

# 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