### RPL Standard

### VU21878 – Provide myotherapy treatment

**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 administer myotherapy treatment according to the techniques and practices of 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:**

* Prepared for and managed at least 30 full Myotherapy consultations – clients must include males and females from different stages of life with varied complex presentations
* Manage Myotherapy treatment, including informing the client, applying techniques and evaluating treatments
* Used all of the following techniques appropriately;
* Deep tissue massage
* Neurodynamic treatment
* Dry needling
* Myofascial Mobilisation Techniques
* Corrective exercises
* Joint mobilisation
* Muscle energy Technique
* Position Release Technique
* Neural muscular Technique
* Electro modalities
* Preparing treatment plans
* Reading and interpreting medical reports and other data relevant to the case
* Identify and treat a range of conditions and disease states
* 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 treating complex conditions at a Myotherapy level through submission of client documentation
* 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 Myotherapy practice 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, applying remedial massage and myotherapy techniques with clients with a variety of complex presenting conditions

### 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 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 demonstrationsdemonstrating 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 of your ability to competently work through a full Myotherapy client consultation for a complex 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*

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| **Applicant Name** |  |  |  |

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| 22316VIC | | Advanced Diploma of Myotherapy | | **VU21878** | **Provide myotherapy treatment** | **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.** **Manage the myotherapy treatment** | | | | | | | |
| **1.1** | The myotherapy treatment and its effects are described and discussed with the client | |  | | |  |  |
| **1.2** | Mode of treatment, as well as its administration and management are discussed | |  |  |
| **1.3** | Factors which may interfere with the effectiveness of the treatment are discussed | |  |  |
| **1.4** | Consent for treatment is confirmed | |  |  |
| **1.5** | Client is resourced to support and assist in the monitoring of treatment reactions | |  |  |
| **1.6** | Reactions to treatments are identified, documented and responded to | |  |  |
| **2. Inform and support the client to understand the myotherapy treatment** | | | | | | | |
| **2.1** | The client is informed about the treatment trajectory and resourced to clarify points and information about the treatment | |  | | |  |  |
| **2.2** | Client queries and concerns are responded to | |  |  |
| **2.3** | Appropriate communication skills are used when explaining treatment plan and associated issues with clients | |  |  |

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| **3. Apply myotherapy techniques** | | | | | |
| **3.1** | Myotherapy treatment is discussed with client and understanding is ensured regarding current and other sessions |  |  | |  |
| **3.2** | Myotherapy techniques are applied according to the treatment plan and in accordance with the values, philosophies, principles, and practices of the myotherapy framework |  | |  |
| **3.3** | Myotherapy techniques are applied to achieve desired treatment outcomes |  | |  |
| **4. Evaluate treatment** | | | | | |
| **4.1** | Indicators of client response to myotherapy treatment are designed |  | |  |  |
| **4.2** | Measurement tests are used to evaluate the effects of the treatment |  |  |
| **4.3** | Responses to treatment are monitored and aggravations are managed promptly if necessary |  |  |
| **4.4** | Treatment options are reviewed based upon evaluation and effects, including client information |  |  |
| **4.5** | The need for ongoing and/or additional treatment is evaluated |  |  |
| **4.6** | Changes to treatment strategy are discussed and negotiated with client to ensure beneficial outcomes |  |  |
| **4.7** | Additional treatment or referral for further examination is instigated |  |  |

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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 |  |  |  |
| Human anatomy and physiology of commonly occurring trigger points and their structural and functional relationships to other body systems, underlying organs and related tissues |  |  |  |
| Clinical approaches to assessment and treatment strategies with the myotherapy framework |  |  |  |
| Underpinning values, philosophies, practices and principles of the myotherapy framework |  |  |  |
| Biomechanics, neural physiology, pharmacology and nutrition to a level required by myotherapists |  |  |  |
| Corrective exercises to improve strength, endurance, mobility and functional capacity in activities of daily living, and occupational and sporting performance to recover from, manage or prevent common musculoskeletal conditions |  |  |  |

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| Treatment of a range of conditions/disease states |  |  |  |
| Contraindications to all myotherapy treatment modalities and related issues |  |  |  |
| Equipment specifications and manufacturers guidelines |  |  |  |
| Relevant organisational policies and procedures |  |  |  |
| Role of other health care professionals and support services |  |  |  |
| Code of ethics for myotherapy |  |  |  |

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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.** |
| Myotherapy and remedial massage techniques | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Ensure the treatment 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. |  |  |
| Applying established myotherapy clinical practices | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Referring to another health care professional as required | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Composing a treatment plan | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Maintaining stock and equipment according to legislation and guidelines | This evidence will be collected via submission of documentation requested on the first & second page. |  |  |
| Using equipment correctly | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Explaining any perceived risks and possible responses to the myotherapy treatment | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |

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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.** |
| To be considered competent in this unit the participant must be able to consistently demonstrate the knowledge and skills on several occasions to:   * Work or model work, which demonstrates an understanding of the underpinning values, philosophies, practices and principles of the myotherapy framework * A minimum of 30 consultations | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Apply the values, philosophies, practices, and principles of the myotherapy framework when providing myotherapy treatment | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Communicate treatment information and treatment outcomes effectively to clients | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Manage therapeutic interventions in a variety of soft tissue injuries | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |
| Apply a full range of myotherapy techniques to achieve positive health outcomes, consistent with standard clinical practice   * Evaluate and adjust treatment strategies, where necessary. | This evidence will be collected via submission of documentation requested on the first & second page and practical demonstrations. |  |  |

**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:* | |