

Treatment Evidence Guidance Form

iUSP161 – Provide complex massage techniques for sports massage

Complex sports massage techniques should be carried out on a minimum of 5 different clients

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 | | | |
| Massage strategy/application of a range of complex massage techniques | | | |
| Rationale for the chosen strategies | | | |
| Protocols to follow for the chosen complex massage techniques | | | |
| Tissue response throughout the treatment | | | |
| Client feedback throughout the treatment | | | |
| Aftercare/home care advice given | | | |
| Evaluation of the purpose and benefits of each aftercare method given | | | |
| Evaluation of the effectiveness of the treatment | | | |
| Adapt treatment plans based on the evaluation of the treatment | | | |
| All treatments completed | | | |

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 |
| | | | |
| | | | |