: <ul style="list-style-type: none"> – Help the body to release the energy from food. – Regulate cell function. – Serve as building blocks for cells and organs. – Help maintain healthy teeth and bones. – Aid in muscle function. – Help with vision. – Oxygen transport in red blood cells. – Regulate and maintain water balance.
3.3 Identify common dietary sources for key macro and micro nutrients	<ul style="list-style-type: none"> • Grains <ul style="list-style-type: none"> ○ bread, pasta, potatoes, cereal, and rice ○ provide carbohydrates for energy and fibre. • Fruit and vegetables <ul style="list-style-type: none"> ○ provide fibre, vitamins, and minerals. • Dairy <ul style="list-style-type: none"> ○ milk, cheese, and yoghurt ○ source of calcium for strong teeth and bones. • Meat and protein <ul style="list-style-type: none"> ○ fish, nuts, dry beans, and eggs ○ provide protein, iron, and zinc. • Saturated fats/trans fats and sweets <ul style="list-style-type: none"> ○ cakes, biscuits, pastries ○ provide little nutrition.
3.4 Explain the importance of adequate hydration	<ul style="list-style-type: none"> • Functions of water include: <ul style="list-style-type: none"> ○ Regulation of body temperature ○ Maintaining blood plasma volume ○ Removal of waste products ○ Moistening of body tissues/lubricant – eyes – mouth – nose.

3.5 Explain current healthy eating guidelines	<ul style="list-style-type: none"> • Base meals on starchy foods • Eat plenty of fruit and vegetables • Aim to eat at least two portions of fish a week • Reduce saturated fat and sugar intake • Get active and be a healthy weight • Eat less salt • Avoid getting thirsty • Always eat breakfast <p>Ref: NHS choices: "Eight tips for healthy eating"</p>
3.6 Explain the importance of healthy eating in relation to growth, repair and injury	<ul style="list-style-type: none"> • Significance of maintaining an adequate supply of nutritionally balanced food when less active due to injury <ul style="list-style-type: none"> ○ Avoid excessively decreasing calorific intake (due to concern of weight gain)
3.7 Explain professional boundaries when offering healthy eating advice	Level of information is in line with current government/NHS Healthy Eating Guidelines

4. Understand the principles of post-treatment advice

4.1 Summarise the aims of post-treatment advice	<ul style="list-style-type: none"> • Give information/advice (see AC 4.3) • To inform clients on how they can play a more active role in optimising their health.
4.2 State when to refer clients to other professionals	<ul style="list-style-type: none"> • Development of unexpected symptoms • When treatment is not working • Outside the limit of professional knowledge and scope.
4.3 Describe the types of advice/information which may be provided	<ul style="list-style-type: none"> • Appropriate to client and their own scope of practice: <ul style="list-style-type: none"> ○ rest ○ hydration ○ nutrition (see LO3) ○ stretching • On the effects of massage and appropriate times to repeat its application, including:

	<ul style="list-style-type: none"> ○ erythema ○ dehydration ○ tiredness ○ bruising
4.4 Explain the importance of ensuring that any advice given is recorded	<ul style="list-style-type: none"> • Legal requirement • Method of monitoring progress.

5. Be able to evaluate performance massage treatments

5.1 Carry out post-massage assessments of clients	<ul style="list-style-type: none"> • Reassessment of subjective information obtained prior to treatment (see AC5.2) • Reassessment of objective measurements obtained prior to treatment (see AC 5.3)
5.2 Obtain feedback from clients	<ul style="list-style-type: none"> • Verbal • Written
5.3 Evaluate treatment and identify areas and opportunities for improvement	<ul style="list-style-type: none"> • Achievement of aims and objectives • Subjective & objective assessment • Techniques used • Methods and adaptations used
5.4 Present aftercare advice to clients, providing opportunities for questions	<p>Provide advice to meet client's individual needs:</p> <ul style="list-style-type: none"> • Rest • Hydration • Awareness of adverse reactions • Erythema • Nutritional advice (within scope of practice) • Stretches • Referral to healthcare practitioner
5.5 Report progress to the relevant healthcare professional if required	Informed consent, data protection and legal requirements

5.6 Record massage sessions as legally required

(See ACs 5.2 & 5.4)

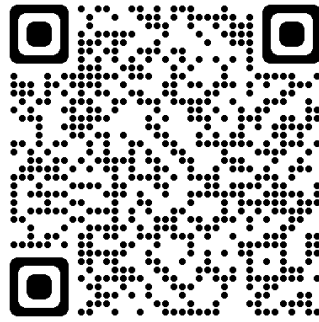
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Guidance for training providers

Centre and qualification approval

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Find out more on our website:



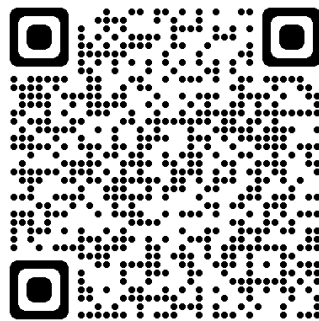
ymcaawards.co.uk/approvals

Tutor, assessor and IQA requirements

All tutors, assessors and internal quality assurance (IQA) staff need to:

- 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 industry codes of ethical practice
- Demonstrate active involvement in 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).

Find out more on our website:



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