

Treatment Evidence Guidance Form

iUSP158 – Conduct complex assessment for sports massage

Assessment should be carried out on 5 different clients relevant to the client’s condition and needs to include all joints of the body.

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner’s completed treatment evidence form.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Physical examination to include body alignment/posture and palpations			
Joint movement testing			
Isometric strength testing			
Special tests – ligamentous and neural			
Functional tests			
Full postural analysis of symmetry and examination			
Gait analysis			
Range of movement findings, identifying strengths and areas for improvement			
Pre-existing conditions/disease processes (therapeutic and remedial)			
Devise treatment plan and massage strategies			
Rationale for chosen strategies			

Please note; each box must be ticked ‘Yes’ in order to gain a pass grade. If any area is answered ‘No’ the treatment evidence will be referred until the omitted section is completed.

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