

Assignment Assessment Form

iUSP158 – Conduct complex assessment for sports massage

Instructions:

- Assessors must use this form to evaluate Learners’ submitted evidence, which may be a combination of some or all of the types listed below. Please indicate with a ✓ which source of information was submitted and accepted, and indicate with an × evidence submitted but not accepted
- Learners may re-submit evidence for further evaluation at any stage of their course in order to achieve success
- When all evidence has been submitted and accepted Assessors must place a ✓ in the Assignment Completed box. This indicates a pass mark
- The form must be placed with the project evidence for ITEC external verification purposes

	Written Word	Bibliography/ Reference List	Appendices	Peer Reviewed Journals	Internet Peer Reviewed Web Pages	Date Accepted
<ul style="list-style-type: none"> • Neurological presentation <ul style="list-style-type: none"> - Peripheral nerve pathways - Characteristics and organisation of dermatomes - Characteristics of myotomes - Common causes of neurological damage - Common peripheral neuropathy patterns - Presentations that require neurological testing - Pathophysiology of common neurological injuries/soft tissue dysfunction 						

- The importance of referral for neurological testing						
<ul style="list-style-type: none"> • Sports specific posture and gait <ul style="list-style-type: none"> - Gait cycle - Methods used to analyse gait - Effect of foot deformities on gait - Gait abnormalities - Effects of postural deformities on sporting performance - Principles of sports specific posture analysis 						
<ul style="list-style-type: none"> • The principles and practice of complex assessment methods for sports massage <ul style="list-style-type: none"> - Range of complex assessment methods - Potential impact of yellow flags on prognosis - Red flags and the importance of urgent medical referral - Process of clinical reasoning and stages of problem solving 						
Assignment Completed					Pass	

Learner name: _____

Learner signature: _____ **Date:** _____

Lecturer/Assessor name: _____

Lecturer/Assessor name signature: _____ **Date:** _____

External examiner name: _____

External examiner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	03/09/2019	First published	Qualifications and Regulation Co-ordinator