

Applying Myofascial Cupping (RQF)

601/0046/1

Learner Record



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Assessment plan and record of learner achievement

Centre Name: Body Aid Solutions Ltd

Learners Name:

Assessment					Record of Achievement	
Unit Number	Title of Assessment	Assessment Method	Planned assessment date	Pass/Refer/APA	Assessors Signature & Date	IV Signature and date (If Sampled)
H/650/0206	Worksheet 1: History of Myofascial Cupping	Worksheet				
H/650/0206	Worksheet 2: Know the safety considerations for using myofascial cupping within a treatment.	Worksheet				
J/650/0207	Practical Observation	Observation				
J/650/0207	Worksheet 3: Practical Evaluation	Worksheet				

Assessment record of achievement and declaration

Learners Name:
 I agree to be assessed according to the assessment plan and confirm that this has been explained fully to me. I am aware of any additional support available to me and confirm that the appeals procedure where necessary has been clearly outlined to me. I declare that all work submitted for this portfolio will be my own unaided work.
Learner Signature: _____ **Date:** _____

Assessors name:
 The assessment procedure has been discussed with the learner and any additional support required has been planned and recorded separately.
Assessors signature: _____ **Date:** _____

Assessor 1's agreement: 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 Name:

Assessors Signature:

Date:

Internal Verifiers agreement: 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 Name:

Internal Verifiers:

Date:

The background of Myofascial cupping as a treatment

Unit Number: **H/650/0206**

Worksheet 1: History of Myofascial Cupping

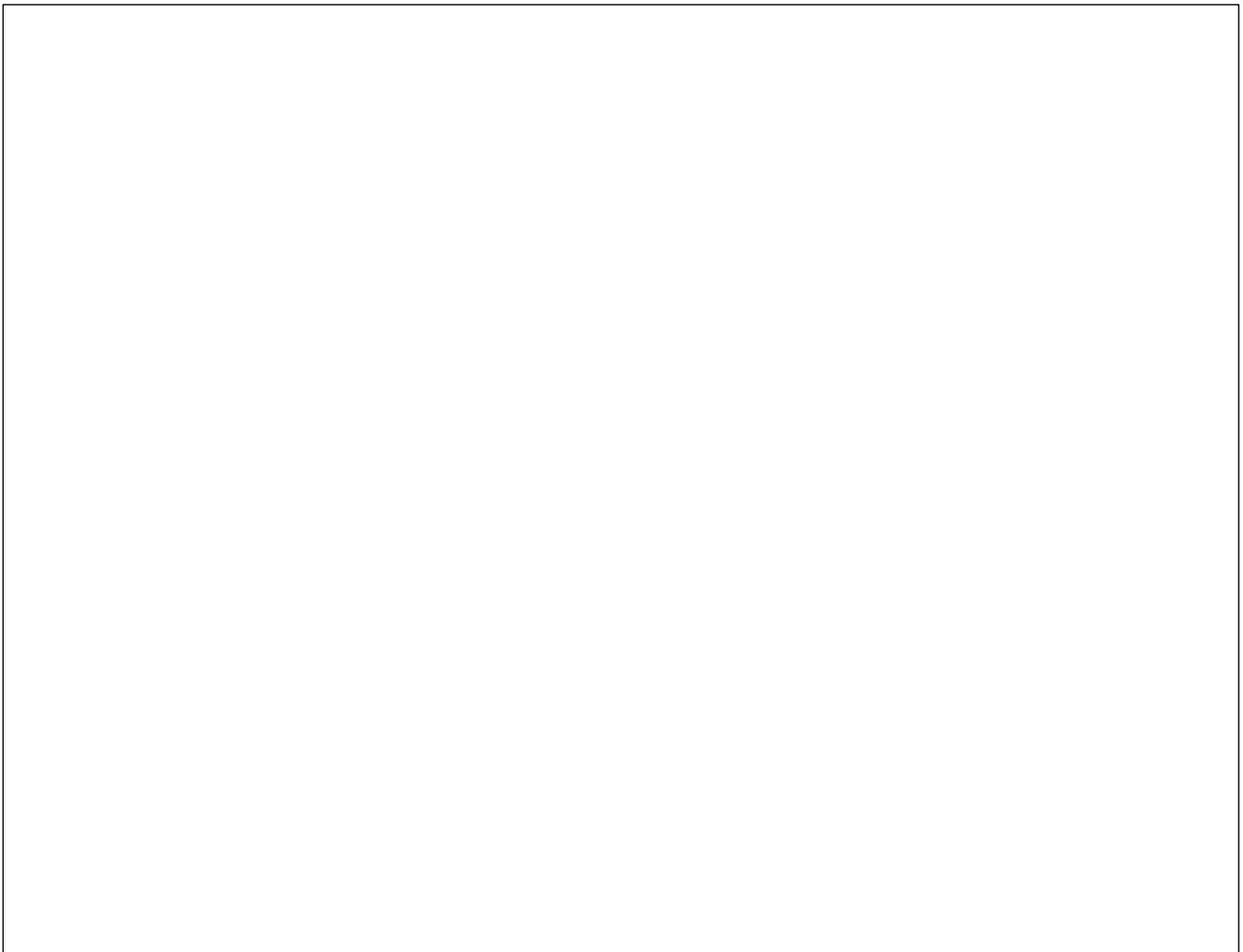
1. Describe the components of a cupping kit, identifying the differing types and individual pieces.

2. Describe the origin and history of Myofascial Cupping as a treatment

3. Explain how Myofascial cupping can be used as a treatment tool.



4. Identify the benefits of Myofascial cupping as a treatment



5. Describe the physiological adaptations to the body when a myofascial treatment is performed.

PASS / REFER (Circle appropriately)

DATE:

FEEDBACK:

Unit: The background of myofascial cupping as a treatment

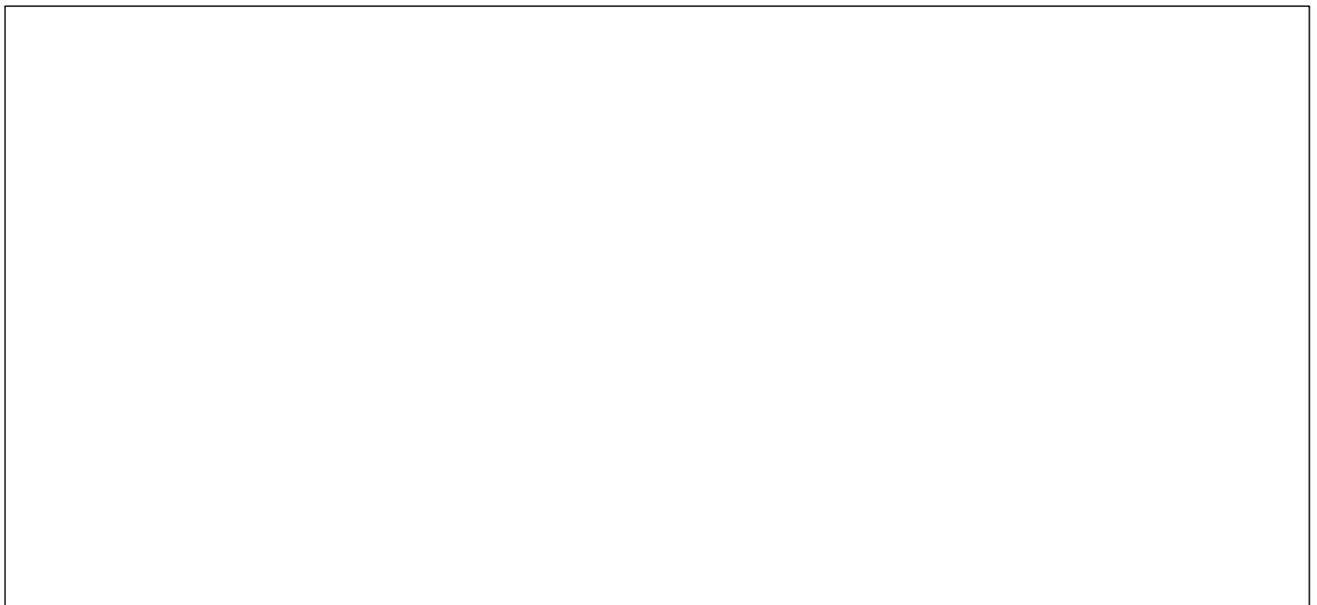
Unit Number: H/650/0206

Worksheet 2: Know the safety considerations for using myofascial cupping within a treatment.

1. Identify the safety considerations when using myofascial cups.



2. Identify the contraindications relating to myofascial cupping treatments.



3. Describe the potential risks associated with myofascial cupping

4. Describe a scenario when you would not apply cupping?

PASS / REFER (Please delete appropriately.)

FEEDBACK:

Unit: Delivering and applying the Myofascial Treatment J/650/0207

Formative Observed Assessment:

Key: Competent mark a tick (✓) Not competent mark a cross (X) Competent with a comment mark a bullet point (•) Question mark a Q				
Date:				
Preparaing the Treatment (A) The learner has:				✓/ X
1. Prepared self and client to carry out a myofascial cupping treatment				
2. Selected appropriate equipment for the myofascial cupping treatment				
3. Checked that the environment and equipment are appropriate for the client's needs, with equipment clean and suitable to begin a treatment. Including client decency, room temperature and therapist hygiene				
Delivering the exercise session. The learner has:	Introduce the session	Provide clear and concise explanations for the treatment	Use appropriate positioning to carry out the treatment	Use effective communication skills through-out the treatment
Application				
1. Applied and delivered a Myofascial cupping treatment to the lower leg, both posterior and anterior				
2. Applied and delivered a Myofascial cupping treatment to the upper leg, both posterior and anterior				
3. Applied and delivered a Myofascial cupping treatment to the lower back				
4. Applied and delivered a Myofascial cupping treatment to the upper back				
5. Applied and delivered a Myofascial cupping treatment to the pectoral region				
6. Applied and delivered a Myofascial cupping treatment to the shoulder and trapezius				
7. Applied and delivered a Myofascial cupping treatment to the abdomen				
8. Applied and delivered a Myofascial cupping treatment to the plantar fasica area.				
Ending the session (C) The learner has:				✓/ X
1. Gathered feedback from the client to be sure that they are happy with the treatment				
2. Provided constructive feedback for the client. As well as post treatment care				
3. Checked that the environment and equipment were left in good order.				
Result: Delete as appropriate	Pass		Refer	

Performance Criteria:	Assessor Feedback:
A - Preparing the Treatment	
B- Delivering and applying the treatment	
C - Ending the Session	

PASS / REFER - Circle Appropriately.

Unit 2: Delivering Myofascial Treatments J/650/0207

Worksheet 3: **Being Able to evaluate a Myofascial cupping treatment**

Performance Criteria:	Response:
How effective was the treatment and why?	
As a therapist, how did you apply the treatment and how would evaluate your client care?	
How would you improve performance and what steps will you take?	

PASS / REFER (Circle appropriately .



W: www.bodyaidsolutions.co.uk

E: info@body-aid.co.uk

T: 0845 340 0167