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There are a number of professional associations (PAs) that offer membership to qualified (post graduate) sports massage therapists.

Individual PAs often have their own membership entry requirements that can include such as:

- A minimum period of time over which a course/qualification is completed.
- The method of course delivery.
- · A logbook to evidence student practise hours.
- A First Aid qualification.
- An annual log of Continuing Professional Development hours (CPD).

This list is not necessarily complete and learners are advised to check the requirements of a specific PA they may like to join post qualification.

Contents of Units			Record of Achievement			
Unit Name	Evidence	Assessment Method	Planned assessment date	Pass/Refer/APA	Assessors Signature & Date	IV Signature and date (If Sampled)
Anatomy and Physiology for Sports Massage	Worksheet 1	Written				
Principles of Health and Fitness	Worksheet 2	Written				
Understand the principles of soft tissue dysfunction	Worksheet 3	Written				
Professional practice in sports massage	Worksheet 4	Written				
	Worksheet 5	Written				
Sports Massage Treatments	Summative Observation – Pre- Event in a non-clinical environment	Observation				
	Summative Observation – Maintaince Massage in a Clinical Evironment	Observation				
	Summative observation – Post Event massage in a non – clinical environment.	Observation				
	Self-Evaluation of massage performance	Written Verbal				
	Practice Hours	Log Book				

#### **Assessment Declaration**

Declaration		Name:	Signature:	Date:
Learners Agreement:	I agree to be assessed according to the assessment plan and am happy that any additional support I require has been discussed and a separate plan put in place for this. I declare that all of the evidence (listed in the assessment plan) that will be produced for this portfolio will be my own unaided work.			
Assessors Agreement:	I have discussed the planned assessments with the learner and any additional support required has been planned and recorded separately.			

#### **Record of Achievement Declaration:**

Declaration		Name:	Signature:	Date:
Assessors Agreement 1:	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
Assessors Agreement 2:	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
Assessors Agreement 3:	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			
Internal Verifiers Agreement 1:	I declare that all learner evidence (listed in the assessment plan) has been assessed and meets the learning outcomes, assessment criteria and evidence requirements for the qualification.			

# Unit 1 Anatomy and physiology for sports massage Unit accreditation number:

## Worksheet 1 – Anatomy and physiology for Sports Massage

Within the worksheet you must achieve a pass within every question. Feedback is awarded at the end of each worksheet and will also highlight areas of good practice and development.

1. Using the options available, outline the structural organisation of the human body.

Options				
Tissues	Cells			
Organelles	Systems			
	Tissues			

2. Describe each of the following and their functions within the human body.

TISSUE TYPE:	DESCRIPTION:
Muscular	
Nervous	
Connective	
e de la Pal	
Epithelial	

ME:	NAME:	
4. Using the Table below, nam	e the functions of the skin.	
,		
p		
R		
E		
S		
		=
5		
D .		
•		
5. What factors could affect sl	in condition?	

6.	How would or could	I this effect a client's experience in regards to sports massage?
7.	Name and describe	the five functions of the Skeleton?

8. Describe each bone classification and give examples within the body.

Classification	Description		Examples
Long bones			
Short bones			
Flat bones			
Irregular bones			
megalar bones			
Caranaldhana			
Sesamoid bones			
<b>9</b> The Skeleton is co	mprised of two main section	s can vou name?	
5. The skeleton is to	imprised of two main sections	s, can you name:	
10. How many bones approximately are in the human body?			

11. Fill in the missing words from the list provide, to explain the stages of bone growth?

	Missing Word	5	
diaphysis	ossificatio	on	epiphyseal
cartilaginous	membranous	woven	lamellar

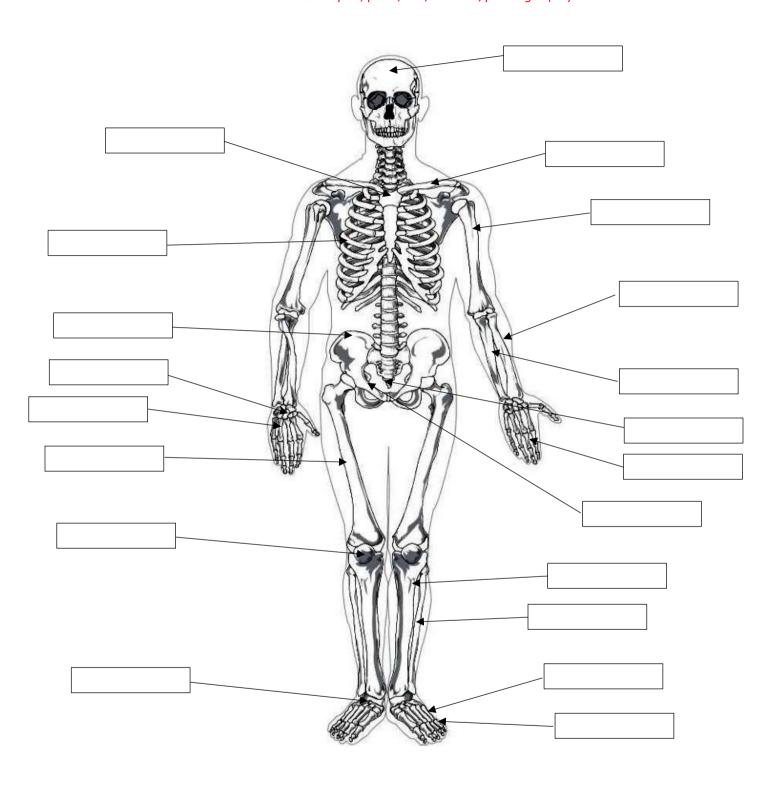
The development of bone begins before birth with the form	mation ofhope is laid down in an irregular
fashion. This is quickly replaced with	bone is laid down in an irregular bone, which has a stronger, more orderly structure.
In long bones, foetal growth occurs at the primary ossifica After birth and into childhood, growth occurs at two cartl	
plates, which are located between the diaphysis and epip (the process by which bone i	hysis. These growth plates ate the sites of secondary f formed) and this continues until lengthening is complete
between the age of 18 and 30 years.	
12. Complete the diagram below to explain the stages of	of bone growth.

13. Can you name 2 short term and long-term effects of exercise upon the skeletal system?

SHORT TERM	LONG TERM

## 14. Can you name the bones upon the presented skeleton.

Femur, clavicle, humerous, radius, ulna, tarsals, metatarsals, cranium, patella, tibia, fibula, ilium, ishium, carpals, metacarpals, pubis, ribs, sternum, phalanges (x 2)



15. Describe the following joint classifications and give an example of both.

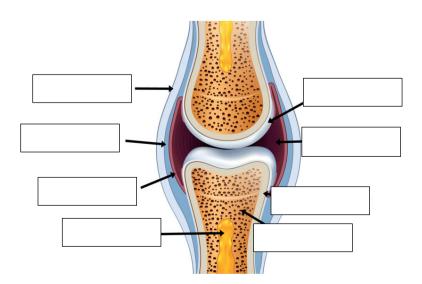
Joint classification	Description and example joint
Fibrous	
Cartilaginous	
Synovial	

16. Describe characteristics of ligaments and characteristics of tendons.

Structure:	Description:
LIGAMENTS	
TENDONS	

17. With the diagram below, can you label and describe each structure within a synovial joint?

Ligament, Joint Capsule, Synovial membrane, Bone Marrow, Articular cartliage, Joint Cavity/Synovial Fluid, Compact Bone, Spongy Bone

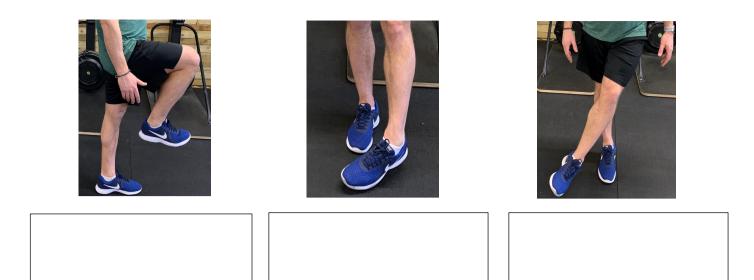


STRUCTURE:	DESCRIPTION:
Articular Cartilage / Hyaline	
Ligaments	
Synovial Membrane	
Syriovial Membrane	
Synovial fluid	
Joint Capsule	
Joint Cavity	
Tendons	
18. When working on a	a client's knee, which joint are you working around and what are the surrounding
muscles?	

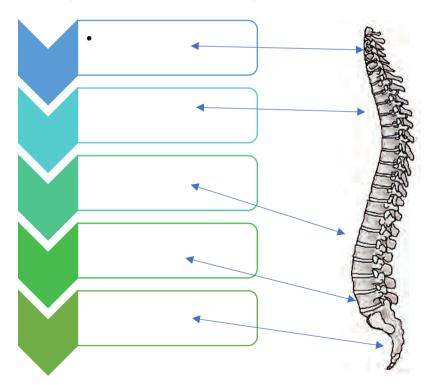
19. Can you name an example and describe its characteristics' including movement for each of the 6 classified joints?

JOINT TYPE	EXAMPLE	RANGE OF MOTION (ROM)
BALL & SOCKET		
HINGE		
PIVOT		
SADDLE		
GLIDING		
ELLIPSOID		

20. Can you name the following movements and name the joint?



21. Can you name each section of the spin and state the associated vertebrae within each region?



22.	Describe the following three types of muscular contraction, as well examples in a sporting context and
	when performing sports massage.

Type of Contraction:	Description:	Sporting Example:	Your Example when performing Sports Massage.
ECCENTRIC			
CONCENTRIC			
ISOMETRIC			

23. Name and describe the three types of muscle tissue, including examples where they are found.

Muscle Tissue Type:	Description:

24. Describe the sliding filament theory, outline the four stages.
25. Explain the 'all or none law' in regards to muscular contraction.
26. Identify each structure within a neuron upon the diagram below.

then and describe each role.		
ROLE:	DESCRIPTI	ON:
		nts regarding the make-up of blood.
28. Identity and	escrine folir compone	nts regarding the make-lin of blood
	escribe rour compone	
BLOOD COMPONENT:	escribe rour compone	DESCRIPTION:
	escribe rour compone	
	escribe rour compone	

27. The nervous system, in its simplest form, is a communications system and it has three main roles: Can you name

29. What is blood pressure, describe it.		
30. What can affect blo	od pressure in a client? Outline four factors you must consider for each individual.	
21 Evaluin each of the	main structures within the lumphatic system	
	main structures within the lymphatic system.	
CERTICE	DECORPORAL	
STRUCTURE:	DESCRIPTION:	
LYMPATHIC CAPILLARIES	DESCRIPTION:	
	DESCRIPTION:	
LYMPATHIC CAPILLARIES	DESCRIPTION:	
	DESCRIPTION:	
LYMPATHIC CAPILLARIES	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES	DESCRIPTION:	
LYMPATHIC CAPILLARIES	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES  SPLEEN	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES  SPLEEN	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES  SPLEEN	DESCRIPTION:	
LYMPATHIC CAPILLARIES  LYMPHATIC NODES  SPLEEN  THYMUS	DESCRIPTION:	

1		
2		
3		
33. The urinary s		system. The system consists of the following structures, can you
1		
2		
3		
4		
34. Look to use	the table below, describe eac	h of the major endocrine glands.
Pituitary gland		
Thyroid gland		
Adrenal glands		
Pancreas		
Ovaries		
Testes		

32. What are the three functions of the digestive system?

2	
36. Describe what the terms inspiration and expiration pressure and the roles of the breathing muscles.	on mean. Outline how breathing works, drawing reference to
37. What two muscles are involved in breathing?	

35. In four steps describe how hormones work.

38. Can you list the passage to the lungs? Describing each structure and their function.

STRUCTURE:	DESCRIPTION:	
39. Explain Gaseous exchange, from air arriving into the lungs and into the alveoli.		

## 40. Explain the effects of sports massage

PHYSIOLOGICAL AND NEUROLOGICAL EFFECTS			
PSYCHOLOGICAL EFFECTS			
PHYSICAL EFFECTS			
Assessor Feedback:			
Assessor reedback:			
Action points/ points for development			
The second points for we to price to			
Every question must be answered fully Pass:	and be marked correct and 100% pass mark achieved.  Refer:		
Fass:	Keier:		

## Unit 2 Principles of health and fitness Unit accreditation number:

## Worksheet 2 - Principles of health and fitness

AN ACTIVE, HEALTHY

LIFESTYLE IS:

Within the worksheet you must achieve a pass within every question. Feedback is awarded at the end of each worksheet and will also highlight areas of good practice and development.

1. What is an active and healthy lifestyle? Define in your own words what is an active, healthy lifestyle and the benefits of such a lifestyle.

THE BENEFITS OF AN		
ACTIVE, HEALTHY		
LIFESTYLE ARE:		
	elow to describe the co	omponents of health-related fitness and skill related fitness
Health Related fitness		Skill Related fitness
Cardiovascular Fitness:		Speed:
Muscular Endurance:		Power:
Muscular Strength:		Reaction Time:
Flexibility:		Co-ordination:
Body Composition:		Balance:
		Agility:

3. Describe a long-term effect and short-term effect of exercise on these systems.

BODY SYSTEM:	SHORT-TERM EFFECT:	LONG – TERM EFFECT:		
CARDIOVASCULAR SYSTEM				
RESPIRATORY SYSTEM				
SKELETAL SYSTEM				
MUSCULAR SYSTEM				
4. What is blood pooling, what effect does it have on the body, and outline an example you would face this in sports massage therapy.				
5. What type of activ	vities are likely to cause DOMS (Delayed O	nset of Muscle Soreness.)?		
6. List and describe component	each of the FITT principles and explain ho	w to adapt modify and progress for each		

7. Describe each	of the principles of training listed in the table below
Individuality	
Specificity	
Draguesius Overland	
Progressive Overload	
Adaptability	
,	
Recovery Time	
Reversibility	
8. Describe the d	ifference between programming exercise for physical fitness and for health benefits
9. Describe the h	nealth benefits of physical activity
). Describe the f	realth benefits of physical activity
10. Describe delay	red onset muscle soreness

12. Cor	nplete the	table below and describe the effect that phys	sical activity has	on the diseases listed
Disease	Benefit	Benefits of physical activity		
Heart Disease				
Cancer				
Diabetes				
Hypertension				
Obesity				
Osteoporosis				
	lain each rces withi	of macronutrients in regards to their functions n a diet.	s in the human l	oody, also giving examples of their
MACRONUTRIENT		FUNCTIONS WITHIN THE BODY		SOURCES
PROTEIN				
FAT				
CARBOHYDRATE				

11. Outline three symptoms that could indicate overtraining in a client?

14. Why is important to maintain adequate hydration and draw reference to sports massage and its effects also.
15. Outline the importance of a healthy diet in relation to growth, repair and injury within a client's body.
16. Explain your professional boundaries if/when offering any nutritional advice.

Action points/ points for development
Every question must be answered fully and be marked correct and 100% pass mark achieved.
Pass: Refer:

# Unit 3 Understand the principles of soft tissue dysfunction Unit accreditation number:

1. What are the differences between soft tissue injury and dysfunction?

## **Worksheet – Principles of soft tissue dysfunction**

Within the worksheet you must achieve a pass within every question. Feedback is awarded at the end of each worksheet and will also highlight areas of good practice and development.

			common causes, signs and symptoms.
TYPE OF INJURY	DESCRIPTION	COMMON CAUSES	SIGNS AND SYMPTOMS
STRAINS			
SPRAINS			
OVERUSE			
SKIN			

	oms, as well as outline how you m			r each including
4. Describe the c	common causes, signs and symp	toms of soft tissue dys	function.	J
5.Explain the stag	ges of soft tissue repair with exam	nples and what a sports	massage therapist would do	at each stage.
ACUTE				
SUB-ACUTE				
CHRONIC				

6. Describe the inflammation process and why is it important?
7.What type of treatment's can be used in the remodelling phase for a client.

Assessor Feedback:	
Action points/ points for development	
Every question must be answered fully and be marked co	orrect and 100% pass mark achieved.
Pass:	Refer:

## Unit 4 Professional practice in sports massage Unit accreditation number:

## Worksheet 4 – Professional practice in sports massage

Within the worksheet you must achieve a pass within every question. Feedback is awarded at the end of each worksheet and will also highlight areas of good practice and development.

	1.	Identify and describe two pieces of legislation which apply to sports massage therapy.
	2.	Outline why it is important to obtain and work within the boundaries of informed consent. Use examples within professional practice.
	3.	List four responsibilities of a sports massage therapist to their clients and practice.
1		
2		
3		
4		

	4.	Describe why it is vital to have a responsible adult/chaperone present in a treatment when working with children and vulnerable adults.
	5.	Why is it so important to value equality and diversity when working with your client base?
	6.	As a sports massage therapist why are communication skill important, look to also include examples to help add context.
	7.	Name four procedures you would have in place to ensure confidential records are safe?
1		
2		
3		
4		
	8.	Name the piece of legislation that sports massage therapists must abide by in regards to client records?

Assessor Feedback:	
Action points/ points for development	
<b>Every question must be answered fully and be marked co</b>	rrect and 100% nass mark achieved
Pass:	Refer:

# Unit 4 Professional practice in sports massage Unit accreditation number:

### **Assignment**

Within the assignment you must achieve a pass within every question and aspect. Feedback is awarded at the end of each worksheet and will also highlight areas of good practice and development.

You will need to produce a written assignment using the following guidance:

#### Part one

Using a combination of existing knowledge and research, prepare the following for a new sports massage business:

- An informed consent procedure which details what information should be given to clients before gaining consent for:
  - Physical assessments.
  - Treatments.
  - Communication and referral to other professionals.
- A description of common cautions and contraindications and what actions to take if presented with each common caution/contraindication. The list must include:
  - Four local contraindications.
  - Four systemic contraindications.
- Describe and outline how you would apply procedures to ensure your practice abided with COVID-19 Safety precautions.
  - From initial consultation to treatment
  - Include pre-appointment procedures
- A referral procedure for working with other professionals to include:
  - How to communicate with others in a professional manner.
- A protocol to follow when presented with an emergency situation.
- An explanation of the personal and clinical standards expected when acting as a sports massage therapist.
- An information storage policy including:
  - An explanation of what information should be recorded.
  - The principles to apply when recording treatments.
  - The legal requirements for the storage and disposal of records.

### Part two

Use existing knowledge and research of professional sports massage organisations to answer the following questions:

- Identify five key professional standards to follow when practising sports massage.
- Evaluate the roles of professional organisations relating to sports massage.
- What is the purpose of regulation?
- Why is continuing professional development important?
- What are the insurance requirements for sports massage practice?

Please include a copy of the assignment within this portfolio.

Assessor Feedback:	
Action points/ points for development	
Every question must be answared fully and be marked as	arrest and 100% noss mark achieved
Every question must be answered fully and be marked co Pass:	Refer:

# Unit 5 Sports massage treatments

Unit accreditation number: T/506/7228

### Worksheet 5 – Sports massage treatments

Within the worksheet you must achieve a pass within every question. Feedback is awarded at the end of each worksheet and will also highlight areas of good practice and development.

1.	How can sports massage compliment other therapies and treatments, use examples to help add context.
2.	How can sports massage therapy aid injury recovery? Physiologically how does it aid the body.
3.	In the table below, complete each area to describe the context in which sports massage therapy is used.

MASSAGE TYPE:	AIMS AND OBJECTIVES OF THE TREATMENT:	METHODS AND TECHQIUES USED, WITHIN CONTEXT.
PRE-EVENT		
INTER/INTRA EVENT		
POST-EVENT		
MAINTENANCE		
		20

	provided, what equipment considerations do you need to consider for these difference types of book to use examples.
MASSAGE TYPE:	EQUIPMENT REQUIRED:
PRE-EVENT	
INTER/INTRA EVENT	
POST-EVENT	
MAINTENANCE	
5. In the light of massage.	of COVID-19, what other types of equipment could you require. Use examples and discuss each type

CLIENT				
SPORTS MASSAGE T		aguinment helow descri	on the number of each as w	vell as the benefits and disadvantages.
EQUIPMENT:	PURPOSE:	equipment selow, desem	BENEFITS:	DISADVANTAGES:
MASSAGE CHAIRS				
PROPS & BOLSTERS				
PILLOWS				
MASSAGE OIL				
MASSAGE WAX				
COUCH ROLL				
THERAPIST THUMB				

6. Why is positioning and posture so important for both therapist and client?

8. Why is a client consultation so important, especially initially with a new client?				
9. What is mean	nt by the following teri	ms, describe them and ຄ	give examples to add contex	t.
SUBJECTIVE ASSESSMENT				
OBJECTIVE ASSESSMENT				
10. For each of the	ne following massage t	echniques describe the	m.	
	EFFLEURAGE	PETRISSAGE	TAPOTENMENT	FRICTIONS
HOW TO APPLY THE TECHNIQUE AND ITS APPLICATION.				

HOW TO APPLY THE TECHNIQUE AND ITS APPLICATION.		
EFFECTS		
ANY SAFETY CONSIDERATIONS		
ANY CHANGES IN TECHNIQUE IN DIFFERING SCENARIOS?		42

	11. How would you evaluate the effectiveness of your treatments?
:	12. Why is important to ensure feedback is a two way process with a client?
:	13. Why is it important to self -eflect after treatments?
:	14. Name 3 different types of CPD?
1	
2	
3	

Assessor Feedback:	
Action points/ points for development	
Every question must be answered fully and be marked corr	rect and 100% pass mark achieved.
Pass:	Refer:

# Unit 5: Sports massage treatments Unit accreditation number:

### **CLIENT CONSULTATION RECORD**

Client Details:		
TITLE:	DOB:	
SURNAME:	GENDER:	
FORENAME:	CONTACT NUMBER:	
EMAIL:		
Emergency Contact Details:		
NAME:	CONTACT NUMBER:	
RELATIONSHIP TO YOU:		
REASON FOR YOUR VISIT TODAY:		
Clients Lifestyle and Work Details:		
OCCUPATIONE:	FULL/PART TIME: :	
DAILY ROLES AND ACTIVITIES (both physical and sedmentary):		
ANY CHANGES RECENTLY:		
DO YOU EVER END YOU WORKING DAY WITH PAINS OR ACHES: _		

Hobbies/Interests:	
WHAT TYPE OF HOBBIES OR INTERESTS DO YOU PARTICPATE IN:	
HOW MUCH PHYSICAL ACTIIVTY/EXERCISE DO YOU PARTICPATE IN WEEKLY ON AVERAGE	:
HAS THIS CHANGED IN THE LAST YEAR:	
MEDICAL HISTORY:	
SURGERY ADDRESS:	
NOTES:	
Upon the following list, do you or have you had any within the last 6 months. Circle	which ones apply to you and discuss
the details with your therapist.	
YES/NO (Delete as appropriate.).	
Details:	
	·····
Have you needed to visit your GP in the last 6 months? YES/NO	
Details:	
- 5331151	

#### CONTRAINDICATIONS CHECKLIST

Please read the following carefully and inform your Sports Massage Therapist if you currently have, or have had in the past 6 months, any of the following symptoms / conditions:

#### Musculoskeletal Issues:

e.g. Strains / Sprains / Fractures / Myositis / Joint Replacement / Arthritis / Osteoporosis / Bursitis / Tendonitis / other

### **Circulatory Issues:**

e.g. Heart Condition / Hypertension / Hypotension / DVT / Phlebitis / Varicose Veins / Haemophilia / CV disease / other

#### **Neurological Issues:**

e.g. Epilepsy / Sciatica / Neuralgia / MS / Parkinsons / other

### **Skin Issues:**

e.g. Eczema / Acne / Athletes Foot / Warts / Dermatitis / Psoriasis / Impetigo / Cuts / Bruises / Burns / Undiagnosed Lumps / other

### **Respiratory Issues:**

e.g. Asthma / Pneumonia / Bronchitis / Sinusitis / Cold / Cough / Flu / other

#### **Immune Issues:**

e.g. Cancer / Rheumatoid Arthritis / HIV / AIDS / other

#### **Digestive Issues:**

e.g. IBS / Constipation / Diarrhoea / Gall Stones / Kidney Stones / Urinary Tract Infection / other

### Miscellaneous Issues:

e.g. Diabetes / Allergies / Recent Operations / Major Operations / Pregnancy / Unstable Pregnancy / Glandular Fever / Headaches / Psychological Issues / Menstrual Issues / Substance Abuse / Feeling Unwell / oth

Have you been given permission by your GP/Consultant to carry out the treatment? (please attach letter.).

YES / NO (required when treating clients with GP referral contraindications)

I fully understand that thorough and honest responses to these questions are essential to my safety. I hereby confirm that the information stated above is accurate to the best of my ability and I undertake to inform my practitioner of any changes.

I further understand that prior to any treatment a physical assessment needs to be carried out. The procedure has been fully explained to me and I am happy to proceed

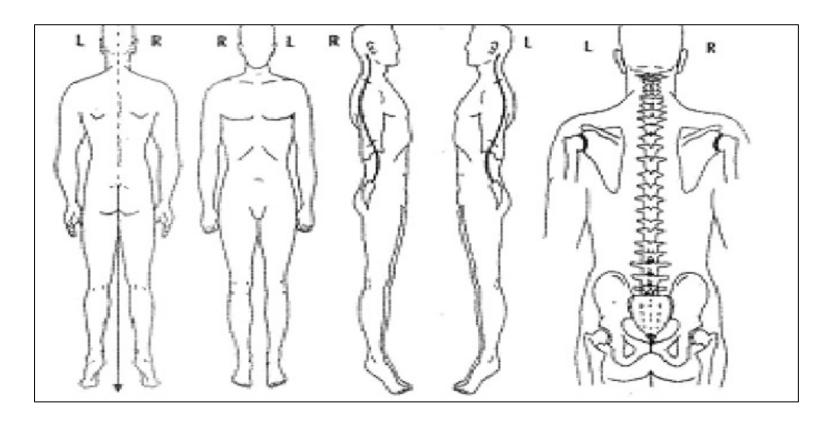
CLIENT: Signed	Date
PRINT NAME:	
THERAPIST:	
Signed	Date
PRINT NAME:	

# **Client Analysis:**

# **Subjective Assessment:**

Using the box provided discuss client's subjective history. Also use the images provided to indicate areas

Notes:	



# **OBJECTIVE FINDINGS:**

### **Postural Analysis:**

	ANTERIOR '	VIEW	
HEAD TILT:	RIGHT	LEFT	SHOULDER LEVEL:
	ers		
HAND MEDIALLY ROTATED:			ASIS LEVEL:
FEET POSITION:			THERAPIST NOTES:
	SIDE VIE	:\A/	
HEAD POSITION:	RIGHT	LEFT	PROTRACTED SHOULDERS:
ALIGNMENT:			ASIS / PSIS:
SPINAL POSITION:			THERAPIST NOTES:

	POSTERIOI	R VIEW	
ANGLES OF SCAPULA:	LEFT	RIGHT	SCOLIOSIS: :
AEAR LEVEL/TILTED HEAD:			PSIS LEVEL:
KNEE LEVEL:			THERAPIST NOTES:
Range of Movement Testing:			
JOINT: ANKLE			
JOINT: KNEE			

JOINT: HIP	
JOINT: SHOULDER	
ADI /FUNCTIONAL TESTS.	FINDINGS.
ADL/FUNCTIONAL TESTS:	FINDINGS:

### **Summarise your findings:**

NOTES:	
Treatment Plan:	
	I
TREATMENT AREAS AND STRUCTURES:	PROPOSED ACTIONS:
I hereby give my consent for the therapist to continu	ue with the treatment outlined above.
Client's signature	Date

### Post Treatment Feedback and Assessment:

Client Feedback:		
Post care Advice:		

# **Unit 5: Sport Massage Treatments**

# Formative Observation – Palpation

Key: Tick is competent Q- Question maybe be asked	ted to determine competence X - Referal				
Date:	·				
Landmarks and Anatomy of the ANKLE.					
The Learner Has:					
1. Medial / Lateral Malleolus	6. Calcaneus				
2. Achilles Tendon	7. 5 <sup>th</sup> Metatarsal				
3. Talocurural Joint	8. Gastrocenemius				
4. Soleus					
5. Plantaris					
Landmarks and Anatomy of the SHOULDER:					
The Learner Has:					
Lateral Boarder of Scapula	6. Trapezius				
2. Medial Boarder of Scapula	7. Superior Angle of Scapula				
3. Inferior Angle of Scapula	8. Rhomboids				
4. Deltoids	9.Lattimus Dorsi				
5. Acromion Process 10.Spine of Scapula					
Landmarks and Anatomy of the KNEE:					
The Learner Has:					
1. Tibial Tuberosity	6. Tibial plateau				
2. Patellar Tendon	7. Location of MCL/LCL.PCL and ACL				
3. Tibia	8. Superior / Inferior Pole of Patella				
4. Head of Fibula	9.Meniscus				
5. Femoral Condoyles	10. VMO / VI / RM / VL				
Landmarks and Anatomy of the HIP/SPINE:					
The Learner Has:					
1. PSIS	4.C7				
2. ASIS					
3. ILLIAC CREST					
Result: Delete as Appropriate	COMPETENT: NOT COMPETENT:				

Assessor's Feedback and Questions:		

Any criter	ia marked with a * (Competent): Any criteria m	narked with a X (Not Competent): Any criteria marked with a 🌑 (Compe	etent with a comr	nent): Question	to be asked Q					
DATE OF A	ASSESSMENT:									
REASON F	OR VISIT OBTAINED:	YES/NO								
SUBECJTIV	/E ASSESSMENT CRITERIA A:			CLIENT DETILS	S N	/IEDICAL HIS	TORY	SUBJEC	TIVE AS	SSESSMENT
Learner H								:		
1.	Appropriately explained the assessment m									
2.	., , , , , ,	to ask questions and allowed a two way process.								
3.	Carried out assessment appropriately, reco	rding the information accurately on the client record card.								
OD IF CTIV	F ACCECCATENT ODITEDIA D		DOCT	IDAL ANALYSIS	DANIGE OF ME	A CERAFRIT	FUNCTION	IAI TESTINIS	2412	ATION OF STRUCTURES
Learner H	E ASSESSMENT CRITERIA B:		POSIT	JRAL ANALYSIS	RANGE OF MC	VEIVIEN I:	FUNCTION	NAL TESTING:	PALP	ATION OF STRUCTURES:
1.	Appropriately explained the assessment m	ethod and reasons for use to the client.								
2.	Obtained informed consent before carrying									
3.	Carried out assessment appropriately, reco	rding the information accurately on the client record card.								
TREATME	NT PLANNING CRITERIA C:									
Learner H									1	
1.	Devised and discussed possible treatments a	nd a plan with the client.								
2. 3.	Recorded clearly on client record card.	brooms including COVID 10 magaziding								
	Prepared treatment area and ready for treat S SPORTS MASSAGE D	thent, including COVID-19 procedure.	-	FFLEURAGE	PETRISSAC	TADO	ONMENT	SOFT TISS	ır	DACCIVE
The learn				FFLEURAGE	PETRISSAC	JE   TAPC	JINIVIENI			PASSIVE
								TECHNIQU	JE	STRETCHING
1.	Table and equipment are prepared ready for									
2.	Ensured client is in the correct position thro	ugh-out and ensured comfort and dignity at all times.								
3.	Carried out massage techniques that meets	•								
4.	Made sure posture was adapted through-ou									
5.	Communicated through-out the treatment t	o ensure client confidence.								
6.	Maintained professional standards through-	out								
7.	Technique of selected stroke was appropriate	te and effective								
8.	Good linking of techniques, ensured client co	ontact at all times.								
-	AND POST TREATMENT E									
The learn										
1.	Gained feedback from client									
2.	Offered post treatment care and plan									
3.	Conducted post treatment assessment									
4.	Restored area to appropriate condition	, ready for the next client								
RESULT:	Delete as appropriate			OMPETENT				NON-COM	IPETE	NT

# Maintenance Sports Massage – Assessment Feedback

PERFORMANCE CRITERIA:	COMMENTS:

## Summative observation – Pre-event massage in a non-clinical environment

Any crite	ria marked with a * (Competent): Any criteria marked with a X (Not Competent): Any criteria marked with a 🖲 (Competent with a c	omment): Question to be asked Q		
DATE OF	ASSESSMENT:			
OVERVIE	W OF EVENT:			
STARING	THE PRE-EVENT MASSAGE A			
The lear	ner has:			
1.	Prepared area and equipment ready for pre-event sports massage work			
2.	Carried out subjective and objective assessment inline to the event and client			
3.	Gained informed consent from Client for any assessments			
4.	Outlined proposed techniques to the client			
5.	Obtained client consent for treatment.			
APPLYIN	G PRE-EVENT SPORTS MASSAGE B	EFFLEURAGE	PETRISSAGE	TAPONMENT
The Lea	ner Has:			
1.	Ensured client is in the correct position through-out and ensured comfort and dignity at all times.			
2.	Carried out massage techniques that meets the needs of your client.			
3.	Made sure posture was adapted through-out, to ensure a safe and effective treatment.			
4.	Communicated through-out the treatment to ensure client confidence.			
5.	Maintained professional standards through-out			
6.	Technique of selected stroke was appropriate and effective			
7.	Good linking of techniques, ensured client contact at all times.			
_	PRE-EVENT SPORTS MASSAGE TREATMENT C	EFFLEURAGE	PETRISSAGE	TAPONMENT
The Lea	rner Has:			
1.	Gained feedback from client			
2.	Provided appropriate post treatment care and advice			
3.	Carried out post treatment assessment of client			
4.	Prepared area for next client and in an appropriate manor.			
RESULT:	Delete as appropriate	COMPETENT	100	N-COMPTENT

# Pre-Event Sports Massage – Assessment Feedback

PERFORMANCE CRITERIA:	COMMENTS:

### Summative observation – Post-event massage in a non-clinical environment

Maintained professional standards through-out
 Technique of selected stroke was appropriate and effective
 Good linking of techniques, ensured client contact at all times.

Any criteria marked with a * (Competent): Any criteria marked with a X (Not Competent): Any criteria marked with a • (Competent with a comment): Question to be asked Q									
DATE OF	ASSESSMENT:								
OVERVIE	W OF EVENT:								
STARIN	G THE POST-EVENT MASSAGE A								
The lear	ner has:								
1.	Prepared area and equipment ready for pr	e-event sports massage work							
2.	Carried out subjective and objective assess	ment inline to the event and client							
3.	3. Gained informed consent from Client for any assessments								
4.	4. Outlined proposed techniques to the client								
5.	Obtained client consent for treatment.								
APPLYING POST-EVENT SPORTS MASSAGE B EFFLEURAGE PETRISSAGE LEARNER CI					NER CHOICE	PASSIVE			
The Lea	rner Has:								STRETCHING
1.	Ensured client is in the correct position thr	ough-out and ensured comfort and digi	nity at all times.						
2.	2. Carried out massage techniques that meets the needs of your client.								
3.	3. Made sure posture was adapted through-out, to ensure a safe and effective treatment.								
4.	4. Communicated through-out the treatment to ensure client confidence.								

ENDING POST-EVENT SPORTS MASSAGE TREATMENT C The Learner Has:		EFFLEURAGE	PETRISSAGE	LEARNER CHOICE	
Gained feedback from client					
Provided appropriate post treatment care and advice					
3. Carried out post treatment assessment of client					
4. Prepared area for next client and in an appropriate manor.					
RESULT: Delete as appropriate		COMPETENT		NON-COMPTENT	

# Post-Event Sports Massage – Assessment Feedback

PERFORMANCE CRITERIA:	COMMENTS:

# Unit 5 Sports massage treatments Unit accreditation number:

Self Evaulation -Complete your own reflective practice after each summative massage. Highlight what went well and what you feel you need to develop.

TYPE OF MASSAGE:	Pre-Event Sports Massage
	,
TYPE OF MASSAGE:	Maintenance Sports Massage
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TVDE OF MASCAGE	D. A.F. and Co. A. Marrier
TYPE OF MASSAGE:	Post-Event Sports Massage
Assessor Feedback:	
Assessor recuback.	
Action points/ points for o	develonment
Tetton points points for	we recognitive.
Every question must be a	nswered fully and be marked correct and 100% pass mark achieved.
Pass	Refer

# Palpation List:

SHOULDER:	ANKLE:
Teres Minor	Soleus
Teres Major	Achilles Tendon
Lateral Boarder of Scapula	Gastrocenemius
Medial Border of Scapula	Calcaneus
Inferior Angle of Scapula	Plantaris
Spine of Scapula	Tibialis Anterior
Lattimus Dorsi	Talus
Rhomboids	5 <sup>th</sup> Metatarsal
Superior Angle of Scapula	Talocurural Joint
Deltoids	Medial / Lateral Malleolus
Acromion Process	
Trapezius	
Hips & Spine :	KNEE:
PSIS	Tibia
ASIS	Tibial Tuberosity
Iliac Crest	Tibial plateau
C7	Patellar Tendon
	Head of Fibula
	Medial (MCL) / Lateral (LCL) Collateral Ligaments
	Meniscus
	VMO / VI / RM / VL
	Superior / Inferior Pole of Patella
	Anterior Cruciate Ligament (ACL.).

