Physical Assessment 2
RPL/RCC Information Sheet

Related Units of Competency

- HLTMSG003   Perform remedial massage musculoskeletal assessments
- HLTMSG008   Monitor and evaluate remedial massage treatments

Please Note; *Gaining RPL for Orthopaedic Assessment, 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 cluster relates to the knowledge and skills to assess the needs of clients presenting with soft tissue dysfunction, musculoskeletal imbalance or restrictions in range of motion (ROM). It requires the ability to gather client information, conduct specific tests and bring information together to develop a remedial massage treatment plan. This cluster also focusses on monitoring and evaluating remedial massage treatments, both from an individual client and whole of practice perspective. There is a strong focus on functional anatomy.

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 health/community environment, and,

☐ Letter from employer stating the applicant's current job role within health/community environment

And,

☐ Evidence of work within a health industry where direct client consultation is completed via submission of;

☐ Submission of **150 client consultation** documents (totally 200 hours), with clients presenting with different conditions. **Sixty (60)** of these consultations must demonstrate remedial massage assessment techniques being implemented.

☐ The client documents can include ongoing clients however a medical history form for each individual client and client forms must be included for each treatment

☐ Submitted documents must demonstrate the ability to work with clients with a variety of presenting conditions

☐ Each client must have client identifiers blanked out

☐ Within the client consultation forms submitted in the requirements above, candidates will need to submit 5 different clients with at least 3 treatments per client where you have monitored and evaluated the treatments over a period of time.

☐ Copy of membership to an Australian professional body that represents massage therapists

2. Practical Evidence Required *(Tick boxes to 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:

☐ Complete a variety of physical assessments at a level that includes a satisfactory level of orthopaedic testing;
   - Postural assessment & Active, Passive, Resisted ROM testing at a remedial level and understanding
   - Safety testing including neural testing
   - Flexibility testing
   - Pain provocation testing
   - Clinical reasoning skills

☐ Implement a remedial massage assessment and evaluation relevant to the presenting condition. 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. The demonstration will be set up as a full client consultation and will furthermore assess your ability to implement a remedial massage treatment for a presenting condition including; focussing on the interview, client questioning, differential list, physical assessment, clinical impression, evaluation and documentation.

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