

Treatment Evidence Guidance Form

iUSP151 – Conducting Subjective and Objective Assessment

Consultations/Assessments must be carried out on a minimum of 5 clients to cover all major joints of the body

To be completed by the lecturer and internal quality assurer before being externally quality assured by the EQA. 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			
Functional tests			
Full postural analysis of symmetry and examination			
Range of movement findings, identifying strengths and areas for improvement			
Pre-existing conditions/disease processes (therapeutic and remedial)			
Devise treatment plan and state rationale for chosen massage interventions			
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.

Lecturer/assessor name: _____

Lecturer/assessor signature: _____ Date: _____

Quality assured by name: _____

Quality assured by signature: _____ Date: _____

External examiner name: _____

External examiner signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualifications Administrator