### RPL Standard



### VU21877– Plan myotherapy treatment strategy

**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 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.

### 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:**

* Work or model work, which demonstrates an understanding of underpinning values, philosophies, practices and principles of the Myotherapy framework; Demonstrating knowledge of the philosophies, principles and tools of Myotherapy practice, a range of complementary therapies, exercise technique, principles of musculo-skeletal rehabilitation, exercise programming for various populations
* Prepared for and managed at least 30 full Myotherapy consultations – clients must include males and females from different stages of life with varied presentations
* Completed physical assessments and effectively adapted communication, assessment and treatment strategies to meet client needs
* Completed treatment plan and outcome/s and communicated to client ensuring nature of the condition, related factors, prevention of recurrence and improved recovery are discussed
* 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.
* Write corrective exercise programs
* Prepare client education and health strategies
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Relevant transcript & certificate

### Evidence of working within the industry

* Evidence of client consultation and ability to utilise effective client interview and examination techniques
* Completion of ACFB e-learning quiz/oral questioning related to work within a massage practice. If required, this will be completed after enrolment.

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

### Evidence of work within a health industry where direct client consultation is completed

### 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 including;

* evidence of current clinical experience working as a Myotherpist treating specific conditions and diseases, proposed treatment plan, evaluation tests and implemented treatment
* evidence of correct exercise techniques application during musculo-skeletal rehabilitation

### Evidence of continuing professional development and networking activities

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

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

A practical demonstration of your ability to competently work through a full Myotherapy client consultation for a client complaint, including; interview, client questioning, differential list, physical assessment, clinical impression, treatment planning, Myothearpy treatment, evaluation, suggestions/recommendations including corrective exercise recommendations/demonstration/technique modification, and documentation.

### *Unit Evidence Description*



|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** |  |  |  |



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 22316VIC | | Advanced Diploma of Myotherapy | | | **VU21877** | **Plan myotherapy treatment strategy** | **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.** **Determine the overall objective/s and purpose of the myotherapy treatment** | | | | | | | | |
| **1.1** | The purpose for a specific treatment strategy in myotherapy is specified | | |  | | |  |  |
| **1.2** | Factors and limitations that may have an impact on the structure of the treatment strategy are proposed | | |  |  |
| **1.3** | A communication strategy to inform the client of myotherapy practices and techniques is formulated | | |  |  |
| **1.4** | The indications for referral in myotherapy treatment are discussed with the client | | |  |  |
| **1.5** | A strategy is selected to communicate with other health care professionals, as required | | |  |  |
| **2. Evaluate the treatment options available to the Myotherapist** | | | | | | | | |
| **2.1** | The possible treatments available for specific conditions and specific needs populations are compared | | |  | | |  |  |
| **2.2** | The factors influencing possible treatments are formulated | | |  |  |
| **2.3** | The sequence and possible outcome/s of a myotherapy treatment strategy are formulated | | |  |  |
| **2.4** | The benefits and/or limitations to each of the above myotherapy treatment strategies are assessed. | | |  |  |
| **2.5** | Specific treatment options consider possible client compliance issues | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. Extend and expand own knowledge base** | | | | | |
| **3.1** | Pro-actively identify and respond to professional development opportunities |  |  | |  |
| **3.2** | Develop and adjust work practices as part of ongoing practice development |  | |  |
| **3.3** | Informed consent is gained to perform treatment plans |  | |  |
| **3.4** | Any physical functional limitations and lifestyle factors are assessed and discussed with the client |  | |  |
| **3.5** | Contraindications to treatment are ascertained and treatment strategy is modified according to myotherapy principles |  | |  |
| **3.6** | A treatment strategy appropriate to the client’s phase/stage of injury is selected |  | |  |
| **3.7** | A suitable myotherapy treatment strategy is determined and documented, which includes client positioning and limitations |  | |  |
| **3.8** | Treatment plan and outcome/s are communicated to client ensuring nature of the condition, related factors, prevention of recurrence and improved recovery are discussed |
|  | |  |
| **3.9** | Any physical functional limitations and lifestyle factors are assessed and discussed with the client |  | |  |
| **4. Evaluate treatment plan on an on-going basis** | | | | | |
| **4.1** | The outcomes/s of positive, adverse or neutral responses to treatment are assessed |  | |  |  |
| **4.2** | Appropriate measurement tests to assess progression of treatment goals are designed and implemented |  |  |
| **4.3** | Responses to treatment are assessed |  |  |
| **4.4** | Adjustments required to treatment plan are formulated to ensure treatment goals |  |  |
| **4.5** | The need for referral to other health care practitioners is assessed |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |  |  |
| Appropriate methods of administration of myotherapy techniques |  |  |  |
| Various disease and injury processes |  |  |  |
| Anatomy and physiology to a level required of a myotherapist |  |  |  |
| Pathophysiology and aetiology of disease |  |  |  |
| Biomechanics, neural physiology, pharmacology and nutrition to a level required by myotherapists |  |  |  |
| Corrective exercises |  |  |  |
| Lifestyle factors relevant to treatment of specific conditions and diseases |  |  |  |
| Community resources and support services |  |  |  |
| Underpinning values, philosophies, practices and principles of the myotherapy framework |  |  |  |







|  |  |  |  |
| --- | --- | --- | --- |
| **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 treatment options and establish treatment regimes | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Preparing treatment plans | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Reading and interpreting medical reports and other data relevant to the case | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Identifying clinical signs of musculoskeletal dysfunction | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Communicating and negotiating skills | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Negotiating strategies to overcome any obstacles to treatment | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Ensure the treatment strategy incorporates the 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 practical demonstrations. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EVIDENCE** *(This evidence will be collected via documents outlined on first page & oral questioning if required)* |  | |
|  | |  |  |
|  | and practical demonstrations. |  |  |
|  | and practical demonstrations. |  |  |
|  | and practical demonstrations. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | | |
|  | |  | |  |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

**Office Use Only**

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