



## Plan & Provide Myotherapy Treatment RPL/RCC Information Sheet

### Related Units of Competency

- VU21877 Plan myotherapy treatment strategy
- VU21878 Provide myotherapy treatment

**Please Note;** Gaining RPL for Plan & Provide Myotherapy Treatment only covers the requirements specifically related to this cluster. To gain RPL for the FULL units of competency listed above, you will **also** need to satisfy the requirements for Supervised and Non-Supervised Client Consultations requirements.

### Cluster Description:

This unit describes the skills and knowledge required to adapt remedial massage assessment and treatment strategies to meet the needs of clients of different genders and at different stages of life. It also includes the requirement to be able to identify and respond to other specific needs with which the practitioner may be unfamiliar. An applicant will furthermore have the ability to administer myotherapy treatment according to the techniques and practices of a myotherapy framework.

### Instructions

Please read the following requirements and tick the applicable box. If you wish to apply for RPL/RCC for this cluster, you **MUST** complete and provide:

- this document
- the relevant evidence you have stated which **MUST** be included with your RPL application
- the specific units of competency RPL applications

**Please note:** An RPL/RCC application will not be reviewed without these completed documents. No exceptions.

### 1. Gaining RPL (Tick boxes relevant to your application)

In order to gain RPL for this cluster you **MUST** provide the following evidence:

- Relevant transcript & certificate, or
- Resume of applicant outlining previous and/or current work within a Myotherapy practice, and,
- Letter from employer stating the applicant's current job role within the Myotherapy practice

And,

- Submission of thirty (30) client documents including medical history form and client cards (different people presenting with different conditions) with client identifiers blanked out, demonstrating your ability to work at a Myotherapy level with clients with a variety of presenting conditions that include:
  - Working through the Myotherapy framework including gaining relevant information related to the client complaint, differentials, physical assessment, clinical impression, Myotherapy treatment planning, Myotherapy treatment, evaluation, suggestions/recommendations, documentation.
  - Each client must have client identifiers blanked out
  - Corrective exercise program and modified corrective exercise program in the light of observed adaptation responses.



- Evidence of continuing professional development and networking activities
- Copy of membership to an Australian professional body that represents massage therapists

## 2. Practical Evidence Required *(Tick boxes relevant to your application)*

To gain recognition for practical components of this cluster after enrolment you acknowledge that you will be required to demonstrate that you can:

- A practical demonstration demonstrating your ability to competently apply a variety of remedial massage techniques including;
  - frictions
  - passive joint and soft tissue movement
  - deep tissue massage
  - muscle energy technique
  - positional release
  - myofascial release (without skin penetration)
  - trigger point therapy (without skin penetration),
  - proprioceptive neuromuscular facilitation (PNF)
  - stretching
- A number of practical demonstrations demonstrating your ability to competently apply the following myotherapy techniques; including;
  - Joint muscle energy technique
  - Joint mobilisation
  - Advanced myofascial release utilizing knowledge of fascial trains assessment techniques
  - Corrective exercises
  - Complementary therapies including, cupping and moxa, TENS
- A practical demonstration to demonstrate your current ability to implement a Myotherapy assessment relevant to the presenting condition, along with working through the full myotherapy framework. This demonstration will assess knowledge of applying clinical reasoning skills by way of a structured approach to determine a differential list followed by a clinical impression relevant to the presenting condition.

## 3. Acknowledgement

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

- I understand that I MUST provide relevant and verifiable evidence to support my claim for RPL/RCC and my application will not be reviewed/approved without this requirement
- I understand I may be required to provide additional information to support my claim for RPL/RCC
- I understand that I may be required to demonstrate my knowledge and skills related to this cluster through the example RPL assessment outlined in this document