

Treatment Evidence Guidance Form

iUSP157 – Provide sports massage techniques to prevent and manage injury

Sports massage treatments 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 soft tissue techniques			
Injury management			
Injury prevention			
Tissue response throughout the treatment			
Client feedback throughout the treatment			
Home care/aftercare advice 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.

External examiner name: _____

External examiner signature: _____ Date: _____

Lecturer/Assessor name: _____

Lecturer/Assessor signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Quality assurer name: _____

Quality assurer signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	30/09/2019	First published	Qualifications Administrator