### RPL Standard



### HLTMSG008 – Monitor and Evaluate Remedial Massage Treatments

*This unit is assessed holistically with HLTMSG003 Perform remedial massage musculoskeletal assessments & HLTMSG005 Provide remedial massage treatments.*

**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 monitor and evaluate remedial massage treatments, both from an individual client and whole of practice perspective.

### 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:**

* Completed supervised student massage consultations for a period of at **least 150 of the 200 hours** of client consultation work, equating to **130 client consultations**.
* Prepared for and managed at least **60 remedial massage assessments and treatments** within the 130 client consultations- clients must include males and females from different stages of life with varied presentations
* Monitored and evaluated treatments provided to at least 5 different clients with at least 3 treatments per client
* The applicant must demonstrate knowledge of all Performance Criteria, Essential Knowledge and Skills

**Example Evidence:**

### Evidence of working within the industry

### Relevant transcript & certificate

* Copy of membership of an Australian professional body that represents massage therapists
* Evidence of continuing professional development requirements of the professional body to which you belong

### Client consultation forms detailing the full remedial massage framework including; treatment planning to relevant to outcomes of physical assessment and client needs & goals, remedial massage treatment, evaluation & recommendations

### Completion of ACFB e-learning quiz/oral questioning related to work within a massage practice

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

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

### Evidence of (130) client consultations including a minimum of (60) remedial massage client consultations within a clinic or supervised student massage clinic, with different people presenting with different conditions. Documents will include a medical history and client cards for each client. All submitted client consultations must be completed at a competent level and meet the requirements of this unit.

* 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.

**Note:** all documents must have client identifiers blanked out

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

* A practical demonstration of your ability to competently implement a remedial massage treatment for a presenting condition including; interview, client questioning, differential list, physical assessment, clinical impression, treatment planning, remedial massage treatment, evaluation, suggestions/recommendations, documentation.

### 

### *Unit Evidence Description*



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



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| HLT52015 | | Diploma of Remedial Massage | | **HLTMSG008** | **Monitor and Evaluate Remedial Massage Treatments** | **Office Use Only** | |
| **Type of Unit:** Core | | **Prerequisite:** None | |
| **Elements / Performance Criteria** | | | **Evidence***(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | | **Sufficient** | **F.E.R.** |
| **1.** **Evaluate client progress** | | | | | | | |
| **1.1** | Seek client feedback about treatment impacts and compliance with the treatment plan | |  | | |  |  |
| **1.2** | Make own observations and assessment of client changes based on massage framework | |  |  |
| **1.3** | Evaluate treatment impacts in relation to client’s physical, mental, spiritual and emotional wellbeing | |  |  |
| **1.4** | Compare changes and improvements with expectations in the treatment plan, existing research and evidence from own practice | |  |  |
| **1.5** | Seek additional information from clients when progress suggests this is needed | |  |  |
| **1.6** | Accurately document progress in client treatment plan | |  |  |
| **2. Adjust treatment based on evaluation** | | | | | | | |
| **2.1** | Determine the need for adjustment to treatment plan based on evaluation of client progress | |  | | |  |  |
| **2.2** | Identify and respond to factors that may be inhibiting client progress | |  |  |
| **2.3** | Adjust treatment plans based on outcomes and sources of research or evidence that support massage practice | |  |  |
| **2.4** | Accurately document any adjustments to treatment plans | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Develop practice from client evaluation** | | | | |
| **3.1** | Review progress of clients in context of own individual practice |  |  |  |
| **3.2** | Identify areas of own practice for further research or development to support client outcomes |  |  |
| **3.3** | Pro-actively seek and respond to professional development opportunities |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** |
| Legal and ethical considerations (national and state/territory) for monitoring and evaluation:   * Children in the workplace * Codes of conduct * Duty of care * Informed consent * Mandatory reporting * Practitioner / client boundaries * Privacy, confidentiality and disclosure * Records management * Work role boundaries: * Working within scope of practice * Presenting symptoms that require referral to a medical practitioner * Work health and safety |  |  |  |
| Types of criteria by which remedial massage treatments are evaluated |  |  |  |
| Methods of monitoring treatment progress:   * Re-assessment * Client feedback |  |  |  |
| Barriers to therapeutic progress and ways to respond within a massage framework |  |  |  |
| Sources of research and evidence that support massage practice |  |  |  |
| Professional development opportunities in remedial massage | *This evidence will be collected via submission of documentation requested on the first page.* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Evidence** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Performed the activities outlined in the performance criteria of this unit during period of at least 200 hours of massage client consultation work | *This evidence will be collected via submission of documentation requested on the first page.* |  |  |
| Managed at least 60 remedial massage assessments and treatment sessions – clients must include males and females from different stages of life with varied presentations | *This evidence will be collected via submission of documentation requested on the first page.* |  |  |
| Monitored and evaluated treatments provided to at least 5 different clients with at least 3 treatments per client | *This evidence will be collected via submission of documentation requested on the first page and via 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:* | |