### RPL Standard

### VU21879 – Provide myofascial dry needling 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 myofascial dry needling treatment

### 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:**

* Apply the values, philosophies, practices, and principles of myofascial dry needling practice to the provision of myofascial dry needling treatment
* Work within the relevant clinic and regulation guidelines to achieve required quality standards
* Completed physical assessments and effectively adapted communication, assessment and treatment strategies to meet client needs
* Safety guidelines with myofascial dry needling covering; hygiene relevant to skin penetration, including Victorian Government hygiene guidelines for skin penetration: client skin preparation, needle & medical waste disposal, prevention of needle stick injury and absolute and relative contraindications for myofascial dry needling (MDN)
* Provide clients with required information on myofascial dry needling
* Record client record details appropriately
* Communicate effectively in a one-to-one and group setting
* Prepare the clinical environment for myofascial dry needing treatments
* Explaining any perceived risks and possible responses to the myotherapy treatment
* 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 that includes a minimum of 10 Myofascial Dry Needling treatments
* 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 working within a Myotherapy practice where direct client consultation is completed

### Submission of twenty (20) 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 Myofascial Dry Needling techniques with clients with a variety of complex presenting conditions to a variety of body regions.

### Evidence of continuing professional development and networking activities related to Myofascial Dry Needling

* Copy of membership to an Australian professional body that represents Myotherapists and where Myofascial Dry Needling is an accepted modality

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

A practical demonstration to demonstrate your ability to safely and competently apply Myofascial Dry Needling to the following region of the body:

* Lower leg and foot muscles
* Posterior, anterior and medial thigh muscles
* Hip and pelvis muscles
* Posterior spinal muscles
* Pectoral girdle, glenohumeral and forearm muscles
* Cervical spine muscles

### *Unit Evidence Description*

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| **Applicant Name** |  |  |  |

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| 22316VIC | | Advanced Diploma of Myotherapy | | **VU21879** | **Provide myofascial dry needling 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.** **Apply the central principles and practices of myofascial dry needling treatment** | | | | | | | | |
| **1.1** | Myofascial dry needling treatment principles and role of therapy and the therapist are specified to the client | |  | | | |  |  |
| **1.2** | Myofascial dry needling treatment principles and practices are evaluated in relation to the client’s health conditions | |  |  |
| **1.3** | Recent developments and current best practices principles are integrated into the treatment | |  |  |
| **1.4** | Measures to reduce risk, improve safety and enhance treatment outcomes are employed by the therapist | |  |  |
| **2. Work within clinic and regulation guidelines** | | | | | | | | |
| **2.1** | Clinic’s guidelines and relevant legal and regulatory requirements for myofascial dry needling treatment are identified and adhered to | |  | | | |  |  |
| **2.2** | All relevant documentation is sourced and organised to communicate the key regulatory requirements to other relevant work personnel | |  |  |
| **2.3** | A strategy/response to a range of given clinical scenarios is developed to ensure that appropriate guidelines are followed | |  |  |
| **2.4** | Clinical guidelines are developed to ensure skills and practices are periodically reviewed & maintained | |  | | | |  |  |
| **2.5** | Personal hygiene and infection control guidelines are established and practised | |  | | | |  |  |
| **2.6** | Informed consent is sought from the client before commencing myofascial dry needling treatment | |  | | | |  |  |
| **3. Assess the client to determine if myofascial dry needling is indicated** | | | | | | | | |
| **3.1** | The client’s history is collected to accurately describe and determine the condition | |  | | |  | |  |
| **3.2** | An objective examination is conducted to assess function & dysfunction and reproduce presenting symptoms | |  | |  |
| **3.3** | Myofascial trigger points are accurately palpated relevant to the presenting condition/symptoms | |  | |  |
| **3.4** | The need to apply myofascial dry needling to improve the client’s condition is determined | |  | |  |
| **4. Perform myofascial dry needling** | | | | | | | | |
| **4.1** | The work environment is correctly prepared to conduct myofascial trigger point needling | |  | | | |  |  |
| **4.2** | Required resources are organised for effective treatment | |  |  |
| **4.3** | Needles, cotton buds, biowaste and sharp’s disposal units are placed correctly | |  |  |
| **4.4** | Myofascial dry needling is performed with the correct clinical procedures to ensure treatment goals are achieved | |  |  |
| **4.5** | Best practice checks and balances are utilised to ensure client safety | |  |  |
| **4.6** | Clinical guidelines for correct administration of myofascial dry needling are adhered to | |  |  |
| **4.7** | Effectiveness of the myofascial dry needling in treating the client’s condition is evaluated | |  |  |

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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 |  |  |  |
| Description of a myofascial trigger point and pain |  |  |  |
| Neurophysiological basis of myofascial pain syndrome |  |  |
| Central principles of pain physiology are specified |  |  |
| Factors that affect the client's perception of pain and responses to treatment |  |  |
| Pathophysiology of myofascial pain |  |  |
| Neurophysiological basis of:   * Muscle trigger points * Referred pain * Sensitisation mechanisms of trigger points |  |  |  |
| Mechanisms and effects of myofascial dry needling |  |  |  |
| Safety guidelines with myofascial dry needling |  |  |  |
| Hygiene relevant to skin penetration, including Victorian Government hygiene guidelines for skin penetration |  |  |
| Client skin preparation |  |  |
| Needle & medical waste disposal |  |  |
| Prevention of needle stick injury |  |  |
| Absolute and relative contraindications for myofascial dry needling (MDN) |  |  |  |
| Anatomical considerations for needle insertion |  |  |  |
| Management of adverse reactions post treatment   * Pain * Bruising * Fainting * Pneumothorax |  |  |  |
| OHS requirements in the workplace |  |  |  |
| Underpinning values, philosophies, practices and principles of myofascial dry needling practice |  |  |  |

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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.** |
| Clinical application guidelines for the practice of myofascial dry needling   * Client selection * Need for informed client consent * Treatment according to stage of condition * Client positioning * Trigger point palpation * Work flow process and guidelines |  |  |  |
| Clinical application of the practice of myofascial dry needling to specific health conditions in the following regions of the body:   * Lower leg and foot muscles * Posterior, anterior and medial thigh muscles * Hip and pelvis muscles * Posterior spinal muscles * Pectoral girdle, glenohumeral and forearm muscles * Cervical spine muscles |  |  |  |
| Clinical application of the practice of dermatomal dry needling |  |  |  |
| Ensure the treatment incorporates the underpinning values, philosophies, practices and principles of myofascial dry needling practice |  |  |  |

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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 myofascial dry needling practice | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| Apply the values, philosophies, practices, and principles of myofascial dry needling practice to the provision of myofascial dry needling treatment | 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 to achieve required quality standards | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| Provide clients with required information on myofascial dry needling | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| Record client record details appropriately | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| 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 |  |  |
| Prepare the clinical environment for myofascial dry needing treatments | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| Carry out musculoskeletal and physiological assessment procedures relevant to myofascial dry needling | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| Apply myofascial dry needling techniques effectively:   * on at least 10 occasions in the classroom prior to assessment in a real or simulated clinical environment, and * on at least 10 occasions on a range of clients in a real or simulated clinical environment, and * at least once to each of the six body regions (as defined in the required skills). | This evidence will be collected via submission of documentation requested on the first & second page and a practical demonstration |  |  |
| Evaluate the effectiveness of myofascial dry needling treatment on the client. | 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:* | |