### RPL Standard



### VU21875 – Work within a myotherapy framework

**How to complete this form:**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

This unit describes the skills and knowledge required to work effectively within a myotherapy framework.

### To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

relevant to all performance criteria, knowledge and **performance evidence**.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* The applicant must have industry experience within a health service where direct client contact is involved
* Have completed work with clients which demonstrates an understanding of underpinning values, philosophies, practices and principles of the myotherapy framework
* Industry experience to assess client’s physical status – static postural analysis, movement analysis, gait assessment at a Myotherapy level
* Industry experience preparing for and carry out musculo-skeletal and physiological assessment procedures at a Myotherapy level
* Industry experience planning for and implementing Myotherapy treatment procedures
* Industry experience writing and modifying corrective exercise programs within Myotherapy scope of practice
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

* Copy of Membership with a professional association

### Evidence of working within the industry

### Evidence of selecting appropriate intervention to specifically address identified dysfunction/s - Evaluate and re-evaluate the effects of myotherapy treatment intervention in relation to achieving optimal function of the human body and minimising dysfunction

**Evidence MUST include, but not limited to:**

* Submission of five (5) Myotherapy client notes including medical history forms and clients cards demonstrating the applicant’s ability to work with a client ongoing from injury to recovery:
* Work 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.
* Corrective exercises program and modified corrective exercise program in the light of observed adaptation responses.
* Client forms need to demonstrate an ability to evaluate and re-evaluate the effects of myotherapy treatment intervention in relation to achieving optimal function of the human body and minimising dysfunction

**Note:** all documents with client identifiers blanked out, demonstrating the ability to work with clients with a variety of presenting conditions

**Practical Demonstration** *(completed after enrolment to determine currency of knowledge and skills)*

A practical demonstration of your ability to competently work through the full Myotherapy framework including client interview and questioning process, gaining relevant information related to the client complaint, differentials, physical assessment, clinical impression, Myotherapy treatment planning, Myotherapy treatment, evaluation, suggestions/recommendations, documentation. Suggestions/recommendations will need to include relevant corrective exercises relevant to client complaint and outcome of evaluation

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| 22316VIC | | Advanced Diploma of Myotherapy | | **VU21875** | **Work within a myotherapy framework** | | **Office Use Only** | | |
| **Type of Unit: Core** | | **Prerequisite:** HLT50307 or HLT52015 | |
| **Elements / Performance Criteria** | | | **EVIDENCE***(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | | | **Sufficient** | **F.E.R.** | |
| **1.** **Apply the central principles and practices of myotherapy** | | | | | | | | | |
| **1.1** | ***Myotherapy principles*** and role of therapy and therapist are explained to the client | |  | | | |  |  | |
| **1.2** | The relationship and characteristics of ***myotherapy practice*** and system of treatment are specified to the client | |  |  | |
| **1.3** | Myotherapy principles and practices are related to the client’s health issues | |  |  | |
| **1.4** | Recent developments and new practices are integrated into client services | |  |  | |
| **1.5** | The ***relationship*** and methods of treatment used in myotherapy and in ***other complementary therapies*** are compared and evaluated | |  |  | |
| **2.** **Work within clinic and regulation guidelines** | | | | | | | | | |
| **2.1** | ***Clinic’s guidelines*** andrelevant***legal and regulatory requirements*** are sourced and adhered to | |  | | | |  |  | |
| **2.2** | All ***relevant documentation*** is organised and a strategy developed to communicate this to other relevant work personnel | |  |  | |
| **2.3** | A strategy/response to a range of given clinic scenarios are designed to ensure that appropriate guidelines are followed. | |  |  | |
| **2.4** | Work practices are reviewed periodically to ensure that best practices are utilised | |  |  | |
| **2.5** | Work practices are used that show respect for staff and client rights. | |  |  | |
| **2.6** | ***Measures*** are implemented to ensure accountability for professional practices | |
| **3. Manage the achievement of quality standards** | | | | | | | | | |
| **3.1** | Personal hygiene and infection control guidelines are established and practised throughout the organisation | |  | | |  | | |  |
| **3.2** | Hazard control measures, workplace health and safety, and reporting procedures are undertaken according to clinic guidelines | |  | | |  |
| **3.3** | Individual and clinic performance are reviewed against established standards | |  | | |  |
| **4. Prepare client education and health strategies** | | | | | | | | | |
| **4.1** | ***Lifestyle factors*** that may affect the client's condition, responses to treatment and recovery are evaluated | |  | | | |  | |  |
| **4.2** | ***Health promotion strategies*** are presented to diverse audiences | |  | |  |
| **4.3** | ***Sample client strategies*** for a given set of conditions are formulated and communicated | |  | |  |
| **5. Ensure ongoing development of self and team** | | | | | | | | | |
| **5.1** | Personal performance is regularly monitored against work plans, clinic objectives and client needs | |  | | | |  | |  |
| **5.2** | ***Opportunities*** for formal and informal development of skills and knowledge are explored and accessed to optimise performance | |  | |  |
| **5.3** | Workplace knowledge, skills and attitudes are developed and enhanced through appropriate coaching and mentoring. | |  | |  |
| 6. **Work effectively with other services and networks** | | | | | | | | | |
| **6.1** | Services and networks relevant to the work of the myotherapist are identified and utilised | |  | | | |  | |  |
| **6.2** | Correct communication protocols are followed for referral of clients to other services and networks. | |  | |  |

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| **Knowledge Evidence** | **EVIDENCE**  (please explain in detail how your evidence relates to each of the required knowledge listed) | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Relevant State and Federal legislation and regulations |  |  |  |
| Philosophical tradition of science/Western medicine |  |  |  |
| Major developmental milestones for different stages of life |  |  |  |
| Sociology of health and the health care system |  |  |  |
| Ethical issues in natural medicine |  |  |  |
| OHS requirements in the workplace |  |  |
| Child, youth and family legislation |  |  |
| Current political context of health care |  |  |
| Dynamic interchange between the physical, mental, social, environmental and spiritual landscape |  |  |  |
| Rationalistic, analytical approach to an understanding of disease |  |  |  |
| Vitalistic, empirical approach to health |  |  |
| Philosophy, principles and practices of other complementary therapies |  |  |  |
| Principles of myotherapy practice |  |  |
| How myotherapy works with the conventional medical model |  |  |
| Ethical issues in management |  |  |  |
| Management issues and responsibilities |  |  |

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| **Required skills** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page & oral questioning if required)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Identifying ethical issue | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration/oral questioning. |  |  |
| Communicating effectively in one-to-one and group settings | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Selecting appropriate intervention to specifically address identified dysfunction/s | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Evaluating and re-evaluating the effects of myotherapy treatment intervention in relation to achieving optimal function of the human body and minimising dysfunction | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |

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| **Performance Evidence** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page & oral questioning if required)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Work or model work, which demonstrates an understanding of underpinning values, philosophies, practices and principles of the myotherapy framework | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Demonstrate knowledge of:   * The philosophies, principles and tools of myotherapy practice * A range of complementary therapies * Exercise technique * The principles of musculo-skeletal rehabilitation * Exercise programming for various populations | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Work within the relevant clinic and regulation guidelines:   * Achieve required quality service standards * Provide clients with information * Record details of client subjective and objective examinations according to clinic guidelines * Maintain extensive clinical records of treatment session * Explain relevant products and services * Prepare client education and health strategies * Ensure ongoing development of self and team * Communicate effectively in a one-to-one and group setting | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |

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| Assess client’s physical status – static postural analysis, movement analysis e.g. gait | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Prepare for and carry out musculo skeletal and physiological assessment procedures e.g. Active Range of Motion (AROM), Passive Range of Motion (PROM) and other resisted, orthopaedic and special testing | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Write corrective exercise programs | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |
| Modify a corrective exercise program in the light of observed adaptation responses. | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration. |  |  |

**Office Use Only**

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| **RPL Outcome** | | | | |
| **RPL Achieved** | Yes □ | No □ | |
| **Further Evidence Required** | Yes □ | No □ | |
| **Further Evidence *(list of required evidence)*** | | | | |
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| *RPL Assessor Name:* | | | *Date:* | |