# 22316VIC Advanced Diploma of Myotherapy



Version 1

This course has been accredited under Parts 4.4 of the Education and Training Reform Act, 2006.

Accredited for the period: 1 January 2017 to 31 December 2021 22316VIC accreditation extended to: 31 December 2022 22316VIC accreditation extended to: 31 December 2023







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# 22316VIC Advanced Diploma of Myotherapy Modification History

| Version | Date           | Details   |
|---------|----------------|---|
| 1.2     | November 2022  | Course accreditation extended to 31 December 2023.        |
| 1.1     | July 2021      | Course accreditation extended to 31 December 2022.        |
| 1.0     | September 2016 | Initial release approved to commence from 1 January 2017. |

# **Table of Contents**

| ,  | Section A: Copyright and course classification information | 1    |
|----|--|------|
| 1. | Copyright owner of the course                              | 1    |
| 2. | Address  | 1    |
| 3. | Type of submission   | 1    |
| 4. | Copyright acknowledgement                                  | 1    |
| 5. | Licensing and franchising                                  | 1    |
| 6. | Course accrediting body                                    | 2    |
| 7. | AVETMISS Information                                       | 2    |
| 8. | Period of accreditation                                    | 2    |
| ,  | Section B: Course information                              | 3    |
| 1. | Nomenclature   | 3    |
|    | I.1. Name of Qualification                                 | 3    |
|    | I.2. Nominal duration of the course                        | 3    |
| 2. | Vocational or educational outcomes                         | 3    |
| 2  | 2.1. Purpose of the course                                 | 3    |
| 3. | Development of the course                                  | 4    |
| 3  | 3.1. Industry / enterprise / community needs               | 4    |
| 3  | 3.2. Review for re-accreditation                           | 7    |
| 4. | Course outcomes  | 8    |
| 4  | 1.1. Qualification level                                   | 8    |
| 4  | 1.2. Employability skills                                  | 9    |
| 4  | 1.3. Recognition given to the course                       | . 13 |
| 2  | 1.4. Licensing/ regulatory requirements                    | . 13 |
| 5. | Course rules   | .13  |
|    | 5.1. Course Structure                                      |      |
|    | 5.2. Entry requirements                                    |      |
|    | Assessment   |      |
|    | S.1. Assessment strategy                                   |      |
|    | S.2. Assessor competencies                                 |      |
|    | Delivery   |      |
|    | 7.1. Delivery modes  |      |
|    | 7.2. Resources   |      |
| 8. | Pathways and articulation                                  |      |
| 9. | Ongoing monitoring and evaluation                          | . 19 |

| Section C: Units of Competency                                    | 20 |
|---|----|
| VU21873 Establish and manage a myotherapy practice                | 21 |
| VU21874 Manage health risks in a myotherapy environment           | 31 |
| VU21875 Work within a myotherapy framework                        | 39 |
| VU21876 Perform myotherapy clinical assessment                    | 50 |
| VU21877 Plan myotherapy treatment strategy                        | 64 |
| VU21878 Provide myotherapy treatment                              | 75 |
| VU21879 Provide myofascial dry needling treatment                 | 83 |
| VU21880 Conduct research relating to myotherapy clinical practice | 91 |

# Section A: Copyright and course classification information

| 1.  | Copyright owner of the course | Copyright of this document is held by the Department of Education and Training, Victoria. © State of Victoria (Department of Education and Training) 2016.   |  |
|---|-------------------------------|--|--|
| 2. Address  Executive Director Industry Engagement and VET Systems Higher Education and Skills Group Department of Education and Training (DET) GPO Box 4367 Melbourne VIC 3001 |                               | Industry Engagement and VET Systems Higher Education and Skills Group Department of Education and Training (DET) GPO Box 4367  |  |
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| 3.  | Type of submission            | Re-accreditation   |  |
| 4.  | Copyright acknowledgement     | Copyright of this material is reserved to the Crown in the right of the State of Victoria. © State of Victoria (Department of Education and Training) 2016.  |  |
|   |                               | The following unit of competency:  |  |
|   |                               | CHCCOM002 Use communication to build relationships   |  |
|   |                               | is from the CHC Community Services Training Package administered by the Commonwealth of Australia.© Commonwealth of Australia  |  |
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|----------------------------|---|--|
| 6. Course accrediting body | Victorian Registration and Qualifications Authority (VRQA)  |  |
| 7. AVETMISS Information    | ANZSCO {Australian and New Zealand Standard Classification of Occupations  ASCED Code – 4 digit (Field of Education)  | 252299 Complementary Health Therapists nec  0619 Complementary Therapies |
|                            | National course code  | 22316VIC   |
| 8. Period of accreditation | 1 January 2017 to 31 December 2021 Extended to: 31 December 2022 Extended to: 31 December 2023  |  |

# **Section B: Course information**

| 1. Nomenclature                     | Standard 1 AQTF Standards for Accredited Courses   |
|-------------------------------------|--|
| 1.1. Name of<br>Qualification       | Advanced Diploma of Myotherapy   |
| 1.2. Nominal duration of the course | 855 hours  |
| 2. Vocational or education          | nal outcomes Standard 1 AQTF Standards for Accredited Courses  |
| 2.1. Purpose of the course          | Completion of this course enables qualified Remedial Massage<br>Therapist to practise as a Myotherapist in their own practice, or as a<br>member of a health clinic  |
|                                     | The vocational outcomes of the Advanced Diploma of Myotherapy are to:  |
|                                     | <ul> <li>Establish and manage a myotherapy practice; including<br/>business skills and legal compliance.</li> </ul>  |
|                                     | <ul> <li>Manage health risks in a myotherapy environment; including<br/>aspects of health risk analysis, personal and premises<br/>hygiene, as well as infection prevention and control.</li> </ul>  |
|                                     | <ul> <li>Work effectively within a myotherapy framework; including<br/>working within clinic and regulation guidelines, achieving<br/>quality standards, preparing client education and health<br/>strategies, as well as ongoing performance development and<br/>working with other services/networks.</li> </ul> |
|                                     | <ul> <li>Perform myotherapy clinical assessment; including accurately<br/>gathering and interpreting information to assess a client's<br/>condition in order to provide myotherapy treatment.</li> </ul>   |
|                                     | <ul> <li>Plan myotherapy treatment strategy; including negotiating with<br/>the client.</li> </ul>   |
|                                     | <ul> <li>Provide myotherapy treatment according to the techniques and<br/>practices of a myotherapy framework.</li> </ul>  |
|                                     | Provide myofascial dry needling treatments.  |
|                                     | Source and evaluate relevant research information and apply findings to own myotherapy clinical practice   |
|                                     | <ul> <li>Employ communication techniques to establish, build and<br/>maintain relationships with clients, colleagues and other<br/>stakeholders.</li> </ul>  |

# 3.1. Industry / enterprise / community needs

## **Industry need for the Advanced Diploma of Myotherapy**

There is a significant role for a health care professional that has a primary focus on optimising the function of the soft tissue of the body. This role is increasing being filled by the modality of Myotherapy.

Myotherapy treatment in Australia was first introduced in the early 1990's and is the only manual therapy profession that provides treatment and management of myofascial pain and dysfunction as its primary focus. The industry demand for myotherapists arose from the need for remedial massage therapists to work with clients presenting with more complex conditions than they were exposed to in their training.

In Australia, myotherapy is a self-regulated profession and professional practice is supported by industry associations and rebates for treatment are recognised by numerous health funding bodies.

Myotherapy is a discipline recognised by the Australian Natural Therapists Association (ANTA), Association of Massage Therapists (AMT), Australian Association of Massage Therapists (AAMT), and the Myotherapy Association Australia (MA).

The Advanced Diploma of Myotherapy addresses an industry training need not covered by other VET qualifications: there are no Myotherapy qualifications in the Health (HLT) Training Package, nor are there any other VET Accredited Courses that address Myotherapy.

Formal training for a Myotherapist requires the completion of a *Diploma of Remedial Massage* (from the HLT Training Package) and the *Advanced Diploma of Myotherapy*. The competencies gained from completion of the *Diploma of Remedial Massage* are, therefore, a requirement for entry to the *Advanced Diploma of Myotherapy*.

## Myotherapy as a discipline

Myotherapist is a health practitioner specialising in the assessment, treatment and prevention of specific musculoskeletal conditions and somatic dysfunction. Treatment may involve various modalities that enhance the restoration and recovery from these conditions via treatment of soft tissues. For example; muscle, fascia and associated structure.

Myotherapy is a manual therapy with a scope of practice aimed at treating and managing the soft tissues of the body. Soft tissues include muscular and connective tissues and their within and between system interactions.

A Myotherapist uses underpinning knowledge of anatomy, physiology, kinesiology, biomechanics and pathology to understand the relationships between the myofascia (muscles and related connective

tissues), but also how the muscles and connective tissues relate to other systems of the body.

Myotherapists use clinical examination skills, to locate the sources of symptoms and identify dysfunctions. They also use high level communication, clinical reasoning, problem solving and planning skills to design and implement treatment and management programs.

Where symptoms or dysfunctions exist, treatment aims to normalise sensation and function. Additionally, where no symptoms exist, management aims to optimise function, posture and movement. Normalising includes assisting the relief of pain and the return of normal sensation, posture and movement.

The Myotherapist can function as the first point of treatment with an expert knowledge of the function and dysfunction of the soft tissue of the body in relation to movement. The Myotherapist can also function as a specialised member within an interdependent multi-disciplinary team of health professionals.

## **Background to the Advanced Diploma of Myotherapy**

This course was first developed in the early 1990's as the *Advanced Diploma of Remedial Massage* and later as the *Advanced Diploma of Remedial Massage (Myotherapy)* in a suite of qualifications along with the *Certificate IV in Massage* and the *Diploma of Remedial Massage* both of which are now included in the national HLT Health training package. There are no qualifications or units of competency in myotherapy in the current HLT Health Training Package.

Graduates of the *Diploma of Remedial Massage* and the *Advanced Diploma of Myotherapy* can treat muscle pain and dysfunction. However, graduates of the *Advanced Diploma of Myotherapy* can deal with more complex cases due to extended knowledge. Where referral to other healthcare professions is considered necessary, myotherapists can provide detailed and useful information of the client's condition to expedite ongoing treatment.

The difference between the *Diploma of Remedial Massage* and the *Advanced Diploma of Myotherapy* is not primarily in the treatment techniques, as some of the treatment modalities and techniques that Myotherapists use are also employed by other manual therapists. What differentiates myotherapy from other manual therapies available is the specific clinical practice framework and the specialised application of techniques and interventions that form the treatment and management programs used to normalise and promote optimal myofascial function.

There has been consistent demand for training in myotherapy over the life of the existing course. Current student enrolments reflect 200+ each year. Accredited training is currently provided by a range of seventeen public and private registered training organisations throughout Australia.



A Project Steering Committee (PSC) was formed to oversee the reaccreditation of the course. The membership of the PSC was as follows:

Grant McKechnie (Chair) Ballarat Sports & Exercise Rehabilitation

Centre

Cher Hetherington Shepparton Myotherapy

Andrew Fleming Community Services & Health Industry

Training Board

Bianca Alivizatos Darebin Myotherapy

Joshua Davies Royal Melbourne Institute of Technology

(RMIT)

Sue Gillespie Australian Association of Massage

Therapists Ltd (AAMT)

Nello Marino Myotherapy Association Australia (MA)

Robert Granter Myotherapist

In attendance:

Jennifer Fleischer CMM – Human Services, Swinburne

University

Wendy Dowe CMM – Human Services, Swinburne

University

Sam McCurdy Dewhurst Consultancy Pty Ltd

The skills/knowledge profile for a Myotherapist, which had been developed in 2013, was reviewed and updated by the Steering Committee before being mapped to the units within the course structure to confirm that the course meets the industry needs. The change with the introduction of new curriculum units was due to the revised components of Training Packages and the range of units included in the revised *HLT52015 Diploma of Remedial Massage*. As a result, there are some changes to the course structure.

The 22316VIC Advanced Diploma of Myotherapy:

- Does not duplicate, by title or coverage, the outcomes of an endorsed training package qualification
- Is not a subset of a single training package qualification that could be recognised through one or more statements of attainment or a skill set
- Does not include units of competency additional to those in a training package qualification that could be recognised through statements of attainment in addition to the qualification
- Does not comprise units that duplicate units of competency of a training package qualification



# 3.2. Review for reaccreditation

Although the existing course 22248VIC Advanced Diploma in Myotherapy is accredited until 31st December 2018, a mid-year review identified significant changes to the Community Services (CHC) and Health (HLT) Training Packages.

These changes affected all of the imported units in the *Advanced Diploma in* Myotherapy; a number of which had been deleted with no replacement or have been updated and deemed not equivalent. In addition, *HLT50307 Diploma of Remedial Massage* (the entry requirement qualification for 22248VIC) is superseded by *HLT52015 Diploma of Remedial Massage* and has undergone a significant modification seeing an increase from 14 to 21 units and removal of the *Certificate IV in Massage* as an entry requirement.

It was determined that these changes in the CHC and HLT Training Packages were significant and necessitated a full re-accreditation of the *Advanced Diploma in Myotherapy* to enable enrolments into the course from 2017. In addition, additional Units of Competency were written to address the gaps that resulted from the Training Package updates.

The vocational outcome of 22316VIC Advanced Diploma of Myotherapy is deemed to be equivalent to the vocational outcome of 22248VIC Advanced Diploma of Myotherapy.

RTOs are advised there are additional resourcing requirements for delivery, training and assessment of 22316VIC Advanced Diploma of Myotherapy. RTOs are required to review the changes that have occurred in the new 22316VIC Advanced Diploma of Myotherapy and make the required resource adjustments prior to enrolling students.

Transition arrangements from the existing course to the re-accredited course are indicated in Table 1.



**Table 1: Transition arrangements** 

| 22248VIC<br>Advanced Diploma of Myotherapy |  | 22316VIC<br>Advanced Diploma of Myotherapy |   | Comment        |  |
|--|--|--|---|----------------|--|
| Unit code                                  | Unit title   | Unit code                                  | Unit Title  |                |  |
| BSBRKG502B                                 | Manage and monitor business or records systems                     | VI 124072                                  | Establish and manage                                      | Not equivalent |  |
| CHCADMIN604B                               | Manage the finances, accounts and resources of an organisation     |  | a myotherapy practice                                     | Not equivalent |  |
| CHCCOM403A                                 | Use targeted communication skills to build relationships           | CHCCOM002                                  | Use communication to build relationships                  | Not equivalent |  |
| HLTHIR505D                                 | Provide leadership in promoting effective work practices in health | VU21874                                    | Manage health risks in a myotherapy                       | Not equivalent |  |
| HLTIN403C                                  | Implement and monitor infection control policy and procedures      | VO21074                                    | environment   | Not equivalent |  |
| HLTNUT601C                                 | Apply literature research findings to clinical practice            | VU21880                                    | Conduct research relating to myotherapy clinical practice | Not equivalent |  |
| VU21414                                    | Work within a myotherapy framework                                 | VU21875                                    | Work within a myotherapy framework                        | Equivalent     |  |
| VU21415                                    | Perform myotherapy clinical assessment                             | VU21876                                    | Perform myotherapy clinical assessment                    | Equivalent     |  |
| VU21416                                    | Plan myotherapy treatment strategy                                 | VU21877                                    | Plan myotherapy<br>treatment strategy                     | Equivalent     |  |
| VU21417                                    | Provide myotherapy treatment                                       | VU21878                                    | Provide myotherapy treatment                              | Equivalent     |  |
| VU21418                                    | Provide myofascial dry needling treatment                          | VU21879                                    | Provide myofascial dry needling treatment                 | Equivalent     |  |

| 4. Course outcomes       | Standards 1, 2, 3 and 4 AQTF Standards for Accredited Courses  |
|--------------------------|--|
| 4.1. Qualification level | Standards 1, 2 and 3 AQTF Standards for Accredited Courses  The 22316VIC Advanced Diploma of Myotherapy aligns to the Advanced Diploma level of the Australian Qualifications Framework in that graduates will have: |



## Knowledge:

 Specialised and integrated technical and theoretical knowledge with depth within the field of myotherapy

#### Skills:

- Cognitive and communication skills to identify, analyse, synthesise and act on information from a range of sources. For example, in determining the appropriate treatment for different clients
- Cognitive and communication skills to transfer knowledge and skills to others and to demonstrate understanding of specialised knowledge with depth in some areas. For example, in working effectively a member of a team of health professionals in a clinical environment.
- Cognitive and communication skills to formulate responses to complex problems. For example, in assessing the needs of clients presenting with a diverse range of health problems.
- Wide-ranging specialised technical, creative or conceptual skills to express ideas and perspectives. For example, in communicating with other health professionals and health services.

## Application of knowledge and skills

- Graduates will have the ability to apply knowledge and skills:
  - With depth in areas of myotherapy specialisation, in clinical contexts subject to change
  - With initiative and judgment in planning, design, technical or management functions in myotherapy treatments;
  - To adapt a range of fundamental principles and complex techniques to known and unknown situations relating to client health problems
  - Across a broad range of technical or management functions, with accountability for personal outputs and personal and team outcomes within broad parameters. For example, in managing a myotherapy practice and/or participating as a member of a clinical team.

The Volume of Learning for the 22316VIC Advanced Diploma of Myotherapy is typically 1.5 - 2 years. This will involve 855 hours of structured tuition and assessment, plus approximately 1,000 hours of independent learning, projects and assignments.

# 4.2. Employability skills

Standard 4 AQTF Standards for Accredited Courses

This course has been mapped to national employability skills. A summary of the employability skills to be achieved in this course is provided in Table 2 below.





Table 2: Employability Skills Summary for 22316VIC Advanced Diploma of Myotherapy

# **Employability Skills Summary**



| Qualification Code:  | 22316VIC                       |
|----------------------|--------------------------------|
| Qualification Title: | Advanced Diploma of Myotherapy |

The following table contains a summary of the employability skills required for this qualification. This table should be interpreted in conjunction with the detailed requirements of each unit of competency packaged in this qualification. The Employability Skills facets described here are broad industry requirements that may vary depending on the packaging options.

| Employability Skill  | Industry/enterprise requirements for this qualification include the following facets:   |
|--|---|
| Communication that contributes to productive and harmonious relations across employees and customers | <ul> <li>Utilising specialist communication skills to build strong relationships</li> <li>Collecting and analysing information from clients</li> <li>Explaining myotherapy treatment strategies to clients</li> <li>Liaising with other health care professionals</li> <li>Recording client and treatment data</li> </ul>   |
| <b>Teamwork</b> that contributes to productive working relationships and outcomes                    | <ul> <li>Collaborating with other health care professionals on specific case studies</li> <li>Providing leadership and support to others in promoting effective work practices</li> <li>Working with clients on treatment strategies to achieve positive outcomes</li> <li>Liaising with other professionals on aspects of business, such as finance, record-keeping, marketing etc.</li> </ul> |
| Problem solving that contributes to productive outcomes  | <ul> <li>Using information presented by the client, assessment skills and clinical reasoning to identify specific health problems</li> <li>Designing myotherapy treatments to address specific health problems</li> <li>Determining when referrals to other health professionals are appropriate</li> </ul>   |
| Initiative and enterprise that contribute to innovative outcomes                                     | <ul> <li>Establishing and maintaining a professional business profile</li> <li>Establishing and maintaining a professional support network</li> </ul>   |

|  | Adapting or modifying treatment strategies to ensure positive health outcomes  |
|--|--|
|  | Applying literature research findings to clinical practice   |
| Planning and   | Managing a myotherapy practice   |
| organising that  | Managing knowledge and information of the myotherapy practice  |
| contribute to long and short-term strategic planning         | Implementing and monitoring effective infection control policy and procedures  |
|  | Planning myotherapy assessments  |
|  | Planning myotherapy treatment strategies   |
|  | Prioritising personal work tasks   |
| Self-management that contributes to employee                 | Monitoring work to ensure compliance with Myotherapy standards, practice framework, regulatory, legislative, client or organisational requirements |
| satisfaction and growth                                      | Networking with other health professionals   |
|  | Maintaining and developing the currency of personal skills and knowledge   |
|  | Assessing own practice against professional standards or code of ethics  |
| Learning that contributes to ongoing                         | Conducting research applicable to professional clinical practice and treatment   |
| improvement and expansion in employee and company operations | Undertaking relevant professional development to maintain personal skills and knowledge  |
| and outcomes   | Liaising with other health professionals on the need for referrals to other health modalities  |
|  | Evaluating the effectiveness of different myotherapy treatment strategies for specific health problems   |
|  | Participating in regular performance reviews of self and others within the team of work responsibilities and performance                           |
| Technology that contributes to the effective                 | Using common electronic office equipment to run the business, such as telephone, record keeping, booking systems etc.                              |
| carrying out of tasks  | Operating a computer and software to conduct word processing, information management and clinical research, using the internet etc.                |
|  | Applying technology-based interventions  |
|  | Using corrective exercise equipment  |
|  | Using the internet to conduct research   |



| 4.3. Recognition given to the course          | Standard 5 AQTF Standards for Accredited Courses  On completion of the course, graduates may be eligible to apply for membership to professional associations. Including but not limited to:  • Myotherapy Association Australia (MA)  • Australian Association of Massage Therapists Ltd (AAMT)  • Association of Massage Therapists Ltd (AMT)  • Australian Natural Therapists Association Ltd (ANTA) |
|---|---|
| 4.4. Licensing/<br>regulatory<br>requirements | Standard 5 AQTF Standards for Accredited Courses  Not applicable  |

# 5. Course rules Standards 2, 6,7 and 9 AQTF Standards for Accredited Courses

## **5.1. Course Structure**

To gain the award of 22316VIC Advanced Diploma of Myotherapy, participants must complete all nine (9) units of competency.

Participants who do not complete the full course will be awarded a Statement of Attainment listing those units that they have successfully completed. The course structure is reflected in Table 3.

Table 3:

| Unit Code | Field of<br>Education<br>Code | Unit Title                                      | Pre-<br>requisite | Nominal<br>hours |
|-----------|-------------------------------|---|-------------------|------------------|
| CHCCOM002 | 120505                        | Use communication to build relationships        | None              | 55               |
| VU21873   | 061999                        | Establish and manage a myotherapy practice      | None              | 160              |
| VU21874   | 061999                        | Manage health risks in a myotherapy environment | None              | 60               |
| VU21875   | 061999                        | Work within a myotherapy framework              | None              | 80               |
| VU21876   | 061999                        | Perform myotherapy clinical assessment          | None              | 100              |
| VU21877   | 061999                        | Plan myotherapy treatment strategy              | None              | 120              |
| VU21878   | 061999                        | Provide myotherapy treatment                    | None              | 150              |



| VU21879             | 061999 | Provide myofascial dry needling treatment                 | None | 60 |
|---------------------|--------|---|------|----|
| VU21880             | 061999 | Conduct research relating to myotherapy clinical practice | None | 70 |
| Total nominal hours |        |   |      |    |

# 5.2. Entry requirements

Standard 9 AQTF Standards for Accredited Courses

There are no barriers to entry on the grounds of age, gender, political or cultural background.

Entrants to the 22316VIC Advanced Diploma of Myotherapy must provide evidence that they have gained competencies equivalent to those defined by:

- HLT50307 Diploma of Remedial Massage from the HLT07 training package, or
- HLT52015 Diploma of Remedial Massage from the HLT training package.

#### 6. Assessment

#### Standards 10 and 12 AQTF Standards for Accredited Courses

# 6.1. Assessment strategy

Standard 10 AQTF Standards for Accredited Courses

All assessment, including Recognition of Prior Learning (RPL), must be compliant with the requirements of:

 standard 1.2 of the AQTF: Essential Conditions and Standards for Initial Registration and standard 1.5 of the AQTF: Essential Conditions and Standards for Continuing Registration,

or

• standard 1, Clauses 1.1 and 1.8 of the Standards for Registered Training Organisations 2015 (SRTOs),

or

 the relevant Standards for Registered Training Organisations in effect at the time of assessment.

There must be evidence of the student having achieved a minimum of 75 hours of supervised clinical practice involving 30 clients with varied musculoskeletal conditions. Clients must include males and females from different stages of life.

The assessment of the imported endorsed unit of competency must be consistent with the requirements of the CHC Community Services Training Package including RPL processes.

Assessment strategies must be based on the principles of consistency, fairness, validity and reliability. Assessment strategies should be designed to:



- Cover a range of skills and knowledge required to demonstrate the achievement of the course aims
- Collect evidence on a number of occasions and in a variety of contexts and situations
- Be appropriate to the knowledge, skills, methods of delivery and needs/characteristics of the learners
- Assist assessors to interpret evidence consistently
- Recognise prior learning
- Be equitable to all groups of learners

Where possible an integrated/holistic approach to assessment is suggested, in relation to the intended learning outcomes of the course and performance required in the workplace. Integration can refer to:

- elements and performance criteria from the same unit being grouped together for assessment, or
- elements and performance criteria from several units being grouped together for assessment

Assessment methods must involve the practical application of knowledge and demonstration of skills in a real or simulated myotherapy clinical environment under the supervision of a qualified trainer/assessor.

Assessment methods may also include (but are not restricted to):

- Written assignments or tests
- Oral presentations
- Observation
- Portfolio development and presentation
- Work-based projects
- · Action research projects
- Work placement

The opportunity for learners to negotiate the form of assessment is also possible in many cases, e.g. alternative assessments for learners with special needs.

Assessment of competencies through the RPL process must include proof of the demonstration of the relevant competencies within a clinical environment.

# 6.2. Assessor competencies

Standard 12 AQTF Standards for Accredited Courses

Assessment must be undertaken by a person or persons in accordance with:



• standard 1.4 of the AQTF: Essential Conditions and Standards for Continuing Registration,

or

- standard 1, Clauses 1.13, 1.14, 1.15, 1.16 and 1.17 of the Standards for Registered Training Organisations 2015 (SRTOs), or
- the relevant Standards for Registered Training Organisations in effect at the time of assessment.

In addition, it is recommended that Assessors have:

- a minimum of 2 year's myotherapy clinical experience and
- current membership of a relevant Professional Association.

Assessors delivering the imported endorsed unit of competency must satisfy the requirements for trainers specified in the CHC Community Services Training Package.

## 7. Delivery

#### Standards 11 and 12 AQTF Standards for Accredited Courses

# 7.1. Delivery modes

Standard 11 AQTF Standards for Accredited Courses

The 22316VIC Advanced Diploma of Myotherapy is designed to be delivered to persons wishing to practice myotherapy.

There must be evidence of the student having achieved a minimum of 75 hours of supervised clinical practice (in a real or simulated clinical environment) involving 30 clients with varied musculoskeletal conditions. Clients must include males and females from different stages of life.

All units in the course allow for delivery in a variety of modes including:

- Flexible delivery
- Traditional classroom delivery
- Supervised clinical practice involving real clients in real or simulated clinical environment
- Workplace training

Training may be delivered on a full-time or part-time basis. It is highly recommended that participants be exposed to real work environments and examples/case studies. Some areas of content may be common to more than one element and therefore integrated/holistic delivery and assessment may be appropriate.

The use of flexible delivery in the provision of training should ensure the development of practical skills are achieved to the required standard and include access to a real or simulated clinical environment and real clients as stated in the unit.



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The units of competency may be contextualised to meet the needs of different groups of students. Generally, this means:

- Elements and associated performance criteria must not be altered in any way
- The Range Statement may be expanded as long as it does not increase the complexity of the unit
- The Evidence Guide may be expanded as long as it retains the integrity of the unit and does not jeopardise the student's potential to achieve the competency
- Learning and assessment resources may be tailored to the specific needs of the target group/student, while maintaining their validity

#### 7.2. Resources

Standard 12 AQTF Standards for Accredited Courses

Specialised resources required for the delivery of the 22316VIC Advanced Diploma of Myotherapy include:

- Fully equipped training facilities and equipment
- Related range of texts and/or medical manuals, references and audio/visual materials
- Relevant national, state or local government regulations and guidelines
- Workplace documentation
- Computer access

A real or simulated clinical environment must, as a minimum, have the following:

- Treatment table and chair
- Sink
- Linen
- Treatment oils, lotions and creams
- Single use dry needles
- Sharps disposal unit
- Bathroom facilities
- Electrical stimulation devices e.g.: TENS machine
- Hot or cold packs, or ice
- Strapping tape and bandages
- First aid equipment
- Hygiene aids
- Stationery and filing systems



- Complementary therapeutic devices
- Appropriate exercise equipment
- Access to real clients (members of the public). Clients must include males and females from different stages of life with varied musculoskeletal conditions

Each unit of competency specifies the resource requirements relevant to the unit.

#### **Qualifications of Trainers**

Training must be undertaken by a person or persons in accordance with:

 standard 1.4 of the AQTF: Essential Conditions and Standards for Continuing Registration,

or

- standard 1, Clauses 1.13, 1.14, 1.15, 1.16 and 1.17 of the Standards for Registered Training Organisations 2015 (SRTOs), or
- the relevant Standards for Registered Training Organisations in effect at the time of assessment

It is also recommended that Trainers have:

- a minimum of two years of myotherapy clinical experience and
- current membership of a relevant Professional Association.

Trainers delivering the imported endorsed unit of competency must satisfy the requirements for trainers specified in the CHC Community Services Training Package.

# 8. Pathways and articulation

Standard 8 AQTF Standards for Accredited Courses

This course includes a nationally endorsed unit of competency from the CHC Community Services Training Package. Participants who successfully complete this unit will be able to gain credit into other qualifications containing the unit.

Entrants to the course will also receive a credit for the imported endorsed unit of competency that they may have already completed in other studies. No formal articulation arrangements have yet been negotiated with the higher education sector. Generally, arrangements for articulation into higher education qualifications will need to be undertaken individually and on a case-by-case basis.

RTOs should refer to the AQF Pathways Policy when negotiating articulation to higher education qualifications.



# 9. Ongoing monitoring and evaluation

Standard 13 AQTF Standards for Accredited Courses

The course will be maintained and monitored by the Curriculum Maintenance Manager (CMM) for Human Services. This will be facilitated by the formation of a Course Review Group made up of key stakeholders such as representatives from:

- CMM-Human Services
- Relevant Professional Associations
- Training providers of the course
- Community Services and Health Industry Training Board

A review of the course will take place at the mid-point of the accreditation period. Feedback will be sought from those Registered Training Organisations offering the course, as part of the review process.

Processes for gathering evaluation data may include:

- Student feedback questionnaires
- Employer feedback
- Trainer and assessor feedback,
- Victorian Department of Health bulletins
- Updates to the Community Services and Health Training packages

Recommendations for any significant changes will be reported to the Victorian Registration and Qualifications Authority (VRQA).

# **Section C: Units of Competency**

CHCCOM002 Use communication to build relationships

This unit of competency is from the CHC Training Package and can be accessed from TGA: training.gov.au (see the <u>National Register</u> for more information).

| Unit code | Unit Title  | Page |
|-----------|---|------|
| VU21873   | Establish and manage a myotherapy practice                | 20   |
| VU21874   | Manage health risks in a myotherapy environment           | 30   |
| VU21875   | Work within a myotherapy framework                        | 38   |
| VU21876   | Perform myotherapy clinical assessment                    | 49   |
| VU21877   | Plan myotherapy treatment strategy                        | 63   |
| VU21878   | Provide myotherapy treatment                              | 74   |
| VU21879   | Provide myofascial dry needling treatment                 | 82   |
| VU21880   | Conduct research relating to myotherapy clinical practice | 90   |

#### VU21873

## Establish and manage a myotherapy practice

## **Unit Descriptor**

This unit describes the skills and knowledge required to establish and manage a myotherapy practice. It includes business skills, legal compliance and interacting with the health care system/other health professionals.

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

#### **Employability Skills**

This unit contains Employability Skills

## Application of the Unit

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist and is establishing and managing their own clinical practice. Individuals in this role interpret business information and numerical data competently.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic guidelines.

#### **ELEMENT**

## **PERFORMANCE CRITERIA**

Elements describe the essential outcomes of a unit of competency.

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold italicised text is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.

- 1. Develop a business plan for a myotherapy practice
- 1.1 Any pre-existing strategic business and operational plans are reviewed and evaluated to identify potential improvements
- 1.2 **Key stakeholders** are consulted to establish the local market requirements and pricing options
- 1.3 Performance objectives and measures are established through consultation with key stakeholders
- 1.4 Financial, human and physical resources needed for the business are identified

- 1.5 Effective and efficient **records management systems** are selected
- 1.6 Information required for legal compliance as a myotherapy practice are researched and interpreted
- 1.7 The *risks* associated with a myotherapy practice are identified and effective control mechanisms established
- 1.8 The business plan is written incorporating the *key criteria* for managing the myotherapy business
- 2. Implement records management systems
- 2.1 The records management system requirements for a myotherapy practice are determined.
- 2.2 Security and access requirements for the records management systems are confirmed
- 2.3 The format content and metadata of records for each organisational function are analysed
- 2.4 The *technological requirements* of records systems appropriate to the myotherapy practice are selected
- 2.5 The cost structure, maintenance, disposal and updating requirements of the records systems are verified to conform to the needs of the practice
- 2.6 An implementation plan is developed incorporating measurable performance indicators for recordkeeping activities
- 2.7 The records systems plan is implemented ensuring that relevant staff are fully informed and well trained in their use
- 2.8 The records systems are monitored and evaluated and any problems and changes are addressed
- 3. Implement operational strategies and procedures
- 3.1 Operational systems and key performance indicators are applied to monitor the business performance and client satisfaction



- 3.2 Operational procedures are employed to control stock, expenditure, costs and risks to health and safety in accordance with the business plan
- 3.3 Staffing requirements are maintained to maximise productivity within budget
- 3.4 Myotherapy treatments are provided in accordance with client needs and the practice's time, cost and quality specifications
- 3.5 **Quality procedures** are utilised to address practice needs and client requirements
- 4. Establish and manage financial control of the myotherapy practice
- 4.1 Systems for financial management and reporting are established that adhere to legal and business requirements
- 4.2 *Financial advisers* are consulted, where necessary, to endure financial viability and compliance
- 4.3 Budgets are prepared appropriate to the desired practice performance outcomes
- 4.4 Actual income and expenditure are checked against budgets at regular identified intervals and adjustments are made to address deviations, as required
- 4.5 Appropriate *financial reports* are prepared and submitted to *relevant bodies*, as and when required
- 4.6 Budget and financial information is analysed and interpreted to monitor business performance
- 4.7 Contingency plans are developed to accommodate possible shortfalls in funding and resourcing
- 5. Interact with health professionals and the health system
- 5.1 *Health care systems* and services are identified which are relevant to the myotherapy practice
- 5.2 Current and accurate information about other health care services is collected for use with clients



- 5.3 Effective relationships are established with workers from different sectors and levels of the healthcare industry
- 5.4 Professional networks are utilised to maintain current knowledge of the health system relating to myotherapy
- 5.5 Referrals are made to other professional health services based on client needs and assessment indications
- 6. Maintain legal and ethical compliance
- 6.1 Information required for legal compliance of a myotherapy practice is researched and interpreted
- 6.2 Risks, penalties and consequence of legal noncompliance are identified
- 6.3 The ethical framework that applies to a myotherapy practice is clarified and adhered to
- 6.4 The ethical responsibilities of the practice to health care colleagues, clients and the broader community are determined
- 6.5 **Relevant information** is disseminated on the need for legal and ethical compliance to all members of the myotherapy practice
- 6.6 Legal and ethical compliance is monitored on an ongoing basis and immediate corrective action is taken for any non-compliance that is identified
- 7. Evaluate the practice's performance
- 7.1 Client satisfaction and operational targets are regularly monitored to ensure optimum business performance
- 7.2 Systems and structures are reviewed to more effectively support the practise's performance
- 7.3 Operating problems are investigated and analysed to establish causes and prompt corrective action is taken
- 7.4 Policies and procedures are amended to incorporate corrective actions



- 7.5 The business plan is reviewed and amended, as required, to maintain business viability
- 7.6 Proposed changes are clearly recorded to aid future planning

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

## Required knowledge:

- Processes for developing effective business plans
- Key stakeholders in setting up and operating a myotherapy practice
- National Code of Conduct for Unregistered Health Workers
- Records systems required for a myotherapy practice including those for tax requirements, human resource management, financial control, stock control and client records
- Strategies and procedures for continuous improvement, as well as for records access and security
- Financial management processes and taxation requirements, including budgeting processes and auditing procedures
- Structure, function and interrelationships of the Australian health system
- How health care professionals and allied health services interrelate and their relationship to a myotherapy practice
- Health system funding and financial structures and their implications to the myotherapy practice and its' clients
- Client referral procedures and accompanying evidence required
- Legal and ethical requirements for a myotherapy practice and the implications of noncompliance
- Evaluation processes to monitor business performance

# Required skills:

- Research and Analysis skills to identify:
  - Business vision
  - Mission
  - Objectives and goals
  - Potential clients
  - Legal and regulatory requirements



- Financial targets
- Management arrangements
- Record requirements
- Risks
- · Communication skills to:
  - Identify and consult with key stakeholders to set up and maintain a viable myotherapy practice
  - Liaise effectively with relevant health care workers throughout the health system
- Writing skills to develop a business plan
- Select appropriate records management systems that incorporates suitable security and access requirements for a myotherapy practice
- Implement a business plan that includes ensuring that skilled labour is available and that training is provided, where necessary
- Establish quality control procedures to address the business needs and to ensure high quality outcomes
- Apply sound financial management principles in setting up and running a viable myotherapy practice, including interpreting financial information and maintaining effective budget control
- Research, maintain and promote compliance with the legal and ethical responsibilities of a myotherapy practice
- Apply effective evaluation processes on an ongoing basis to maximise the business performance

#### RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

# **Key stakeholders** may include:

- Professional networks
- Colleagues
- Clients
- Accountants

## **Records management systems** must include, but are not limited to:

- Tax records
- Financial records
- Client records
- HR records



# **Risks** must include, but are not limited to:

- Financial viability
- Faulty infection control
- · Poor records management
- Security problems
- Legal non-compliance
- Litigation

# **Key criteria** must include, but are not limited to:

- Vision
- Finance
- Marketing
- Human and physical resources
- Human relations
- Performance measures
- Quality control

# **Technological requirements** may include:

- Computer hardware and software
- Security systems
- Internet access
- Computer networking
- Backup arrangements

# **Quality procedures** must include, but are not limited to:

- · Accuracy of records
- Clinic policies, including:
  - Contracts for employee/contractor
  - Clinic guidelines
  - Appointment booking
  - Cancellation policy
  - Refunds
  - Complaints process
- Client feedback
- Staff feedback
- Infection control processes
- Facilities



# **Financial advisers** may include:

- Australian Tax Office
- Accountants
- Business advisers

# **Financial reports** must include, but are not limited to:

- BAS statements
- GST and BAS requirements
- Annual tax return
- Budget reports
- Profit/loss statements

# Relevant bodies may include:

- Australian Tax Office
- Banks
- Finance companies
- Accountants

# **Health care systems** may include:

- Medicare
- Private health funds
- Workcover
- Commcare
- Transport Accident Commission (TAC)

# **Relevant information** must include, but is not limited to:

- National Code of Conduct for Health Care Workers
- Industry Code of Practice
- Duty of Care
- Relevant State and Commonwealth legislation
- Privacy law
- Registration with relevant Professional Bodies
- Insurance requirements

## **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.



Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be considered competent in this unit, the participant must achieve all of the elements of competency to the level specified by the associated Performance Criteria.

- Specifically, they must be able to:
  - Identify and consult with key stakeholders for a myotherapy practice
  - Prepare a suitable business plan for a myotherapy practice, which includes a description of:
    - The business
    - Products and services
    - Financial, physical and human resource requirements
    - Legal and licensing requirements,
    - Record systems
    - Risk analysis
    - Financial and performance targets
  - Select appropriate records managements systems that align with the needs of the myotherapy practice
  - Set up financial controls for the practice that include budgeting and auditing processes
  - Prepare a plan to implement the operational strategies and procedures aligning with the business plan
  - Identify the role of a myotherapy practice within the Australian health system and the type of care professionals that would normally interact with the practice
  - Outline the legal and ethical responsibilities of a myotherapy practice and the implications of noncompliance
  - Develop an evaluation plan that will monitor the performance of a myotherapy practice on an ongoing basis, including continuous improvement processes

# Context of and specific resources for assessment

- The unit must be assessed in a myotherapy workplace, or a simulated workplace, under the normal range of work conditions
- In order to conduct assessment of this unit of competency, the following resources are required:
  - Relevant national, state or local government regulations and guidelines
  - Relevant text



- Workplace documentation
- Computer access

## **Method of assessment**

- Assessment must include the practical application of knowledge and skills in a real or simulated myotherapy practice environment under the supervision of qualified trainers/assessors and may also include:
  - Written assignments
  - Written or oral questions
  - Research projects
  - Case study analysis
  - Observation of practical skills

## **VU21874 – Manage health risks in a myotherapy environment**

#### VU21874

## Manage health risks in a myotherapy environment

## **Unit Descriptor**

This unit describes the skills and knowledge required to manage health risks within a myotherapy environment. It includes aspects of health risk analysis, personal and premises hygiene, as well as infection prevention and control. It also covers special infection prevention and control for treatments involving dry needling.

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

#### **Employability Skills**

This unit contains Employability Skills

## **Application of the Unit**

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual may be working within a clinical setting as an independent practitioner or as a member of a team within a health care clinic.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic guidelines.

#### **ELEMENT**

#### **PERFORMANCE CRITERIA**

Elements describe the essential outcomes of a unit of competency.

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold italicised text is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.

- Provide guidance on health hazards, infection prevention and control
- 1.1 Relevant information on *health risks*, infection control regulations and the legal obligations of the practice is sourced and interpreted
- 1.2 Colleagues are fully informed of the need for compliance with infection control regulations and the *implications of non-compliance*
- 1.3 *Health hazards* are identified and removed or minimised, where possible
- 1.4 Policies and procedures are established that incorporate infection prevention and control into work practices



- 1.5 Opportunities are provided for colleagues to seek further information on workplace health hazards, infection prevention and control
- 1.6 Colleagues are encouraged to report health hazards and to improve infection prevention and control procedures
- 1.7 The importance of maintaining *personal hygiene* in minimising infection is emphasised
- 1.8 The importance of the premises layout, cleanliness and workflow arrangements in managing health risks is promoted
- 1.9 Issues relating to health hazards and infection prevention and control are resolved through a consultative process
- 2. Apply infection prevention and control procedures for dry needling treatments
- 2.1 Commonwealth, State and local standards, regulations and guidelines applying to skin penetration treatments are interpreted
- 2.2 Infection control risks for *dry needling* are identified and appropriate procedures are established and followed
- 2.3 The *hygiene of the premises* is monitored to ensure that infection risks are eliminated or minimised
- 2.4 Dry needling treatments are performed in accordance with client needs and to industry standards
- 2.5 Single use items are disposed of in appropriate waste containers
- 2.6 Potentially contaminated items are separated, removed, cleaned and sterilised according to the infection control policy and procedure
- 2.7 Dry needling work practices are regularly reviewed and adjusted, if necessary, to maintain infection control



- 3. Monitor infection prevention and control measures
- 3.1 Work practices are scrutinised regularly and adjusted, if necessary to control infection risks
- 3.2 Infectious hazardous event are investigated promptly to identify their cause, in accordance with the clinic's policies and procedures
- 3.3 Prompt feedback is provided to colleagues on any noncompliance issues resulting in changes to work practices
- 3.4 Accurate records are maintained of any infection prevention and control risk or incidents and the corrective action taken
- 3.5 Appropriate training is provided, where infection prevention or control risks or incidents suggest that it is necessary
- 3.6 Potential breaches of the infection prevention and control procedures are recorded and investigated, to determine the appropriate corrective action required
- 4. Conduct a health risk assessment of a myotherapy clinic
- 4.1 Checklists are established to facilitate the risk assessment process for the myotherapy practice
- 4.2 Health hazards and risks are identified and removed or minimised, as required
- 4.3 The clinic design is assessed to identify potential improvements that would minimise the risk of transmission of infection
- 4.4 Relevant policies and procedures are evaluated to identify potential improvements in work practices relating to risk of infection



#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

#### Required knowledge:

- Types of health hazards in the workplace
- Chain of infection
- Basis of infection
- Key modes of disease transmission
- NHMRC Guidelines for Prevention and Control of Infection in Healthcare
- Risk management in relation to infection control
- Established guidelines for the prevention and control of infection, including:
  - Cleaning, disinfection and sterilising procedures
  - Personal and hand hygiene
  - Use and scope of personal protective equipment
  - Surface cleaning
  - Managing body fluid spills
  - Sharps handling and disposal techniques
  - Reprocessing procedures for equipment
- Additional precautions required for dry needling treatments
- Needle stick or sharps injury procedures for notification and response
- Local Council requirements for businesses offering skin penetration treatments
- Impact of premises layout and workflow arrangements on infection control risks
- Infection risks and control measures specific to myotherapy
- Factors that increase susceptibility to infection
- Management and work processes used to control infection
- Hierarchy of risk control measures, most to least preferred:
  - Elimination
  - Engineering controls
  - Administrative control
  - Personal protective equipment

#### Required skills:

- Identify relevant Commonwealth and State legislation, industry codes of practice and Australian standards relating to infection prevention and control
- Establish infection prevention and control procedures for the clinic and advise others
- Follow established myotherapy infection prevention and control procedures
- · Resolve issues relating to infection risks through consultation
- Monitor adherence to the myotherapy practice's infection prevention and control procedures
- Apply appropriate infection prevention and control procedures for dry needling
- Conduct a health risk assessment of a myotherapy practice

#### RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

*Health risks* may include:

- Infectious diseases
- Wounds
- Airborne infectious agents
- · Body fluid spills
- Poor training
- Poor hygiene (Personal and premises)
- Poor work practices
- Workflow arrangements
- Poor waste management
- Absence of relevant personal protective equipment
- Contra-indicators for myotherapy treatments

*Implications of non-compliance* may include:

- Bad publicity
- Outbreak of infection
- Punitive action
- Litigation
- Destruction of professional reputation

### **Health hazards** may include:

- Manual handling
- Slips, trips and falls
- Stress
- Poor hygiene
- Hazardous substances
- Infectious diseases
- Faulty electrical equipment
- Housekeeping
- Sharps

### Personal hygiene includes:

- Hand washing
- Appropriate and clean clothing
- Covering any broken skin with an appropriate dressing

#### **Dry needling** involves:

- Western anatomical and neurophysiological principles
- Needling of a muscle's trigger points without injecting any substance
- Relaxing overactive muscles, which contain trigger points

### Hygiene of the premises includes:

- Well lit, warm and tidy premises
- Good workflow arrangements
- Clean and tidy toilet and wash hand basin facilities
- All linen stored appropriately to prevent soiling
- Soiled linen laundered or disposed of in an appropriate manner
- Clean equipment
- Appropriate waste management arrangements

#### **Checklists** may include:

- Clinic layout
- Daily work practices
- Workflow arrangements
- Personal hygiene
- Housekeeping
- Cleanliness of equipment
- Sharps disposal arrangements



- Personal protective equipment
- Waste management

#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be considered competent in this unit, the participant must achieve all of the elements of competency to the level specified by the associated Performance Criteria.

- Specifically, they must be able to:
  - Interpret relevant Commonwealth and State regulations, codes of practice and guidelines for infection prevention and control within a myotherapy context
  - Establish and promote infection prevention and control procedures to comply with relevant regulations and guidelines
  - Identify relevant training needs for colleagues in order to maintain infection control
  - Apply special infection prevention and control measures for dry needling treatments
  - Conduct health risk assessments of a myotherapy practice
  - Address promptly any non-compliance issues associated with infection prevention and control

## Context of and specific resources for assessment

- The unit must be assessed in a myotherapy workplace or a simulated workplace under the normal range of work conditions
- In order to conduct assessment of this unit of competency, the following resources are required:
  - Relevant National, State or local government regulations and guidelines
  - Relevant text
  - Workplace documentation
  - Computer access



#### **Method of assessment**

- Assessment must include the practical application of knowledge and skills in a real or simulated myotherapy practice environment under the supervision of qualified trainers/assessors and may also include:
  - Written assignments
  - Research projects
  - Health risk assessment of a myotherapy clinic
  - Written or oral questions
  - Case study analysis
  - Observation of practical skills

#### VU21875

#### Work within a myotherapy framework

#### **Unit Descriptor**

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

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

#### **Employability skills**

This unit contains employability skills

#### **Application of the Unit**

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual may be working within a clinical setting as an independent practitioner or as a member of a team within a health care clinic.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic quidelines

#### **ELEMENT**

#### PERFORMANCE CRITERIA

Elements describe the essential outcomes of a unit of competency

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised test is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide

- 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* and relevant *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.

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

#### Required knowledge:

- Relevant State and Federal legislation and regulations
- Philosophical tradition of science/Western medicine
- 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



- Industry standards
- Team development issues
- Physiological and psychological effects of all myotherapy treatment modalities
- Biomechanics, neural physiology, pharmacology and nutrition to a level required by myotherapists
- Corrective exercises
- Underpinning values, philosophies, practices and principles of the myotherapy framework

#### Required skills:

- Identifying ethical issues
- Communicating effectively in one-to-one and group settings
- Selecting appropriate intervention to specifically address identified dysfunction/s
- Evaluating and re-evaluating the effects of myotherapy treatment intervention in relation to achieving optimal function of the human body and minimising dysfunction

#### RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

### Myotherapy principles include:

- Relevant code of ethics or code of conduct documents/policies, regulations and guidelines of national, state/territory or local myotherapy therapy organisations and/or associations
- Relevant national, state/territory or local government regulations and guidelines
- Accepted preventative practices adopted by self or peers to minimise safety hazards and risks in the same or similar situations
- Current and past practice demonstrated by self or peers in the same or similar situation
- Individual responsibility to others regarding the proximity of the relationship and reasonable standard of care
- Delivering the highest possible professional care to all clients with consideration for the medical, ethical, social and religious needs of the client
- Principles of client confidentiality



- Compliance with industry code of ethics and practice in relation to:
  - Informed consent
  - Duty of care client and therapist
  - Draping
  - Hygiene
  - The scope of client/therapist relationships
  - Advertising
  - Maintenance of equipment
  - Social/cultural morals
  - Equal treatment of all clients
  - Psycho-emotional wellbeing of clients
- Referral of clients
- Dealing appropriately with difficult clients

### Myotherapy practice must include, but is not limited to:

- Remedial massage therapy
- Soft tissue Mobilising Therapy (remedial massage techniques, stretching and myofascial vacuum cupping are soft tissue mobilising therapies
  - Myofascial therapy (neuromuscular technique)
  - Ischemic compression (mechanical technique)
  - Myofascial mobilisation techniques (mechanical technique)
  - Muscle energy techniques (neuromuscular technique)
- Soft tissue stretching static, dynamic, fascial
- Proprioceptive neuromuscular facilitation (PNF) (neuromuscular technique)
- Electrical stimulation devices e.g.: TENS machine (neuromuscular technique)
- Myofascial dry needling techniques (neuromuscular technique)
- Thermotherapies
- Myofascial vacuum cupping
- Mechanical mobilising
- Corrective exercises
- Biofeedback



#### **Relationship** refers to:

- Precautions for treatment
- Contraindications to treatment; (absolute and relative contraindications)
- Effects of one treatment in comparison to, or in conjunction with, another
- · Appropriate treatment according to stage of condition

## Other complementary therapies may include those used by:

- Acupuncturists/Traditional Chinese Medicine Practitioners
- Chiropractors
- Counsellors
- Dieticians
- Exercise Physiologists
- Medical practitioners
- Naturopaths
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Remedial massage therapist
- Social workers
- Other allied health care professionals

## **Clinic's guidelines** must include, but are not limited to:

- Procedures and guidelines
- Purpose or mission statement
- Relevant Professional Association's Code of Ethics and Standards of Practice
- Level of competency and degree of supervision
- Partnership/group decisions and agreed practice
- Professional Indemnity and Public Liability Insurance guidelines
- Best practice guidelines
- Employment Contracts



# **Legal and regulatory requirements** must include, but are not limited to:

- OHS guidelines
- Child, youth and family legislation
- Anti-discrimination legislation
- Privacy Act
- Health Records Act
- Infection control
- First Aid
- Health regulations
- Local government regulations
- Employment Law Best Practice, Fairwork, Workplace Gender and Equality
- Private Health Fund Act
- Ethical and Professional Codes of Conduct of relevant professional bodies, such as Myotherapy Association Australia (MA), Australian Traditional Medicine Society (ATMS), Australian Association of Massage Therapists Ltd (AAMT) and Association of Massage Therapists (AMT).

## **Relevant documentation** must include, but is not limited to:

- Reason for consultation
- Client contact details, including previous treatments and responses, as per Subjective, Objective Assessment Plan (SOAP)
- Recording of incidents
- Appropriate client records including details of all assessments, treatment interventions and responses, as well as client instructions/recommendations and consent
- Details of any incoming, or outgoing referrals.
- Appointment details
- Disclaimer Statement: This treatment does not replace that of a medical practitioner or physiotherapist.

#### **Measures** may include:

- Supervision of practice
- Financial documentation
- Documentation of treatment and post-treatment prescription
- Case notes
- Practitioner qualification
- Performance reviews and audit client files



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- · Organisational standards and procedures
- Membership with a professional association

### Lifestyle factors may include:

- Occupational tasks
- Ergonomics in the workplace
- Metabolic status
- Daily work patterns
- Family demands
- Supportive/non-supportive home environments
- Leisure/recreation activities
- Socio-economic status
- Lifecycle and aging
- Dietary behaviours
- Smoking behaviours
- Drug taking behaviours
- Educational background
- Psychological outlook

### Health promotion strategies may include:

- Providing educational posters, brochures, etc., available for client perusal
- Providing strategies for effective information presentation and delivery through lectures/information sessions
- The use of social networking
- Referral to other practitioners as appropriate
- Providing explanation for treatments and advice
- Providing demonstration and coaching of appropriate behaviours
- Setting a good example, through practitioner's behaviour
- Providing written and/or illustrated advice about appropriate behaviours
- Providing feedback about progressions and improvements

### **Sample client strategies** may include:

- Advice brochures, educational posters, etc., given for common conditions seen by a myotherapist
- Providing written and/or illustrated advice about appropriate behaviours



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### **Opportunities** may include:

- Articles, public presentations, interviews and other communications
- Attendance at lectures or other education activities
- Participation in research projects
- Membership and active participation in professional associations
- Attendance at association meetings/conferences
- Subscription to professional journals
- Clinic supervision
- Provision of or attendance at professional development training
- · Study, distance-based learning

#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be considered competent in this unit, participants must be able to provide evidence that they can over, a period of time:

- Work or model work, which demonstrates an understanding of underpinning values, philosophies, practices and principles of the myotherapy framework
- 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
- 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
- Assess client's physical status static postural analysis, movement analysis e.g. gait
- 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
- Modify a corrective exercise program in the light of observed adaptation responses.



## Context of and specific resources for assessment

- This unit must be assessed in the workplace, classroom or in a simulated workplace under the normal range of work conditions.
- Assessment may contain both theoretical and practical components and examples covering a range of clinical situations.
- In order to conduct assessment of this unit of competency, the following resources are required:
  - Relevant texts or medical manuals
  - Relevant paper based/video assessment instruments
  - Appropriate exercise aids and equipment

#### **Method of assessment**

- Assessment methods must involve the practical application of knowledge and demonstration of skills in a real or simulated clinical environment under the supervision of qualified trainers/assessors.
- Assessment methods may also include, but are not restricted to:
  - 3rd party report
  - Research projects
  - Direct observation
  - Portfolio
  - Short tests and essays
  - Oral questioning and discussion
  - Role play
  - Case study analysis
  - Observation of practical skills

#### VU21876

#### Perform myotherapy clinical assessment

#### **Unit Descriptor**

This unit describes the skills and knowledge required to assess a client's condition in order to provide myotherapy treatment. It focuses on being able to effectively gather and interpret information during an examination and to make an accurate appraisal for myotherapy treatment.

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

#### **Employability skills**

This unit contains employability skills.

#### Application of the Unit

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual may be working within a clinical setting as an independent practitioner or as a member of a team within a health care clinic. The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic guidelines

#### **ELEMENT**

#### **PERFORMANCE CRITERIA**

Elements describe the essential outcomes of a unit of competency

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised test is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide

- 1. Evaluate the client's needs
- 1.1 Client's *purpose for consultation* is established and symptoms being experienced are investigated
- 1.2 Services able to be provided and limitations of available services are clearly explained
- 1.3 Factors likely to have a *negative impact on assessment* are investigated in consultation with the client and strategies implemented to minimise the effects of these factors wherever possible
- 1.4 Personal abilities, level of professional competence and parameters of role are discussed with the client
- 1.5 Clients are referred to other health care providers where their needs are identified as beyond the scope of the

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services able to be provided, or if the needs of the client are best met by doing so

- 1.6 **Legal rights** of the client are promoted
- 2. Collect a thorough and relevant medical history of the client
- 2.1 Information required from the client for the *client's history* is sought in an appropriate manner
- 2.2 *Information* forwarded by *other health professionals* is evaluated
- 2.3 Principles of confidentiality are explained and adhered to
- 2.4 **Severity of client symptoms** are identified and probable conclusions investigated
- 2.5 Information is collected and organised in a *format* that can be interpreted by other health professionals
- 3. Perform an examination of the client and analyse findings
- 3.1 Appropriate areas of the client's body are exposed during the examination
- 3.2 Severity of symptoms, *irritability of the pathology* and the *nature of the pathology*/condition are evaluated during the examination
- 3.3 **Contraindications** or **precautions** are assessed, and testing is modified accordingly
- 3.4 Client feedback is sought on comfort levels and effect of clinical test
- 3.5 The *client is positioned* appropriately for therapist access and suitability for specific reliable tests
- 3.6 Client comfort, stability and modesty is observed and maintained
- 3.7 **Preliminary assessment** is made, documented and communicated to client



- 3.8 Specific details of signs and symptoms of the presenting complaint/s are elicited if appropriate
- 3.9 Suitable *myotherapy assessment techniques* are applied and analysed, including observations and tests of a client
- 3.10 Findings are interpreted to determine whether:
  - There is a relationship between the symptoms
  - There is any diurnal pattern in the behaviour of the symptoms
  - There are *predisposing factors* present that are related to the symptoms
  - There are aggravating factors relating symptoms
- 4. Plan appropriate client management strategy
- 4.1 The interpretations of all data from examinations (subjective and objective) are correlated and evaluated to determine an appropriate *differential clinical* assessment
- 4.2 Information gathered is assessed and assigned priorities in consultation with client
- 4.3 *Indications for referral* are identified and noted
- 4.4 Management of selected treatment in relation to any *other current therapies* is negotiated
- 4.5 The *appropriate treatment evaluation strategy* is planned
- 4.6 **Relevant documentation** is prepared
- 5. Inform the client
- 5.1 **Rationale** of the myotherapy assessment plan is discussed with client
- 5.2 Client enquiries are responded to using *appropriate* language and terminology
- 5.3 **Client compliance and informed consent** is negotiated



- 5.4 *Client expectations/ prognosis* is informed and educated
- 5.5 Any *relevant information* from medical or diagnostic reports is communicated to the client where appropriate
- 5.6 Any indications for referral and other collaborative options are discussed with client

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

#### Required knowledge:

- Relevant State and Federal legislation and regulations
- Treatments and modalities used to treat particular conditions
- Modalities must include but are not limited to;
  - Dry needling
  - Myofascial Mobilisation Techniques
  - Corrective exercises
  - Joint mobilisation
  - Muscle energy Technique
  - Position Release Technique
  - Neural muscular Technique
  - Electro modalities
  - Neurodynamic treatment
- Pathology, medical pathology, biomechanics, arthrokinematics, neurology, pharmacology, physiology, exercise physiology and nutrition to a level required by myotherapists
- Anatomy and physiology relevant to pathology and recovery
- Signs and symptoms of disease
- Legal and ethical considerations of confidentiality when treating clients
- Lifestyle factors relevant to treatment of specific conditions and diseases
- Possible obstacles to rehabilitation
- Community resources and support services



 Underpinning values, philosophies, practices and principles of the myotherapy framework

#### Required skills:

- Gathering, interpreting and differentiating information from client using tactile senses (observation skills and palpatory skills)
- Applying advanced assessment techniques
- Identifying physical alterations and deformations to the somatic system
- Identifying treatment options and establishing treatment regimes
- Considering the impact on client vitality of selected treatments
- Providing post-treatment advice
- Managing time throughout consultation and treatment
- Using equipment and resources competently and safely
- Communicating and negotiating effectively with client and other health practitioners
- Recognising and adjusting to contraindications for treatment
- Reading medical reports and comprehend medical terminology
- Accessing and interpreting up-to-date information
- Ensure clinical assessment incorporates the underpinning values, philosophies, practices and principles of the myotherapy framework

#### RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

Purpose for consultation • must include, but is not limited to:

- Muscular or myofascial pain
- Acute musculoskeletal conditions
- Chronic musculoskeletal conditions
- Musculoskeletal rehabilitation
- Psychosomatic conditions
- Referrals from other health practitioners

**Negative impact on assessment** must include, but is not limited to:

- Language difficulties
- Disabilities
- Emotional trauma



- Lack of privacy or focus due to additional parties being present
- Cultural factors
- Gender factors

### **Legal rights** must include, but are not limited to:

- Privacy
- Confidentiality
- Access to client records
- The right to refuse assessment
- Attendance of appropriate adult for wards of the State and minors

#### Client's history must

#### include:

- Date of presentation
- · Identifying personal details
- Source of referral (if applicable)
- Main presenting complaint or reason for treatment
- Presenting symptoms
- · General state of health
- Physical state
- Allergies
- Exercise behaviours
- Leisure activities
- Accidents, injuries, operations
- Hospitalisations
- Occupational history and environment
- Other current medical/complementary health care treatment, and responses to such treatment
- Previous treatment by other therapists
- Medication, supplements and natural prescriptions current and previous
- Previous occurrence of presenting complaint
- Responses to previous treatment.
- Family history
- Pregnancy
- Medical history
- Emotional state



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#### and may also include:

- Dietary pattern
- Sleep patterns
- · Social lifestyle including social drug usage
- Childhood and adult illness

### **Information** must include, but is not limited to:

- The results of x-ray, MRI or other diagnostic tests
- Written reports and referrals
- Written advice

## Other health professionals may include:

- Acupuncturists/Traditional Chinese Medicine Practitioners
- Chiropractors
- Counsellors
- Dieticians
- Exercise Physiologists
- Medical practitioners
- Naturopaths
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- · Remedial massage therapist
- Social workers
- Other allied health care professionals

## Severity of client symptoms must include, but is not limited to:

- Symptoms may be classified according to graded scales, such as (one or more of the following):
  - Mild/moderate/severe
  - Visual analogue scale (VAS)
  - A numerical scale e.g.: 1-10
  - Classified according to functional limitations, e.g.: with activities of daily living
  - Outcome measures
  - McGill Pain questionnaire



#### Format refers to:

 Development of SOAP (Subjective, Objective Assessment Plan) note medical format

## Irritability of the pathology must be classified as:

- Not irritable
- Mildly irritable
- Moderately irritable
- Highly irritable
- Disproportionately irritable/non-organic

## **Nature of the pathology** must include, but is not limited to:

- Muscular and myofascial dysfunction
- Skeletal or joint disorders
- Neural conditions
- · Circulatory conditions
- Inflammatory conditions
- Visceral conditions
- Skin conditions
- Endocrine disorders
- Metabolic disorders
- Sinister pathologies (e.g.: malignancy)
- Immune disorders

## **Contraindications** must include, but are not limited to:

- Medical red flags
- Severe pain
- · Highly irritable conditions
- Vascular conditions
- Abdominal conditions
- Febrile illnesses

#### **Precautions** may include:

- Medical yellow flags
- Structural instability
- Inflammatory conditions
- Moderately irritable conditions
- Positioning of the client
- Age of the client



- Suspected pathology, or level of tissue damage
- Pregnancy
- Recent surgery
- Suspected lack of tissue integrity
- Medical conditions that affect result

## **Client is positioned** must include, but is not limited to:

- seated
- standing
- side-lying
- lying supine
- lying prone
- or variations on these standard positions
- Ambulation

## **Preliminary assessment** must include, but is not limited to:

- Client history
- Visual observations by the therapist
- Verbal questions asked of the client
- · Assessment based on the client's signs and symptoms
- Information forwarded by referral or report from another health care professional

## Myotherapy assessment techniques must include, but are not limited to:

- Visual observation of tissue characteristics
- Discussion of symptoms
- Temperature monitoring through tactile methods
- Palpation
- Range of motion tests in both active and passive ranges of motion (AROM, PROM)
- Special tests, including:
  - Orthopaedic tests
  - Clinical neurological tests
  - Resisted muscle testing
- Visual observation of variations of posture and gait
- Any other method in which the practitioner has been trained to a competent standard
- Procedure which is conducted according to legislative and regulatory requirements



- Measures for flexibility
- Tests for balance and proprioception

### **Predisposing factors** must include, but are not

limited to:

- Mechanical stressors
- Biomechanical and arthrokinematic abnormalities
- Anatomical structural abnormalities
- Genetic predispositions
- Nutritional inadequacies
- Endocrine or metabolic inadequacies
- Psychological factors
- Infections
- Allergies
- Nerve impingement
- Vascular impingement
- Malignancies and other pathological conditions
- Behavioural factors

### Differential clinical assessment may include:

- Client history
- Observations of the therapist
- Clinical signs and symptoms
- Physical examination
- Pathological examination
- Knowledge of the mechanism of injury
- Palpation and motion tests
- Referrals and diagnostic reports from other health professionals

### Indications for referral may include:

- Acute injuries and conditions
- Suspected systemic disorders
- Suspected sinister pathologies
- Suspected neural pathologies
- Suspected primary joint dysfunction
- Suspected psychological distress
- Any condition requiring treatment outside of the range of services provided by a myotherapist



 Any condition that does not show a desirable response to myotherapy treatment within expected treatment timeframes

## Other current therapies must include, but are not limited to:

- Drug therapies, including natural medicines
- Other physical therapies
- Exercise regimes
- Medical procedures
- Other treatment plans that may be impacted if the myotherapy treatment is attempted

# Appropriate treatment evaluation strategy must include, but is not limited to:

- Discussing and reviewing the response to treatment
- Reviewing the achievement of treatment goals
- Performing assessment tests to quantify improvement
- Informing the client of post-treatment advice

#### Relevant documentation

must include, but is not limited to:

- Nature of enquiry
- Client contact details
- Recording of incidents
- Appropriate client records including details of all assessments, treatments and responses
- Details of any incoming, or outgoing referrals
- Appointment details

### **Rationale** must include, but is not limited to:

- An overview of the treatment options
- Presentation of the treatment that should be most effective
- A listing of other treatment options
- A discussion of the limits and benefits of each treatment option
- The expected results of each treatment option

# Appropriate language and terminology must include, but is not limited to:

- Answers are given to client questions in terms that the client can understand
- A parent or guardian is present if the client is a minor, or not legally able to consent

### Client compliance and informed consent must

 An ability to understand treatment options as presented by the therapist



include, but is not limited to:

- Selection of one form of treatment over others
- Agreement to the treatment regime
- Willingness to undergo the assessment and treatment regimes

Client expectations/ prognosis must include, but are not limited to:

- Normal durations of condition if treatment model applied and adhered to
- Modifications to treatment and affects
- Expectation of treatment,
- Transient effects of myotherapy treatment.

**Relevant information** must include, but is not limited to:

- Client history sheets
- Client history records
- Treatment notes
  - Including exercise prescriptions
- WorkCover and insurance reports
- Outcome measures
- Referrals and reports to and from other health professionals

#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be considered competent in this unit the candidate must be able to demonstrate competency on several occasions covering all aspects of the Range Statement applicable to the learner's work environment.

- Specifically, they must provide evidence that they can:
  - Work or model work, which demonstrates an understanding of the underpinning values, philosophies, practices and principles of the myotherapy framework
  - Apply the values, philosophies, practices, and principles of the myotherapy framework when performing a myotherapy clinical assessment
  - Utilise effective client interview and examination techniques



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- Observe the condition of the client and gather relevant information
- Apply good communication skills with a range of clients in providing and gaining appropriate information
- Evaluate the client's needs
- Conduct assessment and plan appropriate myotherapy treatment
- In particular assessment must confirm:
  - Knowledge of physical signs and symptoms
  - Skills in observation, record keeping, communication, testing and assessment procedures
  - Ability to use correct terminology
  - Ability to recognise and adjust to contraindications for treatment
  - Application of appropriate treatment protocols

## Context of and specific resources for assessment

- This unit must be assessed in the workplace or in a simulated clinical environment under the normal range of work conditions with a range of clients and on several occasions.
- Assessment may contain both theoretical and practical components covering a range of clinical situations and case studies.
- A real or simulated clinical environment must, as a minimum, have the following:
  - Treatment table and chair
  - Sink
  - Linen
  - Treatment oils, lotions and creams
  - Single use dry needles
  - Sharps disposal unit
  - Bathroom facilities
  - Electrical stimulation devices e.g.: TENS machine
  - Hot or cold packs, or ice
  - Strapping tape and bandages
  - First aid equipment
  - Hygiene aids
  - Stationery and filing systems



- Complementary therapeutic devices
- Appropriate exercise equipment
- Access to real clients (members of the public). Clients must include males and females from different stages of life with varied musculoskeletal conditions

#### **Method of assessment**

- Assessment methods must involve the practical application of knowledge and demonstration of skills in a real or simulated clinical environment under the supervision of qualified trainers/assessors.
- Assessment methods may also include (but are not restricted to):
  - Oral/written questioning
  - Research projects
  - Discussion
  - Role play
  - Case study analysis
  - Scenarios
  - Observation of practical skills



#### VU21877

#### Plan myotherapy treatment strategy

#### **Unit Descriptor**

This unit describes the skills and knowledge required to prepare and plan for myotherapy treatment. This includes negotiating the treatment plan with the client.

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

#### **Employability skills**

This unit contains employability skills.

#### Application of the Unit

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual may be working within a clinical setting as an independent practitioner or as a member of a team within a health care clinic.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic guidelines

#### **ELEMENT**

#### PERFORMANCE CRITERIA

Elements describe the essential outcomes of a unit of competency

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised test is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide

- 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*
- Plan and implement an appropriate myotherapy treatment strategy
- 3.1 Client's goals and expectations of the myotherapy treatment are discussed
- 3.2 The practitioner's goals and treatment strategy is communicated to the client
- 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 **Responsibilities of the practitioner** and **client** within the treatment plan are clarified
- 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

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

#### Required knowledge:

- 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:

Identifying treatment options and establish treatment regimes



- · Preparing treatment plans
- Providing treatment
- Reading and interpreting medical reports and other data relevant to the case
- Identifying clinical signs of musculoskeletal dysfunction
- Communicating and negotiating skills
- Negotiating strategies to overcome any obstacles to treatment
- Ensure the treatment strategy incorporates the underpinning values, philosophies, practices and principles of the myotherapy framework

#### RANGE STATEMENT

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

**Treatment strategy** must include, but is not limited to:

- The possible treatment options available to a myotherapist
- The rationale of each treatment option in relation to the client's needs
- Short and long term aims of the treatment
- Expected short and long term outcomes of the treatment
- The role of other health professionals during the course of the treatment
- The role and responsibilities of the practitioner during the course of the treatment
- The role and responsibilities of the client during the course of the treatment

Factors and limitations must include, but are not limited to:

- Client is unaware of the immediate danger of their condition
- Client is over anxious about their condition
- Acute surgical and medical conditions
- Traumatic injuries or conditions requiring immediate medical attention
- Life threatening situations
- Personal or life circumstances
- Ability or willingness to comply with treatment
- Allergies/sensitivities
- Past treatment history



- Current conditions/disease state
- Current medications/treatments

# Indications for referral must include, but are not limited to:

- Acute injuries and conditions
- Suspected systemic disorders
- Suspected sinister pathologies
- Suspected neural pathologies
- Suspected primary joint dysfunction
- Suspected psychological distress
- Any condition requiring treatment outside of the range of services provided by a myotherapist
- Any condition that does not show a desirable response to myotherapy treatment within expected treatment timeframes

# Other health care professionals may include:

- Acupuncturists/Traditional Chinese Medicine Practitioners
- Chiropractors
- Counsellors
- Dieticians
- Exercise physiologists
- Medical practitioners
- Naturopaths
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Remedial massage therapists
- Social workers
- Other allied health care professionals

# Possible treatments

must include, but are not limited to:

- Trigger point therapy
  - Ischemic compression
  - Trigger point release techniques
- Soft tissue stretching



- Mobilising therapy
- Myofascial Mobilisation Techniques
- Muscle energy techniques
- Proprioceptive neuromuscular facilitation (PNF)
- Therapeutic corrective exercises
- Electrical stimulation devices e.g.: TENS machine
- Myofascial dry needling techniques
- Thermotherapies
- Myofascial vacuum cupping

# Client compliance issues must include, but are not limited to:

- Ability to follow instructions or suggestions
- Ability to understand the therapist's description of condition
- Willingness to follow instructions or suggestions
- Advising practitioner of any relevant contraindications or potential complications to treatment
- Advising practitioner of compliance issues
- Commitment to the treatment plan

# **Physical functional limitations** must include, but are not limited to:

- Any permanent condition that causes changes such as:
  - Loss of range of movement
  - Lack of strength
  - Lack of stability
  - Lack of endurance
  - Lack of flexibility
  - Lack of co-ordination, or neuromuscular control

# **Lifestyle factors** may include:

- Occupational tasks
- Ergonomics in the workplace
- Daily work patterns
- Family demands
- Supportive/non-supportive home environments
- Leisure/recreation activities
- Socio-economic status
- Lifecycle and aging
- Dietary behaviours



- Smoking behaviours
- Drug taking behaviours
- Educational background
- Psychological outlook

# **Contraindications to treatment** must include those for:

- Remedial massage
- Trigger point therapy
- Mobilising therapy
- Soft tissue stretching
- Proprioceptive neuromuscular facilitation (PNF)
- Electrical stimulation devices e.g.: TENS machine
- Myofascial dry needling techniques, where there is:
  - Pregnancy
  - Local infection
  - Haemophilia, or those on anticoagulants
- Thermotherapies
- Myofascial vacuum cupping
- Therapeutic exercises
- Biofeedback

# Phase/stage of injury must include, but is not limited to:

- Acute stage
- Sub-acute stage
- Chronic stage
- Rehabilitative stage
- Treatment of pain
- Correction of condition
- Prevention of reoccurrence

### Suitable myotherapy treatment strategy must include, but is not limited to:

- Clinical impression
- Stage of tissue injury
- Estimated treatment time frame
- Variables and dosages for treatment regime
- Treatment frequency and duration
- Treatment response



- Client positioning
- Limitations to the treatment environment

# **Client positioning** must include, but is not limited to:

- seated
- standing
- side-lying
- lying supine
- lying prone
- or variations on these standard positions

### Limitations may include:

- The space available to use
- The equipment available for use
- The privacy of the room
- The temperature of the room
- The amount of ventilation of the room
- The lighting levels of the room
- The hygiene level of the room
- The ambience of the room
- The structural limitations of the room
- Whether the room complies with Occupational Health and Safety guidelines
- Whether the room complies with legal and regulatory requirements and guidelines

# Nature of the condition must include, but is not limited to:

- The irritability of the condition
- The prognosis of the condition
- Perpetuating or aggravating factors for the condition
- Likely cause of the condition or symptoms
- The severity of the problem

# **Responsibilities of the practitioner** must include, but are not limited to:

- Appropriate hygienic behaviour
- Appropriate client relations
- Commitment to the treatment plan
- Discussing relevant contraindications or potential complications to treatment
- Reviewing treatment plan



- Following legal requirements and accepted codes of ethics
- Privacy and confidentiality act adherence

# Responsibilities of the client may include:

- Following instruction/advice during and post treatment
- Advising practitioner of any relevant contraindications or potential complications to treatment
- Advising practitioner of compliance issues
- Commitment to actively participating in the treatment plan the treatment plan

# **Positive responses** must include, but are not limited to:

- A decrease in pain (in the medium to long term)
- Tissue texture change
- Improved range of motion
- Improved strength or endurance
- Improved flexibility and/or mobility
- Improved balance and co-ordination
- Improved movement efficiency
- Improvement in the level of symptoms
- Improved structural alignment
- Improved sense of well-being

# **Adverse responses** must include, but are not limited to:

- Increased pain [transient, permanent]
- Increases in the level of symptoms
- Treatment induced injury
- Impaired range of motion, strength, endurance, flexibility, mobility, balance, coordination, movement efficiency, or structural alignment
- Decreased sense of well-being

# **Neutral responses** are defined as:

 No change in the symptoms, sense of well-being or functional abilities in response to treatment

# **Measurement tests** must include, but are not limited to:

- Tests of range of motion
- Tests of strength or endurance
- Tests of flexibility or mobility
- Tests of balance and co-ordination



- · Tests of movement efficiency
- Tests of structural alignment
- · Tests of posture
- Outcome measures

#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competence in this unit

To be considered competent in this unit, the participant must be able to demonstrate on several occasions, in a real or simulated clinical environment that they are able to:

- Work or model work which demonstrates an understanding of underpinning values, philosophies, practices and principles of the myotherapy framework
- Apply the values, philosophies, practices, and principles of the myotherapy framework when planning a myotherapy treatment strategy
- Demonstrate a comprehensive knowledge of a range of therapies
- Evaluate the objectives of myotherapy treatment
- Evaluate the various treatment options available
- Teach and correct exercise techniques appropriately
- Apply the principles of musculo-skeletal rehabilitation
- Apply exercise programming for specific needs populations
- Identify client information needs correctly
- Provide client with required information
- Record details of client enquiries according to clinic guidelines
- Explain relevant products and services to clients
- Utilise effective communication skills in a one-to-one and group setting
- Plan and demonstrate an appropriate myotherapy treatment strategy
- Evaluate myotherapy treatment on an ongoing basis and modify the treatment in the light of observed adaptation responses



# Context of and specific resources for assessment

- This unit must be assessed in the workplace, or in a simulated clinical environment on several occasions, under the normal range of work conditions.
- Assessment of this unit requires access to a real or simulated clinical environment and a variety of client case studies.
- A real or simulated clinical environment must, as a minimum, have the following:
  - Treatment table and chair
  - Sink
  - Linen
  - Treatment oils, lotions and creams
  - Single use dry needles
  - Sharps disposal unit
  - Bathroom facilities
  - Electrical stimulation devices e.g.: TENS machine
  - Hot or cold packs, or ice
  - Strapping tape and bandages
  - First aid equipment
  - Hygiene aids
  - Stationery and filing systems
  - Complementary therapeutic devices
  - Appropriate exercise equipment
  - Access to real clients (members of the public). Clients must include males and females from different stages of life with varied musculoskeletal conditions

#### Method of assessment

- Assessment methods must involve the practical application of knowledge and demonstration of skills in a real or simulated clinical environment under the supervision of qualified trainers/assessors.
- Assessment methods may also include (but are not restricted to):
  - Short tests and essays
  - Research projects
  - Oral questioning and discussion
  - Simulated clinical practice -role play
  - Scenarios
  - Observation of practical skills

#### **VU21878**

### **Provide myotherapy treatment**

### **Unit Descriptor**

This unit describes the skills and knowledge required to administer myotherapy treatment according to the techniques and practices of a myotherapy framework.

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

### **Employability skills**

This unit contains employability skills.

#### **Application of the Unit**

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual may be working within a clinical setting as an independent practitioner or as a member of a team within a health care clinic.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic quidelines

#### **ELEMENT**

#### PERFORMANCE CRITERIA

Elements describe the essential outcomes of a unit of competency

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised test is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide

- 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 gueries and concerns are responded to
- 2.3 Appropriate communication skills are used when explaining treatment plan and associated issues with clients
- 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

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

#### Required knowledge:

- 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
- 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

### Required skills:

- Myotherapy and remedial massage techniques
- Ensure the treatment incorporates the underpinning values, philosophies, practices and principles of the myotherapy framework
- Applying established myotherapy clinical practices
- Referring to another health care professional as required
- Composing a treatment plan
- Maintaining stock and equipment according to legislation and guidelines
- Using equipment correctly
- Explaining any perceived risks and possible responses to the myotherapy treatment

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- Identifying and analysing responses to previous myotherapy treatments
- Negotiating strategies to overcome any obstacles to treatment
- Identifying potential life threatening and emergency conditions
- Assessing the need for other treatment

#### **RANGE STATEMENT**

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

# Myotherapy treatment can be explained by:

- Discussing response with the client
- Providing relevant literature or information materials
- Providing advice regarding self-care
- · Advising client of suggested resources
- Providing details which help to fully inform client of relevant information
- Referring to other health professionals
- Providing information on the availability of products required or suggested for treatment
- Seeking appropriate expertise

# **Mode of treatment** may include:

- In clinical environment
- Exercises in everyday routine
- Structured exercise programs
- Use of therapeutic devices such as myofascial dry needling, therapeutic electrical stimulation, thermotherapies, myofascial vacuum cupping
- Myotherapy soft-tissue techniques including mobilising therapy and stretching.

#### Factors may include:

- Other medical treatment being undertaken
- Client's physical reactivity
- Client's ability/willingness to comply with instructions
- Cultural factors
- Contraindications to treatment
- Post treatment activity



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# Consent for treatment may include:

- Informed consent according to best practice and medical ethics
- Comply with legal requirements

# **Myotherapy techniques** must include, but are not limited to:

- Trigger point therapy
- Soft tissue stretching
- Proprioceptive neuromuscular facilitation (PNF)
- Muscle energy technique (MET)
- Electrical stimulation devices e.g.: TENS machine
- Myofascial dry needling techniques
- Thermotherapies/cryotherapies
- Myofascial vacuum cupping
- Corrective exercises
- Therapeutic exercise programming
- Neuro-dynamic techniques/or neuro-mobility techniques

# **Measurement tests** may include:

- Tests of range of motion
- Tests of strength or endurance
- Tests of flexibility or mobility
- Tests of balance and co-ordination
- Tests of movement efficiency
- Tests of structural alignment

# Responses to treatment may include:

- Changes to pain or discomfort
- Muscular spasms
- Relaxation
- Spontaneous cavitation
- Local responses to myotherapy modalities
- Systemic responses to myotherapy modalities
- Amelioration
- Amelioration-aggravation
- Aggravation
- Aggravation-amelioration
- Therapeutic aggravation



- Non-therapeutic aggravation
- Palliation
- Suppression
- Old symptoms return
- New symptoms emerge unrelated to the treatment
- No change in symptoms
- · Intensification of symptoms

# Aggravations are managed may involve:

- Ceasing treatment
- Using recognised first aid procedures
- Accessing local emergency services
- Seeking appropriate expertise

# Client information includes:

- Severe pain
- · Highly irritable conditions
- Structural instability
- Any condition where the nature of the pathology indicates that it may be exacerbated by the performance of particular objective tests

# Ongoing and/or additional treatment may include:

- Repetition of same treatment at the same level
- Repetition of the same treatment at a different level
- Change of frequency of administration of treatment
- Change of treatment
- Adjusting lifestyle factors
- Referral to other medical professionals

#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

#### Overview of assessment

This unit must be assessed in the workplace, or in a simulated workplace on several occasions under the normal range of work conditions.



Critical aspects for assessment and evidence required to demonstrate competence in this unit

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
- Apply the values, philosophies, practices, and principles of the myotherapy framework when providing myotherapy treatment
- Communicate treatment information and treatment outcomes effectively to clients
- Manage therapeutic interventions in a variety of soft tissue injuries
- Apply a full range of myotherapy techniques to achieve positive health outcomes, consistent with standard clinical practice
- Evaluate and adjust treatment strategies, where necessary.

# Context of and specific resources for assessment

- Assessment of this unit of competency requires access to a real or simulated clinical environment and a variety of clinical case studies.
- A real or simulated clinical environment must, as a minimum, have the following:
  - Treatment table and chair
  - Sink
  - Linen
  - Treatment oils, lotions and creams
  - Single use dry needles
  - Sharps disposal unit
  - Bathroom facilities
  - Electrical stimulation devices e.g.: TENS machine
  - Hot or cold packs, or ice
  - Strapping tape and bandages
  - First aid equipment
  - Hygiene aids
  - Stationery and filing systems
  - Complementary therapeutic devices
  - Appropriate exercise equipment



 Access to real clients (members of the public). Clients must include males and females from different stages of life with varied musculoskeletal conditions

#### **Method of assessment**

- Assessment methods must involve the practical application of knowledge and demonstration of skills in a real or simulated clinical environment under the supervision of qualified trainers/assessors.
- Assessment methods may also include (but are not restricted to):
  - Short tests and essays
  - Research projects
  - Oral questioning
  - Role play
  - Scenarios
  - Observation of practical skills



## VU21879 - Provide myofascial dry needling treatment

#### VU21879

#### Provide myofascial dry needling treatment

### **Unit Descriptor**

This unit describes the skills and knowledge required to administer myofascial dry needling treatment.

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

#### **Employability skills**

This unit contains employability skills.

### Application of the Unit

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual may be working within a clinical setting as an independent practitioner or as a member of a team within a health care clinic.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic guidelines.

#### **ELEMENT**

#### PERFORMANCE CRITERIA

Elements describe the essential outcomes of a unit of competency

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised test is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide

- 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



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

- 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
- 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



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

- 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

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

### Required knowledge:

- 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
- Neurophysiological basis of:
  - Muscle trigger points
  - Referred pain
  - Sensitisation mechanisms of trigger points
- Pathophysiology of myofascial pain
- 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



## VU21879 - Provide myofascial dry needling treatment

- Fainting
- Pneumothorax
- OHS requirements in the workplace
- Underpinning values, philosophies, practices and principles of myofascial dry needling practice

### Required skills:

- 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

#### **RANGE STATEMENT**

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

# Myofascial dry needling treatment principles include:

- Relevant code of ethics or code of conduct documents/policies, regulations and guidelines of national, state/territory or local myotherapy therapy organisations and/or associations
- Relevant national, state/territory or local government regulations and guidelines



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

- Accepted preventative practices adopted by self or peers to minimise safety hazards and risks in the same or similar situations
- Current and past good practice demonstrated by self or peers in the same or similar situation
- Delivering the highest possible professional care to all clients with consideration for the medical, ethical, social and religious needs of the client
- Client confidentiality
- Compliance with industry code of ethics and practice in relation to:
  - informed consent
  - duty of care
  - draping
  - hygiene
  - the scope of client/therapist relationships
  - advertising
  - maintenance of equipment
  - social/cultural morals
  - equal treatment of all clients
  - psycho-emotional wellbeing of clients
- Referral of clients who want treatment outside the scope of the available services
- Dealing appropriately with difficult clients

# **Measures** must include, but are not limited to:

- Supervision of practice
- Documentation of treatment and post-treatment prescription
- Case notes
- Performance reviews
- Clinical and personal standards and procedures
- Providing educational posters, brochures, etc., available for client perusal
- Referral to other practitioners as appropriate
- Providing explanation for treatments and advice
- Providing demonstration and coaching of appropriate behaviours



## VU21879 - Provide myofascial dry needling treatment

Providing feedback to clients about improvements and treatment progressions

# **Clinic's guidelines** must include, but are not limited to:

- Procedures and guidelines
- Purpose or mission statement
- Code of ethics or practice
- Level of competency and degree of supervision
- Partnership/group decisions and agreed practice
- Professional Indemnity and Public Liability Insurance guidelines
- Best practice guidelines

# Legal and regulatory requirements may include:

- OH & S guidelines
- Child, youth and family legislation
- Anti-discrimination legislation
- Privacy Act
- Infection control
- First Aid
- Health regulations
- Local government regulations

# **Relevant documentation** must include, but is not limited to:

- Full client history forms
- Appropriate client records including details of all assessments, treatments and responses
- Recording of incidents

#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be considered competent in this unit, participants must be able to:

 Work or model work which demonstrates an understanding of underpinning values, philosophies, practices and principles of myofascial dry needling practice



## VU21879 - Provide myofascial dry needling treatment

- 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
- 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
- Carry out musculoskeletal and physiological assessment procedures relevant to myofascial dry needling
- 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).
- Evaluate the effectiveness of myofascial dry needling treatment on the client.

# Context of and specific resources for assessment

This unit must be assessed in the workplace, classroom or in a simulated workplace under the normal range of work conditions.

- Assessment may contain both theoretical and practical components and examples covering a range of clinical situations.
- A real or simulated clinical environment must, as a minimum, have the following:
  - Treatment table and chair
  - Sink
  - Linen
  - Treatment oils, lotions and creams
  - Single use dry needles
  - Sharps disposal unit
  - Bathroom facilities
  - Electrical stimulation devices e.g.: TENS machine
  - Hot or cold packs, or ice



# VU21879 – Provide myofascial dry needling treatment

- Strapping tape and bandages
- First aid equipment
- Hygiene aids
- Stationery and filing systems
- Complementary therapeutic devices
- Appropriate exercise equipment
- Access to real clients (members of the public). Clients must include males and females from different stages of life with varied musculoskeletal conditions

#### Method of assessment

- Assessment methods must involve the practical demonstration of knowledge and skills in a real or simulated clinical environment under the supervision of qualified trainers/assessors.
- Effective myofascial dry needling must be demonstrated:
  - 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.
- Assessment must include the demonstration of practical skills and may also include (but is not restricted to):
  - tests and essays
  - research projects
  - oral questioning and discussion
  - role play
  - case study analysis
  - Observation of practical skills



### VU21880

#### Conduct research relating to myotherapy clinical practice

### **Unit Descriptor**

This unit describes the skills and knowledge required to source and evaluate relevant research information and apply their findings to a myotherapy clinical practice

No licensing, legislative, regulatory or certification requirements apply to this unit at the time of publication.

### **Employability skills**

This unit contains employability skills.

#### **Application of the Unit**

This unit applies to a qualified Remedial Massage Therapist who is practicing as a Myotherapist. This individual is responsible for maintaining the currency of their professional knowledge and skills within their normal clinical work.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand Standards, industry codes of practice and clinic guidelines

#### **ELEMENT**

#### **PERFORMANCE CRITERIA**

Elements describe the essential outcomes of a unit of competency

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised test is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide

- Plan research activities relating to myotherapy practice
- 1.1 Research opportunities with the potential to support and improve the myotherapy practice are identified
- 1.2 The *clinical objectives* of the research activity are clarified
- 1.3 **Established sources** of relevant and credible research information are ascertained
- 1.4 **Scholarly** and **non-scholarly sources** of contemporary information are distinguished
- 1.5 Efficient research process for gathering the required information are selected



- 2. Collect and analyse research information
- 2.1 Research information is collected and collated for analysis
- 2.2 Scholarly and non-scholarly sources of information are compared, contrasted and prioritised
- 2.3 The **research methods**, strength, relevance, reliability and currency of the information is assessed in the context of myotherapy practice
- 2.4 Relevance of the research information to clinical treatment strategies within a myotherapy framework is *critically evaluated*
- 2.5 Research process and findings are documented in accordance with the clinic guidelines
- 2.6 Research conclusions are based solely on the critical evaluation of the data and evidence gathered.
- 3. Apply research findings to clinical practice
  - 3.1 Research conclusions are employed to identify potential areas for improvement in current practice
  - 3.2 Information findings are correlated with individual clinical case presentation to determine potential application in treatment
  - 3.3 *Improvements in clinical practice* are implemented based on the research evidence and anticipated outcomes are assessed
  - 3.4 Clinical issues that may require further research are identified

#### REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

### Required knowledge:

- National Health & Medical Research Council (NHMRC) hierarchy of research evidence
- Relevant reference works and information sources



- Research issues and their uses
- Research methodologies commonly used in medical, allied health and complementary medicine research

### Required skills:

- Access and critically evaluate reference materials
- Identify information needs and plan efficient information gathering strategies
- Access and interpret up-to-date information
- Record details of research findings
- Critically evaluate research data gathered
- Identify and access a range of scholarly, non-scholarly, new and established information sources
- Interpret common terminology used in statistical analysis
- Prioritise usefulness of information to the treatment of individual cases
- Incorporate relevant research information within myotherapy clinical practice

### **RANGE STATEMENT**

The range statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Bold italicised wording in the Performance Criteria is detailed below.

# **Clinical objectives** may include:

- Information on pathology of specific conditions/diseases
- Information on latest treatment pathology options for specific conditions/diseases
- Research data on treatment, symptoms, complementary medicines, complementary treatment techniques
- Clinical information to assist in meeting specific client health outcomes

# Established sources include:

- Clinical texts
- Reference works
- Recognised teachings
- Internet
- Libraries
- Peer-reviewed journals
- Conference attendance



# **Scholarly** sources include:

- Clinical research studies
- Medical and allied health journals (Peer reviewed)
- Complementary medicine journals (Peer reviewed)
- Reference texts
- Peer reviewed conference presentations

# Non-scholarly sources include:

- Other journals
- Abstracts
- Popular media (magazines, books & newsletters)
- Other conferences and presentations
- Internet

# Research methods include:

- Qualitative research, which is subjective, limited in its generalisability, but provides understanding of the framework within which participants interpret their thoughts, feelings, and actions
- Quantitative research, which is considered to be objective, ideal for testing hypotheses, and for trying to answer specific questions
- Mixed methods research, where the use of both quantitative and qualitative approaches in combination provides a better understanding of and insight into research problems then either method alone

# Critically evaluated involves:

- Establishing the validity and credibility of the information
- Establishing the relevance to meeting information needs
- Assessing the level of industry recognition
- Assessing the usefulness of the information to clinical practice
- · Checking reference material

# Improvements in clinical practice may include:

- Incorporating new findings in clinical treatment strategies
- Using the information to re-assess treatment plans



#### **EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Elements, Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the Accreditation Submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit

To be considered competent in this unit, the participant must achieve all of the elements of competency to the level specified by the associated Performance Criteria.

Specifically, they must be able to:

- Articulate the objectives of research relating to myotherapy practice
- Identify source of contemporary information on myotherapy practice
- Select appropriate research processes
- Collect and critically analyse research information, data and evidence on the effects of complementary medicines and treatments on:
  - various health conditions,
  - clinical presentation, and
  - the maintenance of physical well-being
- Determine the relevance of research findings within the context of a myotherapy framework
- Document research activities and conclusions
- Implement research findings to improve myotherapy practice

# Context of and specific resources for assessment

- The unit may be assessed in a myotherapy workplace, or a simulated workplace or in a distance learning context.
- In order to conduct assessment of this unit of competency, the following resources are required:
  - Relevant texts, manuals or research papers
  - Relevant journals
  - Relevant paper based/video assessment instruments
  - Access to the Internet, or on-line research information
  - Computer access



## **Method of assessment**

- Assessment must include the practical application of knowledge and skills in a real or simulated myotherapy practice environment and may also include:
  - Written or oral questions
  - Presentations
  - Research projects
  - Case studies and scenarios
  - Observation of practical skills