

VTCT Skills Level 3 Diploma in Massage Therapy

Accreditation start date: 1 August 2010
Credit value: 52
Total Qualification Time (TQT): 520
Guided Learning Hours (GLH): 450
Qualification number: 500/8967/5

Statement of unit achievement

By signing this statement of unit achievement you are confirming that all learning outcomes, assessment criteria and range statements have been achieved under specified conditions and that the evidence gathered is authentic.

This statement of unit achievement table must be completed prior to claiming certification.

Unit code	Date achieved	Learner signature	Assessor initials	IQA signature (if sampled)
Mandatory units				
UV30491				
UV30468				
UV30493				
UV30424				
UV30410				
UV30475				
UV30574				
UV30425				

Qualification

Introduction

The VTCT Skills Level 3 Diploma in Massage Therapy is a qualification that has been specifically designed to develop your practical skills in; how to provide body massage, massage using pre-blended aromatherapy oils, Indian head massage and stone therapy massage.

Underpinning this qualification you will develop a sound knowledge of how to monitor and maintain health and safety practices in a salon environment, how to promote client care and communications in beauty related industries, how to maintain personal health and wellbeing as well as exploring the origins of massage and the principles of complementary and alternative medicine. You will also develop an underpinning knowledge and understanding of the practical skills learned throughout this qualification.

The purpose of this qualification is to develop your skills in beauty therapy to a high level of occupational ability, to enable you to perform your own salon services.

The legislations referred to within this qualification apply to UK learners. For learners outside of the UK, you should familiarise yourself with legislations that may apply to you.

Prerequisite

There are no formal prerequisite qualifications that you must have prior to undertaking this qualification.

National Occupational Standards (NOS)

Units in this qualification have been mapped to the relevant NOS (where applicable). This qualification is regulated on the Regulated Qualifications Framework.

Progression

When you have successfully completed this qualification you will have the opportunity to progress to the following VTCT Skills qualifications:

- Level 3 NVQ Diploma in Beauty Therapy General
- Level 3 NVQ Diploma in Beauty Therapy Massage
- Level 3 NVQ Diploma in Spa Therapy

Progression opportunities also exist in the form of specialist VTCT Skills vocationally related qualifications:

- Level 3 Award in Spa Treatments
- Level 3 Certificate in Face and Body Art
- Level 3 Diploma in Beauty Therapy Treatments
- Level 3 Diploma in Make-up Artistry

This qualification may lead directly into employment in the therapy industry as a massage therapist in a salon or self-employment as a massage therapist.

Qualification structure

Total credits required - 52

All mandatory units must be completed.

Mandatory units - 52 credits

VTCT Skills unit code	Ofqual unit reference	Unit title	Credit value	GLH
UV30491	R/600/8780	Monitor and maintain health and safety practice in the salon	4	29
UV30468	T/601/4457	Client care and communication in beauty-related industries	3	28
UV30493	D/600/8779	Maintaining personal health and wellbeing	7	60
UV30424	D/601/3559	Provide body massage	9	84
UV30410	T/601/4359	Explore the origins of massage and principles of complementary and alternative medicine	7	60
UV30475	H/601/4454	Apply stone therapy massage	9	75
UV30574	D/601/4095	Provide Indian head massage	6	49
UV30425	Y/601/3558	Provide massage using pre-blended aromatherapy oils	7	65

Guidance on assessment

This book contains the mandatory units that make up this qualification. Optional units will be provided in additional booklets (if applicable). Where indicated, VTCT Skills will provide assessment materials. Assessments may be internal or external. The method of assessment is indicated in each unit.

Internal assessment (any requirements will be shown in the unit)

Assessment is set, marked and internally quality assured by the centre to clearly demonstrate achievement of the learning outcomes. Assessment is sampled by VTCT Skills external quality assurers.

External assessment (any requirements will be shown in the unit)

Externally assessed question papers completed electronically will be set and marked by VTCT Skills. Externally assessed hard-copy question papers will be set by VTCT Skills, marked by centre staff and sampled by VTCT Skills external quality assurers.

External anatomy and physiology papers

Some units in this qualification contain a Paper 2 of 2, which assess anatomy and physiology only.

Rather than complete an individual anatomy and physiology paper (Paper 2 of 2) for every unit, you can complete **one** external paper that covers all anatomy and physiology papers in this qualification.

The external paper title in Linx2Achieve is:

- VRQ Level 3 Massage Route Mandatory Anatomy and Physiology

Once these papers have been achieved all unit external papers titled 'Paper 2 of 2' can be signed off by your assessor.

This only applies to mandatory units in this qualification. Paper 1 of 1 and Paper 2 of 2 must be completed for all optional units (where applicable).

Assessment explained

VTCT Skills qualifications are assessed and quality assured by centre staff. Work will be set to improve your practical skills, knowledge and understanding. For practical elements, you will be observed by your assessor. All your work must be collected in a portfolio of evidence and cross-referenced to requirements listed in this record of assessment book.

Your centre will have an internal quality assurer whose role is to check that your assessment and evidence is valid and reliable and meets VTCT Skills and regulatory requirements.

An external quality assurer, appointed by VTCT Skills, will visit your centre to sample and quality-check assessments, the internal quality assurance process and the evidence gathered. You may be asked to attend on a different day from usual if requested by the external quality assurer.

This record of assessment book is your property and must be in your possession when you are being assessed or quality assured. It must be kept safe. In some cases your centre will be required to keep it in a secure place. You and your course assessor will together complete this book to show achievement of all learning outcomes, assessment criteria and ranges.

Creating a portfolio of evidence

As part of this qualification you are required to produce a portfolio of evidence. A portfolio will confirm the knowledge, understanding and skills that you have learnt. It may be in electronic or paper format.

Your assessor will provide guidance on how to prepare the portfolio of evidence and how to show practical achievement, and understanding of the knowledge required to successfully complete this qualification. It is this booklet along with the portfolio of evidence that will serve as the prime source of evidence for this qualification.

Evidence in the portfolio may take the following forms:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

All evidence should be documented in the portfolio and cross referenced to unit outcomes. Constructing the portfolio of evidence should not be left to the end of the course.

Unit assessment methods

This section provides an overview of the assessment methods that make up each unit in this qualification. Detailed information on assessment is provided in each unit.

Mandatory units				
		External	Internal	
VTCT Skills unit code	Unit title	Question paper(s)	Observation(s)	Assignment(s)
UV30491	Monitor and maintain health and safety practice in the salon	0	✓	✓
UV30468	Client care and communication in beauty-related industries	0	✓	✓
UV30493	Maintaining personal health and wellbeing	1	✗	✓
UV30424	Provide body massage	2	✓	✓
UV30410	Explore the origins of massage and principles of complementary and alternative medicine	0	✗	✓
UV30475	Apply stone therapy massage	2	✓	✓
UV30574	Provide Indian head massage	1	✓	✓
UV30425	Provide massage using pre-blended aromatherapy oils	2	✓	✓

Unit glossary

	Description
VTCT Skills product code	All units are allocated a unique VTCT Skills product code for identification purposes. This code should be quoted in all queries and correspondence to VTCT Skills.
Unit title	The title clearly indicates the focus of the unit.
National Occupational Standards (NOS)	NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence.
Level	Level is an indication of the demand of the learning experience, the depth and/or complexity of achievement and independence in achieving the learning outcomes.
Credit value	This is the number of credits awarded upon successful achievement of all unit outcomes. Credit is a numerical value that represents a means of recognising, measuring, valuing and comparing achievement.
Guided Learning Hours (GLH)	The activity of a learner in being taught or instructed or otherwise participating in education or training under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.
Total Qualification Time (TQT)	The number of hours an awarding organisation has assigned to a qualification for guided learning and an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study, or any other form of participation in education or training. This includes assessment, which takes place as directed. However unlike Guided Learning Hours, TQT is not under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.
Observations	This indicates the minimum number of observations required to achieve the unit.
Learning outcomes	The learning outcomes are the most important component of the unit, they set out what is expected in terms of knowledge, understanding and practical ability as a result of the learning process. Learning outcomes are the results of learning.
Evidence requirements	This section provides guidelines on how evidence must be gathered.
Maximum service times	The maximum time in which a particular service or practical element must be completed.
Observation outcome	An observation outcome details the practical tasks that must be completed to achieve the unit.
Knowledge outcome	A knowledge outcome details the theoretical requirements of a unit that must be evidenced through oral questioning, a mandatory written question paper or portfolio of evidence.
Assessment criteria	Assessment criteria set out what is required, in terms of achievement, to meet a learning outcome. The assessment criteria and learning outcomes are the components that inform the learning and assessment that should take place. Assessment criteria define the standard expected to meet learning outcomes.
Range	The range indicates what must be covered. Ranges must be practically demonstrated in parallel to the unit's observation outcomes.

UV30491

Monitor and maintain health and safety practice in the salon

Through this unit you will develop your skills in a supervisory role focusing on health and safety within your salon.

You will recognise salon hazards, carry out risk assessments and then implement the necessary actions. You will monitor and support your colleagues to ensure your salon complies with health and safety requirements. You will implement and supervise salon procedures for all aspects of salon safety and security including the need for insurance.

For the purposes of this unit the generic term of practitioner has been used to incorporate the following roles: Barber, Beauty therapist, Complementary therapist, Hairdresser, Make-up artist, Massage therapist, Nail technician. The term salon is used to incorporate the fixed business locations where services provided by the above practitioners may take place.

Level

3

Credit value

4

GLH

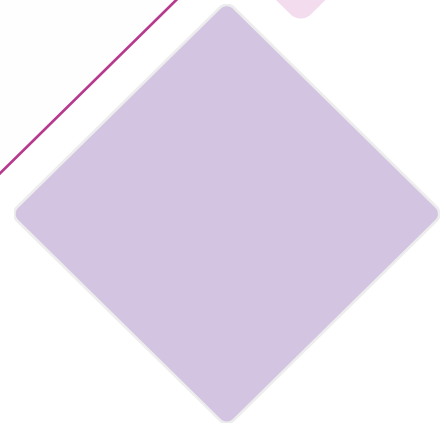
29

Observation(s)

2

External paper(s)

0



Monitor and maintain health and safety practice in the salon



Learning outcomes

On completion of this unit you will:

1. Be able to carry out a risk assessment
2. Be able to monitor health and safety in the salon

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Simulation**
Simulation is not allowed in this unit.
3. **Observation outcomes**
Competent performance of Observation outcomes must be demonstrated on at **least two occasions**.
4. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
5. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit.
6. **External paper**
There is no external paper requirement for this unit.

Achieving observations and range

Achieving observation outcomes

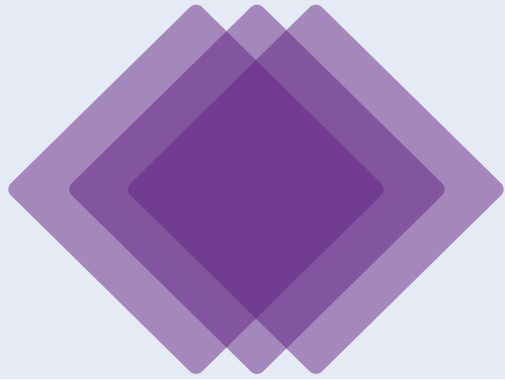
Your assessor will observe your performance of practical tasks. The minimum number of observations required is indicated in the evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through oral questioning.

Your assessor will sign off an outcome when all criteria have been competently achieved in a single client service.

Achieving range

There is no range section that applies to this unit.



Observations

Learning outcome 1

Be able to carry out a risk assessment

You can:

- a. Carry out risk assessments and take necessary actions

*May be assessed through oral questioning.

Observation	1	2	Optional	Optional
Date achieved				
Criteria questioned orally				
Portfolio reference				
Assessor initials				
Learner signature				



Learning outcome 2

Be able to monitor health and safety in the salon

You can:

- a. Monitor and support the work of others to ensure compliance with health and safety requirements

*May be assessed through oral questioning.

Observation	1	2	Optional	Optional
Date achieved				
Criteria questioned orally				
Portfolio reference				
Assessor initials				
Learner signature				

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.



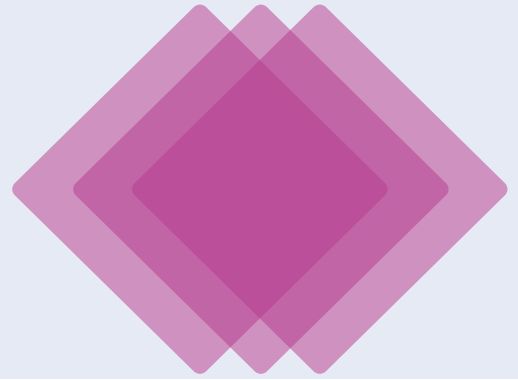
Knowledge

Learning outcome 1

Be able to carry out a risk assessment

You can:	Portfolio reference/ Assessor initials*
b. State the reason for carrying out risk assessments	
c. Describe the procedures for carrying out a risk assessment	
d. Describe when risk assessments should be carried out	
e. Outline necessary actions to take following a risk assessment	

*Assessor initials to be inserted if orally questioned.



Learning outcome 2

Be able to monitor health and safety in the salon

You can:	Portfolio reference/ Assessor initials*
b. Outline the health and safety support that should be provided to staff	
c. Outline procedures for dealing with different types of security breaches	
d. Explain the need for insurance	

*Assessor initials to be inserted if orally questioned.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to carry out a risk assessment

Working in accordance with current health and safety legislation:

Health and Safety at Work Act, Management of Health and Safety at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Health and Safety (First Aid) Regulations, Manual Handling Operations Regulations, Control of Substances Hazardous to Health Regulations (COSHH), Personal Protective Equipment at Work Regulations (PPE), Electricity at Work Regulations, Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations, Equality Act, Data Protection Act (UK General Data Protection Regulations (GDPR)), Environmental Protection Act.

Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.

Hazards – require immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.

Reasons for risk assessment – staff, visitor, client health and safety, minimise hazards and risks, maintain safe environment, legal requirement.

Reasons for risk assessment:

Legal requirement, provide a safe environment for staff/visitor/clients, identification of hazards, minimising hazards and risks, emergency procedures, staff training, implication of more than five members of staff, new staff in the workplace, new equipment and products, review systems, amendments and modifications to existing assessments, update records.

Salon procedure for risk assessments:

Identify hazard, judgement of salon/barbershop hazards, nominated risk assessment person/team, who/what, determine the level of risk, preventative measures, reduce a potentially harmful situation, notify staff, interpret results, conclusions, record findings, regular reviews.

Potential salon hazards requiring regular risk assessment:

Space – utilisation, working area, heating, lighting, ventilation, layout and design of the salon/barbershop.

Chemicals – procedures, storage, handling, safe usage, safe disposal, records.

Equipment – selection, safe usage, handling, lifting, repairs, maintenance.

Security (stock) – control systems, procedures, ordering, handling, storage.

Learning outcome 1: Be able to carry out a risk assessment (continued)

Security (cash/vouchers) – staff training, point of sale, in transit.

Security (people) – staff, clients, visitors, personal belongings, systems, security, emergency evacuation, storage/use of confidential staff/client records, business information, data protection.

Buildings – maintenance of internal and external security, commercially available systems.

Emergency procedures – accidents, first aid, fire evacuation, incidents, staff, records.

Learning outcome 2: Be able to monitor health and safety in the salon

Salon health and safety legislation

and regulations: Health and safety at work, control of substances hazardous to health, reporting of injuries diseases and dangerous occurrences, personal protective equipment, electricity at work, manual handling, supply of goods and services, trade description, data protection, employers liability (compulsory insurance), occupiers liability, local by-laws (set by council), salon rules, code of conduct, observance by all staff.

Management of health and safety at

work: Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to trolleys and equipment, clean/disinfect/sanitise/sterilise work areas/surfaces, equipment and tools as appropriate, no smoking/vaping, eating, drinking or drugs regular safety drills, maintain accurate records, updated procedures and processes, regular staff training, spot checks, keep updated with law changes, take external advice/consultation.

Professional ethical conduct: Follow health and safety and organisational policies and procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and ability.

Providing support for staff:

Up-to-date information such as leaflets and posters, ongoing training, open door policy, suggestion box, current roles and responsibilities for staff.

Security breaches:

Inform – salon owner, management, or tutor.

Review records – stock levels/control, monitor takings, inventory of equipment, manual and computerised records, signed, in date training records.



Learning outcome 2: Be able to monitor health and safety in the salon (continued)

Actions in the event of security breaches:

Take statements, eyewitness accounts, review findings, notify ICO Information Control Office/clients of breach, maintain confidentiality, could result in loss of employment/reputation/business, keep records and documents up to date, review, report to relevant bodies such as the Health and Safety Executive (HSE), Environmental Health Office (EHO), contact emergency services if required.

Importance of insurance: Accidents, emergencies, legal claim, protect business, prevent fraudulent claim.

Liability insurance: Employers, public, professional indemnity.

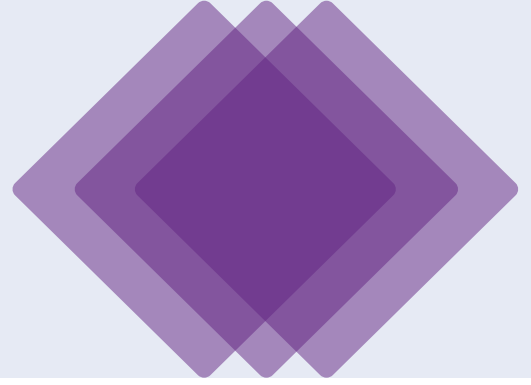
Infection prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene – handwashing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of the working environment and treatment/service resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Environmental working practices: Effective and energy efficient working practices, for example, lighting, heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for clients and employees, water conservation, environmental waste management.

Sustainable working practices: For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposables and single-use items, record product usage, paper-free appointment systems and pricelists, energy uses reduction, green energy, reduce carbon footprint.

Disposal of waste: Lined waste bin with a lid, byelaws/organisational policies and procedures for disposal of waste – non-hazardous, clinical, sharps, chemical, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturers' instructions.

Notes



Use this area for notes and diagrams.

UV30468

Client care and communication in beauty related industries

This is a preparation for work unit which is based on capability and knowledge. This unit is about client care and communication in beauty-related industries. You will develop your ability to adapt the provision of client care and their communication skills, to the needs of different clients, as well as learn how to manage client expectations.

Level

3

Credit value

3

GLH

28

Observation(s)

3

External paper(s)

0



Client care and communication in beauty related industries



Learning outcomes

On completion of this unit you will:

1. Be able to communicate and behave in a professional manner when dealing with clients
2. Be able to manage client expectations

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Simulation**
Simulation is not allowed in this unit.
3. **Observation outcomes**
Competent performance of Observation outcomes must be demonstrated on at **least three occasions**.
4. **Range**
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
6. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes and ranges in this unit. All outcomes and ranges must be achieved.
7. **External paper**
There is no external paper requirement for this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of observations required is indicated in the evidence requirements section of this unit.

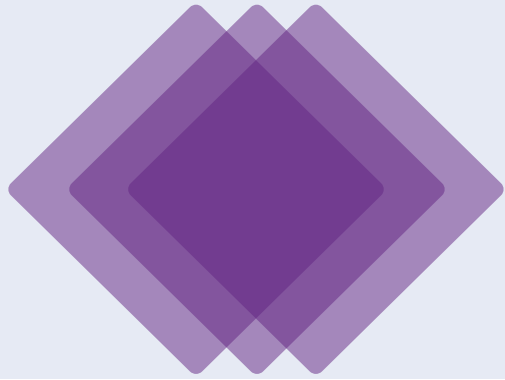
Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through oral questioning.

Your assessor will sign off an outcome when all criteria have been competently achieved in a single client service.

Achieving range

The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.



Observations

Learning outcome 1

Be able to communicate and behave in a professional manner when dealing with clients

You can:

- a. Behave in a professional manner within the workplace
- b. Use effective communication techniques when dealing with clients
- c. Adapt methods of communication to suit different situations and client needs
- d. Use effective consultation techniques to identify treatment objectives
- e. Provide clear recommendations to the client

*May be assessed through oral questioning.

Observation	1	2	3	Optional
Date achieved				
Criteria questioned orally				
Portfolio reference				
Assessor initials				
Learner signature				



Learning outcome 2

Be able to manage client expectations

You can:

- a. Maintain client confidentiality in line with legislation
- b. Use retail sales techniques to meet client requirements

*May be assessed through oral questioning.

Observation	1	2	3	Optional
Date achieved				
Criteria questioned orally				
Portfolio reference				
Assessor initials				
Learner signature				

Range

*You must practically demonstrate that you have:

Dealt with all clients	Portfolio reference
New	
Regular	

Used all consultation techniques	Portfolio reference
Questioning	
Visual	
Manual	

Dealt with all complaints	Portfolio reference
Dissatisfied client	
Unrealistic client expectations	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

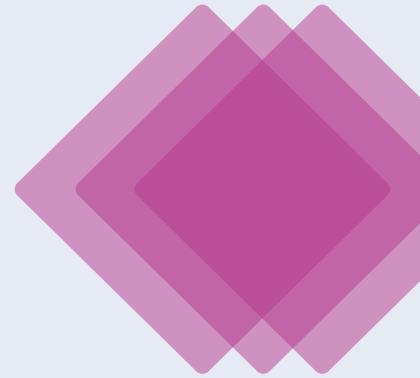
When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.



Knowledge



Learning outcome 1

Be able to communicate and behave in a professional manner when dealing with clients

You can:	Portfolio reference/ Assessor initials*
f. Assess the advantages and disadvantages of different types of communication used with clients	
g. Describe how to adapt methods of communication to suit the client and their needs	
h. Explain what is meant by the term 'professionalism' within beauty related industries	
i. Explain the importance of respecting a client's 'personal space'	
j. Describe how to use suitable consultation techniques to identify treatment objectives	
k. Explain the importance of providing clear recommendations to the client	

*Assessor initials to be inserted if orally questioned.

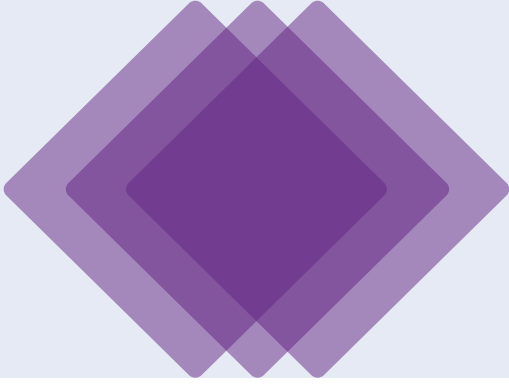


Learning outcome 2

Be able to manage client expectations

You can:	Portfolio reference/ Assessor initials*
c. Evaluate client feedback	
d. Evaluate measures used to maintain client confidentiality	
e. Explain the importance of adapting retail sales techniques to meet client requirements	
f. Identify methods of improving own working practices	
g. Describe how to resolve client complaints	

*Assessor initials to be inserted if orally questioned.



Notes

Use this area for notes and diagrams.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to communicate and behave in a professional manner when dealing with clients

Communication techniques

Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning related to treatment/service.

Non-verbal – eye contact, body language, listening.

Written – electronic, digital or paper-based, clear and concise, attention to spelling, grammar and presentation of written information.

Visual aids – photographs, colour charts, digital media, magazines and images, can provide inspiration and assist the client's understanding.

Adapting and tailoring approaches – for different clients, for example, new and existing clients, according to age, health conditions.

Clarification – checking client understanding of proposed treatment/service and expected outcomes, checking client's comfort and wellbeing throughout the treatment/service.

Verbal communication:

Advantages – quick, instant response.

Disadvantages – no written record, no time to consider, no paper trail.

Non-verbal communication:

Advantages – expression of feelings, easily identify anger, happiness, confusion.

Disadvantages – cannot hide feelings, can be a barrier, no opportunity for discussion.

Professional manner: Use positive body language, abide by salon regulations and codes of conduct, encourage clients to ask questions, be supportive and respectful, be sensitive to client's privacy and personal details, avoid inappropriate conversations.

Professional appearance: Clean professional uniform, no jewellery, no piercings, hair neatly tied back (fringe secured), closed in footwear, personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant, avoid use of overpowering fragrance), oral hygiene (clean teeth, fresh breath), nails (clean, short, polish-free, good condition and maintained).

Learning outcome 1: Be able to communicate and behave in a professional manner when dealing with clients (continued)

Professional ethical conduct: Follow health and safety and organisational policies and procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co-operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and competence, engage in and document Continuous Professional Development (CPD) to maintain best practice.

Infection Prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene – handwashing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of working environment and treatment/service resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Consultation techniques: Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, visual, manual, questioning, listen, client information reference, prevent contra-actions, courteous, eye contact, verbal communication, non-verbal communication, avoid conflict between a client and therapist, use a range of related terminology linked to treatment/service being performed.

Client preparation and care: Preparing for and performing a treatment/service taking into account any specific requirements and diverse needs the client may have, working in accordance with current equality legislation.

Client treatment needs: Assess client needs and suitability, client agreement, realistic outcome, cost, duration and frequency of treatments, additional treatments/services.

Recommendations to client: Pre-treatment/service instructions on treatment/service process, expected physical sensations, expected and adverse reactions/contra-actions, outcomes, further treatments, fees and treatment/service options, adaptations and modifications, post-treatment/service advice/aftercare, lifestyle changes to maintain or improve health.

Personal space: Space between client and therapist, positioning of client, covering of client, suitable location for consultation, client comfort, client privacy, unobtrusive behaviour.

Learning outcome 2: Be able to manage client expectations

Record keeping: Accurate appointment systems, stationery, loyalty rewards, acknowledgement of occasions, consultation record keeping, refer to existing records, ensure information is concise, accurate and in logical order (name, address, contact details, age range, lifestyle profile – work status, medical history, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity/allergy alert test, current skincare/body care regime, treatment/service requirements, client preferences and expectations, skin/body/hair analysis, adaptations and modifications, recommendations, treatment plan including products, expected outcomes, alternative treatment/service options, client informed consent and signature), update record at the end of the service, update at each visit, maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).

Client care feedback: Client consultation form, comments box, verbal and non-verbal methods, target setting, relate to feedback constructively, professional manner, polite, courteous, personal development, improves client satisfaction, salon profits, career development, teamwork, employee training, reputation, repeat business, additional treatments/services.

Client complaints: Professional manner, polite, courteous, good client care, referral senior therapist, senior receptionist or manager, dealt with appropriately, resolve situation and assist, good communication techniques, maintain positive client care, eye contact, facial expressions and body language, deal with situation calmly, methods of recording complaints, prompt response verbally/written.

Retail opportunities: Completion of consultation, record on client record card, profit, linking of retail/sales, selling products and other treatments/services, promotional offers, samples, retail displays, repeat business, course of treatments/services, demonstrations, open events, existing client offers.

Sales techniques: Body language, verbal, non-verbal, testers, samples, linked to treatment/service, product knowledge, benefits, listen to client's needs, record card, lifestyle factors.

Improve working practices: SWOT analysis (strengths, weaknesses, opportunities and threats to business), sales, productivity, analysis, questionnaires, feedback from clients (verbal/non-verbal), repeat business, monitor trends, peer assessment, observation, mystery shopper, appraisal.

UV30493

Maintaining personal health and wellbeing

The aim of this unit is to develop your knowledge and understanding of how to maintain your own health and wellbeing. This will include setting a personal action plan, having clear goals, regular monitoring, reviewing activities, evaluating your progress and updating your action plan. This is a continuous cycle for monitoring your eating, lifestyle, exercise and weight management.

This unit applies to all practitioners in the barbering, beauty and hairdressing sector.

For the purposes of this unit the generic term of practitioner has been used to incorporate the following roles: Barber, Beauty therapist, Complementary therapist, Hairdresser, Make-up, Massage therapist, Nail technician.

Level

3

Credit value

7

GLH

60

Observation(s)

0

External paper(s)

1



Maintaining personal health and wellbeing



Learning outcomes

On completion of this unit you will:

1. Be able to maintain personal health and wellbeing
2. Be able to monitor weight management

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
3. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit.
4. **External paper**
Knowledge and understanding in this unit will be assessed by an external paper. There are **one external paper** that must be achieved. The criteria that make up the paper are highlighted throughout this unit.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.

Achieving the external paper

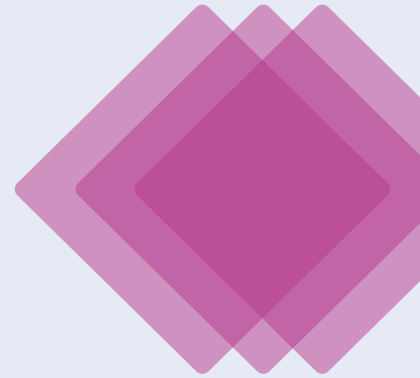
The external paper will test your knowledge of the criteria highlighted. A **pass mark of 70%** must be achieved.

Your assessor will complete the following table when the 70% pass mark has been achieved.

Paper	Date achieved	Assessor initials
1 of 1		



Knowledge



Learning outcome 1

Be able to maintain personal health and wellbeing

You can:	Portfolio reference/ Assessor initials*
a. Access sources of information on health and wellbeing	
b. State sources of information available on personal health and wellbeing	
c. Describe the components that contribute to a balanced diet	
d. Describe how nutrients are absorbed within the human body	
e. Describe the effects of nutrients on the human body	
f. Compare own dietary intake with recommended daily intake	
g. Describe the influencing factors that affect food intake and choice	
h. State the principles of healthy eating choices	
i. Describe how to interpret retail food labelling	
j. Describe the considerations that need to be identified when looking at body image	
k. Describe how lifestyle choices affect personal health and wellbeing	

*Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.

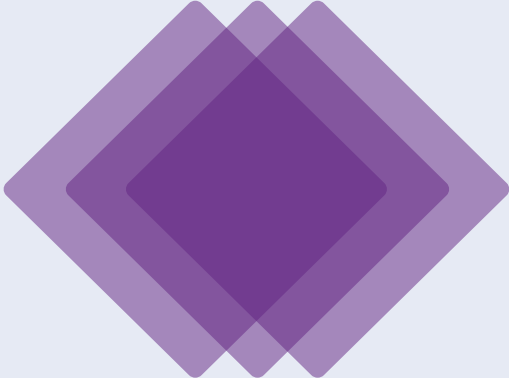


Learning outcome 2

Be able to monitor weight management

You can:	Portfolio reference/ Assessor initials*
a. Describe how to communicate and behave in a professional manner	
b. Outline safe and hygienic working practices	
c. Evaluate weight management programmes	
d. Explain the principles of figure analysis	
e. Describe how to identify and analyse good posture	
f. Describe the effects of poor posture on the body	
g. Evaluate safe exercise methods	
h. Explain the principles of safe exercise on the human body	
i. Describe the benefits that regular activities have on fitness	
j. Describe how to measure and improve personal fitness	

*Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.



Notes

Use this area for notes and diagrams.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to maintain personal health and wellbeing

Sources of information on health and wellbeing: Evidence based textbooks, evidence based journals, evidence based websites, food standards, unsubstantiated marketing claims of suppliers such as low sugar, low fat, light.

Sources of information available on personal health and wellbeing: Professionals (for example dietician, nutritionist, personal trainer, general practitioners), professional bodies (diabetic association, nutrition association, food standards agency, NHS (National Health Service), direct.gov).

The components that contribute to a balanced diet: Balanced intake of nutrients, regular timing of food intake, high fibre, low in fat, low in salt, five portions of fruit and vegetables a day, the Eatwell or healthy plate.

Key nutritional terms: Diet, healthy eating, nutrition, balanced diet.

How nutrients are absorbed within the human body: Macronutrients, micronutrients, water, absorbed into the blood supply.

Macronutrients – carbohydrates, fats, proteins.

Micronutrients – water soluble vitamins C and B, fat soluble vitamins A, D, E and K.

Minerals – calcium, copper, iron, magnesium, phosphorus, potassium, sodium, selenium, zinc.

The effects of nutrients on the human body:

Carbohydrates – energy, digestion, nervous system function.

Fats – monounsaturated, polyunsaturated, saturated and trans fats, fats provide essential fatty acids, insulation, protection of vital organs, energy, transport fat soluble vitamins.

Protein – muscle growth, muscle repair, oxygen transport, fight disease, energy.

Vitamins – energy metabolism, protein synthesis, glycogen synthesis, blood clotting, red blood cell formation, aids growth, maintenance of teeth and bones, aids vision.

Minerals – bone growth, teeth growth, energy production, enzyme function, nerve and muscle function, water balance, blood clotting, oxygen transport in red blood cells.

Water – maintain hydration, maintain homeostasis, heat regulation, maintain blood plasma volume, removal of waste products.

Learning outcome 1: Be able to maintain personal health and wellbeing (continued)

Main food groups and nutrients:

Simple carbohydrates – sugar, sweets, chocolate, fruit.

Complex carbohydrates – beans, bread, pasta, potatoes, rice, corn.

Fats – meat, dairy products, processed foods, cakes, biscuits, pies, oils.

Protein – meat, fish, eggs, dairy products, grains, beans, leafy vegetables.

Vitamins – vegetables, fruit, milk, fish, eggs.

Minerals – milk, nuts, vegetables, meats.

Own dietary intake with recommended daily intake: Food diary, use of computer software/apps to assess daily calorie intake.

7 day food diary – food and fluid timings, food and fluid types, food and fluid portion sizes/amounts, method of cooking or preparation, mood after eating.

The influencing factors that affect food intake and choice: Personal goals, medical history, food preferences, supplement use, nutritional knowledge, attitudes and motivation, stage of readiness.

Lifestyle – job, family, financial, hobbies, time.

Diet history – food and fluid timings and frequency, food and fluid types, food and fluid portion sizes/amounts, method of cooking or preparation, mood after eating.

The principles of healthy eating choices: Balanced intake of nutrients, regular timing of food intake, high fibre, low in fat, low in salt, five portions of fruit and vegetables a day.

How to interpret retail food labelling:

Macronutrient amounts in grams, total energy value (kJ, kcal), micronutrient % (recommended dietary allowance), ingredients, traffic light system.

Calories and kilojoules: They are a measure of the energy contained in both the foods we eat and our body fat.

Calories – kcal.

Kilojoules – kJ.

How to maintain an even body weight:

If you eat more calories than you burn you will gain weight, if you eat fewer calories than you burn you will lose weight, unless you have some limited and specific medical conditions.

Considering body image: Personal goals, lifestyle, medical history, diet history, food preferences, supplement use, nutritional knowledge, attitudes and motivation, stage of readiness for change.

How lifestyle choices affect personal health and wellbeing: Personal commitment and goals, body composition, physical activity levels, exercise levels, sports participation, occupation, lifestyle, family commitment, work ethic.

Learning outcome 1: Be able to maintain personal health and wellbeing (continued)

Infection Prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene-handwashing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of the working environment and treatment/service resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Environmental working practices: Effective and energy efficient working practices, for example, lighting, heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for clients and employees, water conservation, environmental waste management.

Sustainable working practices: For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposables and single-use items, record product usage, paper-free appointment systems and pricelists.



Learning outcome 2: Be able to monitor weight management

Weight management programmes:

Balanced intake of nutrients, regular timing of food intake, high fibre, low in fat, low in salt, five portions of fruit and vegetables a day.

The principles of figure analysis:

Body mass index (BMI), waist to hip ratio, skin-fold callipers, bio-electrical impedance, hydrostatic weighing, classification of health risk in relation to weight (underweight, healthy, overweight, obese, severely/morbidly obese).

How to identify and analyse good posture:

Natural mild S-shaped curve of the spine.

Posture – straight back, stand correctly, even weight distribution, maintain balance, remain relaxed.

The effects of poor posture on the body:

Fatigue, back/shoulder injury, repetitive strain injury.

Safe exercise methods: Professionally organised sessions, personal trainer, planning, preparation of equipment/self and participants, health and safety, organisation, leadership, communication, group management.

The effects of safe exercise on the human body:

Blood supply – improved blood flow distribution, increased blood volume, improved oxygen transportation.

Heart – increase in size, decreased resting heart rate, increased cardiac output.

Respiratory – decreased resting breathing rate, increased lung capacity.

Blood pressure – reduction in overall resting blood pressure.

Bones and joints – improved bone density, increased joint stability, motion of joints.

Muscle – increase in muscle mass.

Posture – correct pelvic tilt, neutral spine, engaging core/trunk muscles.

The benefits that regular activities have on fitness:

Physical benefits – improved health and wellbeing, improved physical fitness, longer life expectancy, reduced risk of disease.

Mental benefits – improved mood and enjoyment, increased self-confidence, increased self-esteem, mental resilience, motivation, ability to take positive risks.

Social benefits – meaningful activity, crime reduction, drug avoidance, anti-bullying, social contact and acceptance, motivating and supporting others to lead an active and healthy lifestyle.

How to measure and improve personal fitness: Personal action plan, goal setting, starting point, regular monitoring, review activities, evaluate progress, update action plan, continuous cycle, maintain motivation, expect relapse.

Learning outcome 2: Be able to monitor weight management (continued)

Communication:

Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning.

Non-verbal – eye contact, body language, listening.

Written – electronic, digital or paper-based, clear and concise, attention to spelling, grammar and presentation of written information.

Visual aids – photographs, digital media, magazines and images, can provide inspiration.

Adapting and tailoring approaches – for different clients, for example, new and existing clients, according to age, health conditions.

Clarification – checking understanding and expectations, outcomes, checking wellbeing.

Professional ethical conduct:

Follow health and safety and organisational policies and procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co-operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and competence, engage in and document Continuous Professional Development (CPD) to maintain best practice.

Management of health and safety at

work: Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to trolleys and equipment, clean/disinfect/sanitise/sterilise work areas/surfaces, equipment and tools as appropriate, no smoking/vaping, eating, drinking or drugs.

General hygiene: Clean/disinfect work area/surfaces, clean/sterilise/sanitise tools and equipment, fresh towels for each client, place dirty towels in a covered bin, dispense products with a pump or spray, use disposables as appropriate to service, no smoking/vaping, maintain personal hygiene, replace loose lids (uncapped bottles and pots) sanitise practitioners hands before, during and after services/ treatments.

Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.

Hazards – require immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.

Reasons for risk assessment – staff, visitor, client health and safety, minimise hazards and risks, maintain safe environment, legal requirement.



Learning outcome 2: Be able to monitor weight management (continued)

Personal protective equipment (PPE):

Use appropriate personal protective equipment for self and client, for example, the use of gloves when using cleaning chemicals.

Electricity at work: Visual check of equipment, no trailing wires, portable appliance testing.

Manual handling: Moving stock, lifting, working heights, unpacking, posture, deportment, balance weight, protect back, prevent slouching, avoid straining or overreaching.

Reporting of injuries, diseases and dangerous occurrences: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.

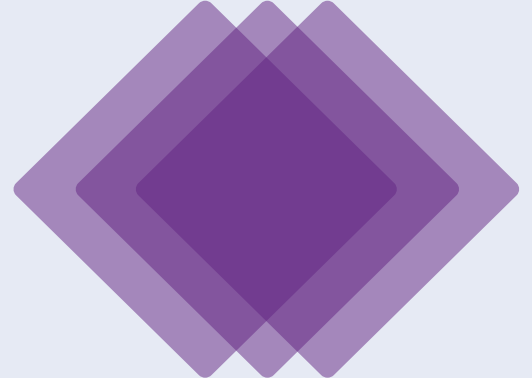
Control of substances hazardous to health:

Store, handle, use, disposal, replace lids, ventilation for vapour and dust, avoid over exposure to chemicals, use manufacturer's instructions for use.

Towels: Wash regularly and efficiently, use fresh/single use towels for every client, place dirty towels in a covered bin.

Disposal of waste: Lined waste bin with a lid, byelaws/organisational policies and procedures for disposal of waste – non-hazardous, clinical, sharps, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturers' instructions.

Notes



Use this area for notes and diagrams.

UV30424

Provide body massage

This unit is about the skills involved in providing body massage treatments. You will learn about the classical Swedish massage movements and will be required to adapt massage techniques to suit individual client needs. You will also learn about health, safety, hygiene and client care.

Level

3

Credit value

9

GLH

84

Observation(s)

4

External paper(s)

2



Provide body massage

Learning outcomes

On completion of this unit you will:

1. Be able to prepare for a body massage treatment
2. Be able to provide a body massage treatment

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Simulation**
Simulation is not allowed in this unit.
3. **Observation outcomes**
Competent performance of Observation outcomes must be demonstrated on at **least four occasions**.
4. **Range**
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
6. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes and ranges in this unit. All outcomes and ranges must be achieved.
7. **External paper**
Knowledge and understanding in this unit will be assessed by an external paper. There are **two external papers** that must be achieved. The criteria that make up the paper are highlighted throughout this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of observations required is indicated in the evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through oral questioning.

Your assessor will sign off an outcome when all criteria have been competently achieved in a single client service.

Achieving range

The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.

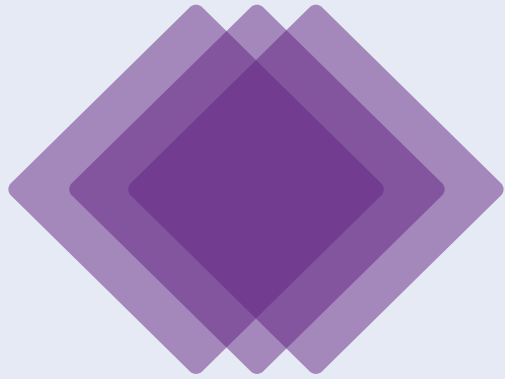
Maximum service times

The following maximum service times apply to this unit:

Back massage – 30 minutes

Full body massage – 60 minutes
(excluding head and face)

Full body massage – 75 minutes
(including head and face)



Observations

Learning outcome 1

Be able to prepare for a body massage treatment

You can:

- a. Prepare yourself, the client and work area for body massage
- b. Use suitable consultation techniques to identify treatment objectives
- c. Advise the client on how to prepare for the treatment
- d. Provide clear recommendations to the client
- e. Select products and tools to suit client treatment needs, skin types and conditions

*May be assessed through oral questioning.

Observation	1	2	3	4	Optional
Date achieved					
Criteria questioned orally					
Portfolio reference					
Assessor initials					
Learner signature					



Learning outcome 2

Be able to provide a body massage treatment

You can:

- a. Communicate and behave in a professional manner
- b. Follow health and safety working practices
- c. Position yourself and the client correctly throughout the treatment
- d. Use products, tools and techniques to suit client treatment needs, skin types and conditions
- e. Complete the treatment to the satisfaction of the client
- f. Record and evaluate the results of the treatment
- g. Provide suitable aftercare advice

*May be assessed through oral questioning.

Observation	1	2	3	4	Optional
Date achieved					
Criteria questioned orally					
Portfolio reference					
Assessor initials					
Learner signature					

Range

*You must practically demonstrate that you have:

Used all massage mediums	Portfolio reference
Oil	
Oil-free	
Cream	
Powder	
Gel	
Wax/balm	

Used all consultation techniques	Portfolio reference
Questioning	
Visual	
Manual	
Reference to client records	

Dealt with all client physical characteristics	Portfolio reference
Posture	
Muscle tone	
Muscle tension	
Sluggish circulation	
Skin classification	
Skin condition	
Lax elasticity	
Hair density	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

***You must practically demonstrate that you have:**

Dealt with a minimum of 1 of the necessary actions	Portfolio reference
Encouraging the client to seek medical advice	
Explaining why the treatment cannot be carried out	
Modification of treatment	

Met all treatment objectives	Portfolio reference
Relaxation	
Sense of wellbeing	
Uplifting	
Anti-cellulite	
Stimulating	

Covered all treatment areas	Portfolio reference
Face	
Head	
Chest and shoulders	
Arms and hands	
Abdomen	
Back	
Legs and feet	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

***You must practically demonstrate that you have:**

Used all massage techniques	Portfolio reference
Effleurage	
Petrissage	
Tapotement	
Vibration	
Friction	

Provided all types of advice/instructions	Portfolio reference
The individual and practitioner's legal rights and responsibilities	
Pre and post-treatment instructions and care	
Restrictions and associated risks – avoidance of activities which may cause contra-actions	
Future treatment needs	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.

Achieving the external paper

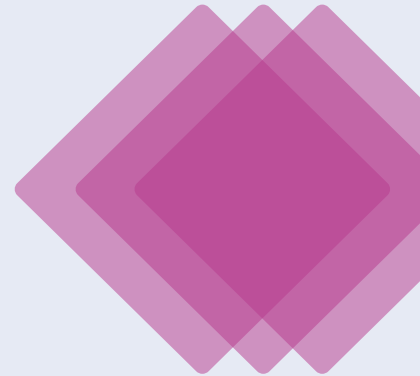
The external paper will test your knowledge of the criteria highlighted. A **pass mark of 70%** must be achieved.

Your assessor will complete the following table when the 70% pass mark has been achieved.

Paper	Date achieved	Assessor initials
1 of 2		
2 of 2		



Knowledge



Learning outcome 1

Be able to prepare for a body massage treatment

You can:	Portfolio reference/ Assessor initials*
f. Describe salon requirements for preparing yourself, the client and work area	
g. Describe the environmental conditions suitable for body massage treatments	
h. Describe the different consultation techniques used to identify treatment objectives	
i. Describe how to select products and tools to suit client treatment needs, skin types and conditions	
j. Describe the different skin types and conditions	
k. Explain the contra-indications that prevent or restrict body massage treatments	
l. State the objectives of massage treatments	
m. State the benefits derived from massage treatments	
n. Identify general body types	
o. Describe the different types of body fat	
p. Outline common postural faults	

*Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.



Learning outcome 2

Be able to provide a body massage treatment

You can:	Portfolio reference/ Assessor initials*
h. Explain how to communicate and behave in a professional manner	
i. Describe health and safety working practices	
j. Explain the importance of positioning yourself and the client correctly throughout the treatment	
k. Explain the importance of using products, tools and techniques to suit client treatment needs, skin types and conditions	
l. Describe the benefits and uses of mechanical massage and pre-heat treatments	
m. Describe how treatments can be adapted to suit client treatment needs, skin types and conditions	
n. State the contra-actions that may occur during and following treatments and how to respond	
o. Explain the importance of completing the treatment to the satisfaction of the client	
p. Explain the importance of completing treatment records	
q. Describe the methods of evaluating the effectiveness of the treatment	
r. Describe the aftercare advice that should be provided	

*Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.

Learning outcome 2 (continued)

Be able to provide a body massage treatment

You can:	Portfolio reference/ Assessor initials*
s. Describe the structure and the main functions of the following body systems in relation to massage: <ul style="list-style-type: none">• skin• skeletal• muscular• cardiovascular• lymphatic• nervous• digestive• urinary• endocrine	
t. Describe the main diseases and disorders of body systems	
u. Describe the effects of massage on the body	
v. Describe the uses of the five classical massage movements	
w. Describe the uses of different massage mediums	
x. Describe the legislation relating to the provision of massage treatments	

* Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to prepare for a body massage treatment

Management of health and safety at work:

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to trolleys and equipment, clean/disinfect/sanitise/sterilise work areas/surfaces, equipment and tools as appropriate, no smoking/vaping, eating, drinking or drugs.

Infection Prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene – hand-washing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of working environment and treatment resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Personal protective equipment (PPE): Use appropriate personal protective equipment for self and client, for example, the use of gloves when using cleaning chemicals.

Client preparation and care: Preparing for and performing a treatment taking into account any specific requirements and diverse needs the client may have, for example, culture, religion, health conditions, working in accordance with current equality legislation.

Manual handling: Moving stock, lifting, working heights, unpacking, posture, department, balance weight, protect back, prevent slouching, avoid straining or overreaching.

Towels: Wash regularly and efficiently, use fresh towels for every client, place dirty towels in covered bin.

Equipment: Follow organisational/manufacturer's/supplier's instructions for safe use, only used for intended purpose, usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance.

Liability insurance: Employers, public, professional indemnity.

Reporting of injuries, diseases and dangerous occurrences: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.

Regulations: Working in accordance with current health and safety legislation: Health and Safety at Work Act, Management of Health and Safety at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Health and Safety (First Aid) Regulations, Manual Handling Operations, Control of Substances Hazardous to Health (COSHH), Personal Protective Equipment (PPE) Regulations, Electricity at Work Regulations, Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations, Equality Act, Data Protection Act (UK General Data Protection Regulations (GDPR)), Environmental Protection Act.

Learning outcome 1: Be able to prepare for a body massage treatment (continued)

Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.

Hazards – require immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.

Reasons for risk assessment: Staff, visitor, client health and safety, minimise hazards and risks, maintain safe environment, requirement of legislation.

Hygiene:

General – Clean/disinfect work area/ surfaces, clean/sterilise/sanitise tools and equipment, fresh towels for each client, place dirty towels in covered bin, dispense products with a spatula, pump or spray, use disposables as appropriate to treatment, no smoking/vaping, maintain personal hygiene, replace loose lids (uncapped bottles and pots) sanitise therapist's hands before, during and after treatments.

Disposal of waste – Lined waste bin, organisational policies and procedures for disposal of waste – non-hazardous, clinical, sharps, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturer's instructions.

Environmental working practices:

Effective and energy efficient working practices, for example lighting, heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for client and employees, water conservation, environmental waste management.

Sustainable working practices: For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposable and single use items, record product usage, paper-free appointment systems and pricelists.

Therapist health and wellbeing:

Maintain correct posture when performing treatment, sitting, lifting and carrying, use working methods to avoid work related injuries, for example, Repetitive Strain Injury (RSI), perform regular hand exercises, maintain correct standing posture, even weight distribution, ensure own positioning delivers appropriate techniques, prevents injury, promotes optimum results, allows for visual checks, maintain appropriate space between client and self. Regular water/rest breaks to prevent dehydration and fatigue. Prevent contact dermatitis – wear gloves when using chemicals, wash and dry hands regularly and use moisturiser/barrier cream as appropriate.

Work area: Prepare in accordance with organisational requirements and health and safety standards, clean and hygienic – clean/disinfect/sanitise/sterilise work area, tools and equipment, sufficient ventilation, appropriate room temperature, lighting, ambience, music, hygienic set up of couch and trolley, effective, ergonomic positioning of necessary products, tools and equipment to allow for ease of access, movement and safe practice, preparation of props for client support.

Learning outcome 1: Be able to prepare for a body massage treatment (continued)

Client preparation: Consult with client, perform any necessary pre-treatment tests, provide modesty robe/gown, advise client on clothing to remove/keep on, maintain client comfort, privacy and modesty, client positioned correctly.

Communication:

Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning related to treatment.

Non-verbal – eye contact, body language, listening.

Written – electronic, digital or paper-based, clear and concise, attention to spelling, grammar and presentation of written information.

Visual aids – as appropriate to treatment, photographs, digital media, magazines and images can assist the client's understanding.

Adapting and tailoring approaches for different clients – for example, new and existing clients, according to age, health conditions.

Clarification – checking client understanding of proposed treatment and expected outcomes, checking client's comfort and wellbeing throughout the treatment.

Record keeping: Accurate appointment systems, stationery, loyalty rewards, acknowledgement of occasions, consultation record keeping, refer to existing records, ensure information is concise, accurate and in logical order (name, address, contact details, age range, lifestyle profile – work status, medical history, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests, current skincare regime, treatment requirements, client preferences and expectations, body and skin analysis, adaptations and modifications, recommendations, treatment plan including products, expected outcomes, alternative treatment options, client informed consent and signature), update record at the end of the service, update at each visit, maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).

Professional appearance: Clean professional uniform, no jewellery, no piercings, hair neatly tied back (fringe secured), closed in footwear, personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant, avoid use of overpowering fragrance), oral hygiene (clean teeth, fresh breath), nails (clean, short, polish-free, good condition and maintained).



Learning outcome 1: Be able to prepare for a body massage treatment (continued)

Professional ethical conduct: Follow health and safety and organisational policies and procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co-operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and competence, engage in and document Continuous Professional Development (CPD) to maintain best practice.

Consultation techniques: Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, visual, manual, questioning, listen, client information reference.

Body analysis:

Physical characteristics – muscle tone, muscle tension, sluggish circulation, for example, cellulite, oedema, postural analysis, hair density, skin classification, skin condition, lax elasticity

Body shapes – ectomorph, mesomorph, endomorph.

Body fat types – Visceral, subcutaneous, body fat distribution.

Skin analysis:

Skin types – Normal (balanced), oily, dry, combination.

Skin conditions – Congested, dehydrated, fragile, hyper/hypo pigmentation, lack lustre, lax elasticity, mature, photo-aged, photo-sensitive, pustular, sensitised, sensitive, vascular.

Skin classification – Fitzpatrick scale, phenotype and genotype, Lancer Scale

The importance of recognising suspicious skin irregularities and lesions and referral to a relevant healthcare professional

Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, health management, uplifting, anti-cellulite, stimulating.

Recommendations to client: Pre-treatment instructions on treatment process, expected physical sensations, expected and adverse reactions/contra-actions, outcomes, further treatments, fees and treatment options, adaptations and modifications, post-treatment advice/aftercare, lifestyle changes to maintain or improve health.

Learning outcome 1: Be able to prepare for a body massage treatment (continued)

Massage mediums: Cream – promotes longer lasting slip, good for clients requiring deeper tissue work or those who do not like oil, can be washed off, oil – for example, plant oils- sweet almond, grapeseed, jojoba, sunflower provide slip, absorbed slowly, oil-free – non-greasy, provide slip, used for clients with naturally oily skin, easily absorbed, can be washed off, powder – for example, corn powder, promote slip and firmer grip of tissues, suitable for clients with excessive hair growth, gel – provide slip, used for clients with naturally oily skin, easily absorbed, wax/balm – promote firmer grip on tissues, good for clients requiring deeper tissue work.

Products, tools and equipment:

Disinfecting fluid, sterilising solution, sanitiser, massage mediums, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, blanket, additional support/props, headband, gown/robe, disposable slippers, tissues, cotton wool, spatulas, bowls, lined waste bin, products, tools and equipment for cleaning, disinfection, sanitisation, sterilisation as appropriate to treatment.

Contra-indications:

Absolute contra-indication – An absolute contra-indication is a condition that prevents the treatment from being carried out and may require referral.

Examples of contra-indications that may prevent treatment (absolute contra-indications) – Deep vein thrombosis, during chemotherapy and radiotherapy, contagious skin disorders – bacterial (impetigo), viral (herpes simplex, herpes zoster), fungal (tinea corporis), cancer, cardiovascular conditions (hypertension, hypotension), diarrhoea/vomiting, haemophilia, medical oedema, osteoporosis, fever, recent operations, psychosis, pregnancy, severe varicose veins, recent head and neck injury, haemorrhage, meningitis, nervous system disorders, undiagnosed lumps/pain, on medication.

Relative contra-indication – A relative contra-indication is a condition that requires an assessment of suitability for the treatment and/or if adaptations are required.

Examples of contra-indications that may restrict treatment (relative contra-indications) – Diabetes, epilepsy, varicose veins, high/low blood pressure, product allergies, skin disorders – bacterial (boils, folliculitis), viral (warts, verruca), fungal (tinea pedis), drugs/alcohol, cuts/abrasions, bruising, swelling, recent scar tissue, eczema/psoriasis, menstruation, hernia, heavy meal, asthma, sunburn, migraine.



Learning outcome 2: Be able to provide a body massage treatment

Knowledge and understanding of the use, benefits and effects of Gyrotory Mechanical Massage (G5): Increased circulation, increased lymph circulation, softening of fatty tissue, stimulation of sensory nerve endings, stimulation of skin function, desquamation, improve areas of cellulite, improved dry skin.

Knowledge and understanding of the use, benefits and effects of pre-heat treatments: Heat pads, electric blanket, infra-red lamp, hot mitts, relaxation of muscle, muscle primed for massage, improves effectiveness of treatment.

Treatment adaptations: Based upon the outcome of the consultation, client requirements/diverse needs, body and skin analysis and the result of any relevant tests – choice of products/massage media, massage techniques – effleurage, petrissage, tapotement, frictions, vibrations, pressure, speed, direction of strokes, rhythm, sequence/flow, coverage, duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment – effects on the multisensory perceptions of the body.

Treatment evaluation: Monitor client wellbeing and skin reaction throughout, review body massage treatment, document client reactions and feedback – short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

Aftercare advice: Post-treatment instructions/recommendations, verbal and written, for immediate aftercare – water intake, rest; avoidance of activities that may cause contra-actions or reduce treatment benefits, contra-actions and how to deal with them, suitable skin care regime and home treatments, postural exercises, lifestyle changes/improvements, for example stress management techniques, deep breathing exercises, healthy eating and fluid intake, further massage treatments and frequency, alternative treatment options, retail products.

Contra-actions: Establish if it is an expected reaction or an unexpected/adverse reaction.

In the case of expected reactions – provide immediate post-treatment after care and advice for homecare, for example increase water intake, rest, get fresh air, avoid strenuous activities immediately following treatment.

In the case of unexpected/adverse reactions – discontinue treatment, take remedial action, record unexpected/adverse reaction, advise on homecare and how to access remedial medical care if required.

Possible expected reactions – Erythema, aching/tenderness, headache, changed sleep patterns, fatigue, thirst, heightened emotions, increased urination.

Possible unexpected/adverse reactions – Hyperaemia, bruising, muscle stiffness, oedema, dizziness, nausea, excessive healing response, for example flu-like symptoms, skin reaction, allergy, allergic reaction to products/massage media.

Learning outcome 2: Be able to provide a body massage treatment (continued)

Examples of legislation and regulations relating to massage:

UK only – London Local Authorities Act requires practitioners of massage to hold a 'Massage and Special Treatments' Licence. Applied at local council level, licences required for massage premises, therapists, mobile therapists, information available from local authority websites and from professional membership associations.

UK and Europe – the EU Cosmetics Directive may also be applicable, depending on the massage mediums used.

The legal requirements for providing treatments to minors and/or vulnerable clients – Parental/ guardian consent and presence during treatment, insurance.

General – this list is not exhaustive and learners and therapists are advised to seek advice from a professional association with regard to regulatory requirements relating to massage.

Possible benefits of massage:

Physical and physiological – improves circulation and lymphatic drainage, improves skin tone/ elasticity, improves muscle tone, reduces muscle fatigue, balances nervous system, improves sleep, aids digestion, boosts immunity.

Psychological – relaxation, stress relief, improved sense of wellbeing, increased energy.

Massage movements: Effleurage, petrissage, tapotement, vibrations, frictions.

Skin structure:

Epidermis – basal cell layer (stratum germinativum), prickle cell layer (stratum spinosum), granular layer (stratum granulosum), clear layer (stratum lucidum), horny layer (stratum corneum).

Dermis – blood and lymph supply, fibroblasts (collagen, elastin), hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands (eccrine and apocrine), sensory nerve endings.

Hypodermis – subcutaneous layer, adipose tissue, adipocytes.

Functions of the skin: Protection, heat regulation, absorption, secretion, elimination, sensation, formation of vitamin D, melanin production, process of keratinisation.

Examples of skin diseases and disorders:

Congenital – eczema, psoriasis.

Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo.

Viral – warts, verruca, herpes simplex (HSV), herpes zoster.

Fungal – tinea (pedis, corporis, unguium).

Infestations – scabies, pediculosis, (capitis, pubis).

Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, port wine stains, dermatosis papulosa nigra (DPN), post inflammatory hyperpigmentation (PIH), melasma.

Skin cancers – basal cell carcinoma, squamous cell carcinoma, malignant melanoma.

Others – pseudo folliculitis barbae, acne keloidalis nuchae (AKN), keratosis pilaris.



Learning outcome 2: Be able to provide a body massage treatment (continued)

Skeletal system structure:

Bone tissue types – compact, cancellous.

Bone cells – osteocytes, osteoblasts, osteoclasts.

Bone types – long (epiphysis, diaphysis, red bone marrow, compact and cancellous tissue, periosteum), short, flat, irregular, sesamoid.

Joints – fixed, slightly moveable, freely moveable (ball and socket, hinge, pivot, gliding, condyloid/saddle).

Appendicular skeleton:

Shoulder girdle – clavicle, scapula.

Upper limb – humerus, radius, ulna, carpals (scaphoid, lunate, triquetral, pisiform, trapezium, trapezoid, capitate, hamate), metacarpals, phalanges.

Pelvic girdle – ilium, ischium, pubis (innominate bones).

Lower limb – femur, patella, tibia, fibula, tarsals (talus, calcaneus, navicular, medial, intermediate and lateral cuneiform, cuboid), metatarsals, phalanges.

Axial skeleton:

Skull – frontal, occipital, parietal, sphenoid, ethmoid, temporal, nasal, zygomatic, maxilla, mandible, lacrimal, turbinate, palatine, vomer, hyoid.

Thoracic – ribs, sternum.

Vertebral column – cervical, thoracic, lumbar, sacrum, coccyx, intervertebral discs.

Skeletal functions: Support, joints, movement, protection, attachment, mineral source, blood cell formation.

Examples of skeletal disorders:

Abnormal spinal curvatures – kyphosis, scoliosis, lordosis, cervical spondylitis.

Fractures – simple, compound, comminuted, greenstick, impacted, complicated.

Examples of skeletal diseases: Gout, osteoarthritis, osteoporosis, Paget's disease, rheumatoid arthritis, rickets, scleroderma, synovitis.

Muscular system structure:

Types – voluntary, involuntary, cardiac.

Muscles of the head, face and neck – Buccinator, corrugator, depressor anguli oris/triangularis, depressor labii inferioris, frontalis, levator anguli oris, levator labii superioris, levator palpebrae, levator scapulae, masseter, mentalis, nasalis, occipitalis, orbicularis oculi, orbicularis oris, platysma, procerus, pterygoids, risorius, sternocleido mastoid, temporalis, zygomaticus.

Muscles of the anterior trunk – Iliopsoas (iliacus and psoas), internal and external intercostals, internal and external obliques, pectoralis major/minor, rectus abdominis, serratus anterior, transversus abdominis.

Muscles of the posterior trunk – Deltoid, erector spinae, gluteal group (maximus, medius, minimus), infraspinatus, latissimus dorsi, quadratus lumborum, rhomboids, splenius capitis, subscapularis, supraspinatus, teres major, teres minor, trapezius.

Learning outcome 2: Be able to provide a body massage treatment (continued)

Muscles of the upper limb – Biceps, brachialis, brachioradialis, coracobrachialis, deltoid, extensor carpi digitorum, extensor carpi radialis, extensor carpi ulnaris, flexor carpi digitorum, flexor carpi radialis, flexor carpi ulnaris, pronator teres, supinator radii brevis, triceps.

Muscles of the lower limb – Adductors (longus, magnus, brevis), extensor digitorum longus, fibularis (peroneus) longus, flexor digitorum longus, flexor hallucis longus, gastrocnemius, gracilis, hamstrings (biceps femoris, semitendinosus, semimembranosus), piriformis, quadriceps (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius), sartorius, soleus, tensor fascia latae, tibialis anterior, tibialis posterior.

Muscle functions: Contraction, relaxation, attachment, heat production, movement (flexion, extension, abduction, adduction, supination, pronation, rotation, circumduction, inversion, eversion, plantar flexion, dorsiflexion), posture, tone.

Examples of muscular diseases and disorders: Adhesions, atony, atrophy, bursitis, cramp, fatigue, fibromyalgia, fibrositis, frozen shoulder, muscular dystrophy, myositis, Repetitive Strain Injury (RSI), rupture, shin splints, spasm, sprain, strain, tendonitis, tetanus, torticollis, whiplash.

Cardiovascular system structure:

Heart – wall (endocardium, myocardium, pericardium), aorta, atria, bicuspid (mitral) valve, chordae tendineae, inferior and superior vena cava, papillary muscles, pulmonary artery, pulmonary vein, semilunar valves (aortic and pulmonary), septum, tricuspid valve, ventricles.

Blood vessels – arteries, arterioles, veins, venules, capillaries.

Circulation – pulmonary, portal, coronary, systemic.

Major arteries of the head and neck – carotid, facial, occipital, temporal.

Major veins of the head and neck – jugular, occipital, temporal, maxillary, facial.

Major arteries of the body – aorta, descending aorta, subclavian, carotid, pulmonary, hepatic, splenic, renal, mesenteric, iliac, vertebral, axillary, brachial, ulnar, radial, palmar arch, femoral, popliteal, anterior tibial, posterior tibial, plantar arch.

Major veins of the body – vena cava (inferior and superior), pulmonary, hepatic, splenic, renal, iliac, axillary, brachial, basilic, cephalic, subclavian, saphenous (long and short), venous arch, femoral, popliteal, posterior tibial, anterior tibial.

Blood – plasma, leucocytes (granulocytes and agranulocytes), erythrocytes, thrombocytes.

Cardiovascular functions: Transport, defence, clotting, temperature regulation and homeostasis.



Learning outcome 2: Be able to provide a body massage treatment (continued)

Examples of cardiovascular disorders

and diseases: Anaemia, aneurysm, angina, arrhythmias, arteriosclerosis, atherosclerosis, congenital heart disease, deep vein thrombosis, gangrene, haemophilia, hematoma, blood borne diseases, for example, hepatitis, high cholesterol, hypertension, hypotension, leukaemia, myocardial infarction, palpitations, phlebitis, pulmonary embolism, Raynaud's syndrome, septicaemia, sickle cell anaemia, stroke, thrombosis, varicose veins.

Lymphatic system structure: Lymph, lymphatic capillaries, lymphatic vessels, lymph nodes, lymphatic trunks, lymphatic ducts (thoracic and right lymphatic duct), subclavian veins, nodes (axillary, cervical – superficial and deep, inguinal, intestinal, occipital, popliteal, post-auricular, parotid, supratrochlear), appendix, Peyer's patches, spleen, tonsils, thymus.

Lymphatic functions: Subsidiary circulation (lymph formation), immunity, return of lost plasma proteins to the blood, transport dietary lipids.

Examples of lymphatic disorders and diseases: Oedema, Hodgkin's disease, non-Hodgkin's lymphoma, lupus, cellulite, glandular fever, lymphadenitis.

Nervous system structure:

Central Nervous System (CNS) – brain, spinal cord, white matter, grey matter, meninges (pia mater, arachnoid mater, subarachnoid space, dura mater), cerebrospinal fluid, bloodbrain barrier, cerebrum, cerebellum, thalamus, hypothalamus.

Brain stem – midbrain, pons varolii, medulla oblongata.

Peripheral Nervous System (PNS) – spinal nerves (31 pairs), spinal nerve plexus (cervical, brachial, lumbar, sacral, coccygeal), cranial nerves (12 pairs).

Autonomic Nervous System (ANS) – sympathetic and parasympathetic divisions.

Cells – neuroglia (Schwann cells, oligodendrocytes, astrocytes, microglia), neurones (sensory, motor, interneuron, dendrite, cell body, axon, axon end terminals, neurotransmitters, myelin sheath, nodes of Ranvier, neurilemma). Reflex arc, synapse, motor point.

Nervous functions – sense internal/external stimuli, interpret and respond to stimuli, maintain homeostasis, programming, instinctual behaviour, assimilation, memory, learning, intelligence.

Examples of nervous disorders and diseases: Bell's palsy, carpal tunnel syndrome, cerebral palsy, depression, epilepsy, meningitis, migraine, multiple sclerosis, neuritis, Parkinson's disease, sciatica.

Learning outcome 2: Be able to provide a body massage treatment (continued)

Digestive system structure:

Tract – alimentary canal (inner mucosa, submucosa, muscle layer, serous membrane), mouth, salivary glands, tongue, teeth, pharynx, oesophagus, stomach, small intestine (duodenum, jejunum, ileum), large intestine (caecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum, anus), liver, gall bladder, pancreas.

Secretions – saliva, gastric juice, bile, pancreatic juice, intestinal juice, enzymes (salivary amylase, pepsin, trypsin, pancreatic amylase, pancreatic lipase, intestinal amylase, intestinal lipase, intestinal peptidases, maltase, sucrase, lactase), hormones (gastrin).

Digestive functions: Ingestion, digestion (carbohydrates, proteins, fats, vitamins, minerals, fibre, water), absorption, assimilation, elimination, peristalsis.

Examples of digestive disorders and diseases: Anorexia nervosa, appendicitis, bulimia nervosa, Crohn's disease, cirrhosis, colorectal cancer, constipation, diarrhoea, diverticulitis, gall stones, haemorrhoids, heartburn, hepatitis A, hernia, inflammatory bowel disease, irritable bowel syndrome, jaundice, ulcer.

Urinary system structure: Kidneys (cortex, medulla, renal pyramids, calyx, nephron, hilus, renal artery, renal vein), ureters, bladder, urethra.

Urinary functions: Blood filtration, urine formation, waste elimination, fluid balance regulation.

Examples of urinary disorders and

diseases: Urinary tract infections, cystitis, nephritis, kidney stones (renal calculi), renal colic.

Endocrine system structure: Glands and hormones – hypothalamus, pituitary (oxytocin, vasopressin, growth hormone, adrenocorticotrophic hormone, luteinising hormone, follicle stimulating hormone, prolactin, melanin stimulating hormone), pineal (melatonin/serotonin), thyroid (triiodothyronine, thyroxine, calcitonin), parathyroids (parathormone), thymus (thymosin), pancreas – islets of Langerhans (insulin, glucagon), adrenal cortex (glucocorticoids, mineralocorticoids, androgens), adrenal medulla (adrenalin, noradrenalin), ovaries (oestrogen, progesterone), testes (testosterone).

Endocrine functions: Hormone secretion, communication, maintaining homeostasis.

Examples of endocrine disorders and diseases: Acromegaly, Addison's disease, amenorrhoea, congenital hyperthyroidism, Cushing's syndrome, diabetes – type 1 and 2, gigantism, Graves' disease, gynaecomastia, hirsutism, myxedema, polycystic ovarian syndrome, seasonal affective disorders (SAD), restricted growth (dwarfism), virilism.

UV30410

Explore the origins of massage and principles of complementary and alternative medicine

In this unit you will learn about the differences and principles of complementary, alternative and allopathic (conventional) medicine. This theoretical unit will provide you with an understanding of government guidelines, self-regulation and the integrated approach to healthcare and wellbeing.

Level

3

Credit value

7

GLH

60

Observation(s)

0

External paper(s)

0



Explore the origins of massage and principles of complementary and alternative medicine



Learning outcomes

On completion of this unit you will:

1. Be able to understand the development and diversity of massage
2. Be able to distinguish the popularity, scope and availability of complementary and alternative medicine in your local area
3. Be able to understand the differences between complementary, alternative and allopathic medicine
4. Be able to understand the progression routes when working in complementary and alternative medicine

Evidence requirements

1. Knowledge outcomes

There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.

2. Tutor/Assessor guidance

You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit.

3. External paper

There is no external paper requirement for this unit.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

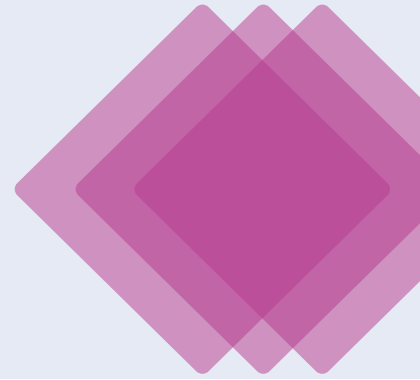
When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.



Knowledge



Learning outcome 1

Be able to understand the development and diversity of massage

You can:	Portfolio reference/ Assessor initials*
a. Explain the origins of massage	
b. Explain the development of the different forms of massage	

*Assessor initials to be inserted if orally questioned.



Learning outcome 2

Be able to distinguish the popularity, scope and availability of complementary and alternative medicine in your local area

You can:	Portfolio reference/ Assessor initials*
a. Implement a market analysis to ascertain the popularity, scope and availability of complementary and alternative medicine	
b. Describe the importance of analysing data collected from market analysis	

*Assessor initials to be inserted if orally questioned.

Learning outcome 3

Be able to understand the differences between complementary, alternative and allopathic medicine

You can:	Portfolio reference/ Assessor initials*
a. Interpret the terms complementary, alternative and allopathic medicine	
b. Explain the concepts of complementary and alternative medicine compared to allopathic medicine	
c. Critically compare the differences between complementary, alternative and allopathic medicine	
d. Explain the importance of government guidelines in relation to education, training and regulation of complementary and alternative medicine	

*Assessor initials to be inserted if orally questioned.

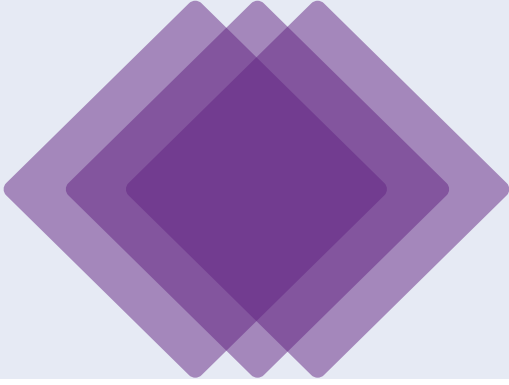


Learning outcome 4

Be able to understand the progression routes when working in complementary and alternative medicine

You can:	Portfolio reference/ Assessor initials*
a. Review training and career pathways in the complementary and alternative medicine field	
b. Explain the importance of identifying related sectors in terms of further career progression	

*Assessor initials to be inserted if orally questioned.



Notes

Use this area for notes and diagrams.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to understand the development and diversity of massage

The origins of massage (VTCT recommends the study of one of the sections below):

Body massage – history and development of massage therapy, China (3000 BC), Japanese shiatsu, Indian ayurvedic medicine, Greeks, Romans, modern Swedish pioneer (Henrik Ling, physiotherapy), ongoing research and development of massage techniques.

Aromatherapy – history and development of aromatherapy, Egyptians, Greeks, Romans, Chinese, Indians, herbal and other influences (for example, Culpeper Gerard, naturopathy, the influence of allopathic medicine, First World War and Professor Gattefosse, Jean Valnet, Marguerite Maury, modern pioneers such as Eve Taylor OBE, Robert Tisserand), ongoing research and developments.

Reflexology – history and development of reflex zone therapy and reflexology, Chinese influence, American Indians, Sir Henry Head, Sir Charles Sherrington, Dr William Fitzgerald, Edwin Bowers, Joseph Riley, Joseph Corvo, Eunice Ingham, Dwight Byers, Doreen Bayly, Hanne Marquardt, ongoing research and developments.

The development of different forms of massage and therapies (VTCT recommends the study of three of the below): Acupressure, amatsu therapy, aromatherapy massage, craniosacral therapy, deep tissue massage, holistic massage, Indian head massage, Lomi Lomi/Hawaiian massage, lymphatic drainage massage, myofascial release therapy,

neuromuscular technique (NMT), oncology massage, reflexology, remedial/therapeutic massage, pregnancy massage, seated massage, shiatsu, sports massage, stone therapy, Swedish massage, Thai massage, trigger point therapy, tui na.

Types of complementary and alternative medicine (VTCT recommends the study of three of the below): Acupuncture, Alexander technique, allergy testing, art therapy, auricular acupuncture, autogenic training, ayurvedic medicine, bee venom therapy, Bowen technique, chelation therapy, chiropractic, colonic hydrotherapy, colour therapy, counselling, craniosacral therapy, crystal therapy, dream therapy, flower essence therapy, herbal medicine, homeopathy, hydrotherapy, hypnotherapy, iridology, juice therapy, kinesiology, light therapy, light touch therapy, magnotherapy, marma therapy, microwave resonance therapy, mindfulness based stress reduction, music therapy, naturopathy, Neurolinguistic Programming (NLP), Neuroskeletal Realignment Therapy (NRT), nutritional therapy, osteopathy, oxygen therapy, panchakarma therapy, reiki, spiritual healing, structural integration therapy/Rolfing, subtle energy/vibrational therapies, Tai Chi, tens therapy, therapeutic touch, Traditional Chinese Medicine (TCM), transcendental meditation/meditation, vertical reflex therapy, watsu, yoga. This list is not limited, as the classification of complementary and alternative therapies/medicine is constantly evolving.

Learning outcome 2: Be able to distinguish the popularity, scope and availability of complementary and alternative medicine in your local area

Market analysis to ascertain the popularity, scope and availability of complementary and alternative medicine (VTCT recommends the use of one method of research):

Define and evaluate market placement, provide information regarding future trends, identify customer needs and requirements, discover what potential clients think of the business and available therapies, provide an evaluation of advertising and promotional strategies and their content, reveal opportunities for business development and improved competitiveness, discover opportunities for increasing profit.

Desk research: Internet, social media, creation of own online surveys, sector/published surveys, professional associations, professional journals, trade magazines and other publications, industry information, public library searches, press clippings, books.

Field research: Telephone research, written questionnaires, street interviewing, face to face interviewing, treatment/therapy/product tests, consumer panels, focus groups.

Data collected from market analysis: Competitors and current business landscape, viability of the project, objectives, budget forecast, start-up costs, set-up phase, for example, hiring consultants/advisors, preparing questionnaires, samples, purchasing mailing lists, reporting, and reference document to support any banking applications or for investors, business plans.

Learning outcome 3: Be able to understand the differences between complementary, alternative and allopathic medicine

Complementary and alternative therapies:

The Greek term Holos, the concept of the holistic approach to care, supporting the person as a whole – physical, emotional and spiritual needs. Complementary and Alternative Medicine (CAM), use of a non-mainstream therapy alongside conventional medical treatments prescribed by client's doctor – considered complementary. Use of a non-mainstream therapy instead of conventional medical treatment – considered alternative.

Definition of allopathic medicine – refers to the broad category of medical practice that is sometimes called Western medicine, biomedicine, scientific medicine, or orthodox/modern/conventional medicine, the separation of healing the mind and body from the spiritual aspects of health, medical search for physical causes of ailments and treat acute situations.

Features of complementary/alternative therapies: Homeostasis/equilibrium, homeodynamics, placebo effect.

Concept of balance and harmony in the body and how this may be achieved using the following (VTCT recommends the study of three of the below):

Acupressure, acupuncture, Alexander technique, ayurvedic medicine, Bowen technique, chiropractic, craniosacral therapy, crystal therapy, homeopathy, hydrotherapy, hypnotherapy, Indian head massage, iridology, kinesiology, Lomi Lomi/Hawaiian massage, lymphatic drainage massage, mindfulness based stress reduction, Neuromuscular Technique (NMT), Neurolinguistic Programming (NLP), Neuroskeletal Re-alignment Therapy (NRT), osteopathy, reflexology, reiki, remedial and therapeutic massage, spiritual healing, shiatsu, sports massage, stone therapy, subtle energy/vibrational therapies, Thai massage, therapeutic touch, vertical reflex therapy, Traditional Chinese Medicine (TCM), yoga.

Definition of stress: Any factor that can affect mental or physical health, the body's response to physical, mental or emotional pressure, short and long term effects.

Comparisons between complementary and alternative medicine and allopathic medicine: Differences/similarities, methodology of research/study, availability, choice, personal beliefs, cost, benefits and effects (including side effects).



Learning outcome 3: Be able to understand the differences between complementary, alternative and allopathic medicine

The importance of government guidelines in relation to education, training and regulation of complementary and alternative medicine (VTCT recommends that you should gain an awareness of legislations applicable to your area from the list below):

Regulated therapy qualifications (VTCT), National Occupational Standards(NOS)/professional standards, codes of ethics, professional practice and insurance – professional associations/ membership bodies, voluntary regulation – Complementary and Natural Healthcare Council (CNHC), accredited registers- Professional Standards Authority (PSA), statutory regulation- Health Professions Council (HPC), EU Directive on Traditional Herbal Medicinal Products, Medicines and Health Care products Regulatory Agency (MHRA) guidelines on aromatherapy, London Local Authorities regulations (massage and special treatments licence), House of Lords, Science and Technology (Sixth report, 21 November 2000 on CAM), Department of Health report on CAM, World Health Organisation Traditional Medicine Strategy 2014-2023.

Learning outcome 4: Be able to understand the progression routes when working in complementary and alternative medicine

Examples of training and career pathways in complementary and alternative

medicine: VTCT regulated qualifications – progression routes, Continuing Professional Development (CPD), professional association membership, employment (spas, salons, cruise liners, sports and events massage, complementary therapy clinics, sports rehabilitation, physiotherapy, health care centres, hospice and palliative care centres, chronic health care centres and support groups), self-employment.

Further career progression: CPD – required by professional associations, may be obtained by attending lectures at exhibitions/conferences organised throughout the year, additional training courses/workshops or contribution to research or published articles.

UV30475

Apply stone therapy massage

This unit is about providing hot and cold stone therapy treatments. It covers both massage and the placing of stones on the head, face and body. The ability to adapt stone therapy treatments to individual client needs is also a requirement.

Level

3

Credit value

9

GLH

75

Observation(s)

4

External paper(s)

2



Apply stone therapy massage



Learning outcomes

On completion of this unit you will:

1. Be able to prepare for stone therapy massage services
2. Be able to carry out stone therapy massage

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Simulation**
Simulation is not allowed in this unit.
3. **Observation outcomes**
Competent performance of Observation outcomes must be demonstrated on at **least four occasions**.
4. **Range**
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
6. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes and ranges in this unit. All outcomes and ranges must be achieved.
7. **External paper**
Knowledge and understanding in this unit will be assessed by an external paper. There are **two external papers** that must be achieved. The criteria that make up the paper are highlighted throughout this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of observations required is indicated in the evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through oral questioning.

Your assessor will sign off an outcome when all criteria have been competently achieved in a single client service.

Achieving range

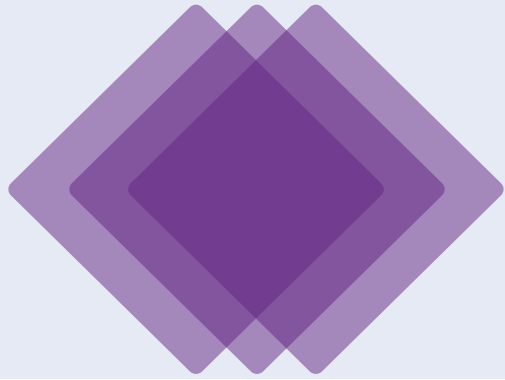
The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.

Maximum service times

The following maximum service times apply to this unit:

Full body stone therapy treatment
– 75 minutes (including the face)



Observations

Learning outcome 1

Be able to prepare for stone therapy massage services

You can:

- a. Prepare yourself, the client and work area for stone therapy massage
- b. Use suitable consultation techniques to identify treatment objectives
- c. Carry out body analysis and relevant tests
- d. Provide clear recommendations to the client
- e. Select products, tools and equipment to suit client treatment needs

*May be assessed through oral questioning.

Observation	1	2	3	4	Optional
Date achieved					
Criteria questioned orally					
Portfolio reference					
Assessor initials					
Learner signature					



Learning outcome 2

Be able to carry out stone therapy massage

You can:

- a. Communicate and behave in a professional manner
- b. Follow health and safety working practices
- c. Position yourself and the client correctly throughout the treatment
- d. Use products, tools, equipment and techniques to suit client treatment needs
- e. Complete the treatment to the satisfaction of the client
- f. Evaluate the results of the treatment
- g. Provide suitable aftercare advice

*May be assessed through oral questioning.

Observation	1	2	3	4	Optional
Date achieved					
Criteria questioned orally					
Portfolio reference					
Assessor initials					
Learner signature					

Range

*You must practically demonstrate that you have:

Used all consultation techniques	Portfolio reference
Questioning	
Visual	
Manual	
Reference to client records	

Dealt with a minimum of 1 necessary action	Portfolio reference
Encouraging the client to seek medical advice	
Explaining why treatment cannot be carried out	
Modifying the treatment	

Used all types of equipment	Portfolio reference
Professional stone heater	
Stones	
Accessories	
Cooling systems	

Dealt with all client physical characteristics	Portfolio reference
Posture	
Muscle tone	
Muscle tension	
Sluggish circulation	
Skin classification	
Skin condition	
Lax elasticity	
Hair density	



***You must practically demonstrate that you have:**

Met all treatment objectives	Portfolio reference
Relaxing	
Balancing	
Uplifting	
Sense of wellbeing	
Local decongestion	
Relief from muscular tension	

Used a minimum of 3 out of 4 types of stones	Portfolio reference
Basalt	
Marine	
Marble	
Semi-precious stones	

Used all stone therapy techniques	Portfolio reference
Rotation of stones	
Alternation of hot and cold stones	
Use of hot stones only	
Use of cold stones only	
Combination of stone types and sizes	
Temperature management	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

***You must practically demonstrate that you have:**

Covered all treatment areas	Portfolio reference
Face	
Head	
Neck, chest and shoulders	
Arms and hands	
Abdomen	
Back	
Legs and feet	

Used all treatment techniques	Portfolio reference
Effleurage	
Petrissage	
Friction	
Tapotement	
Pressure point	
Lymphatic drainage	
Placement	
Trigger point	
Tapping	
Tucking	

Given all types of advice/instructions	Portfolio reference
The individual and practitioner's legal rights and responsibilities	
Pre and post-treatment instructions and care	
Restrictions and associated risks – avoidance of activities which may cause contra-actions	
Future treatment needs	

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.

Achieving the external paper

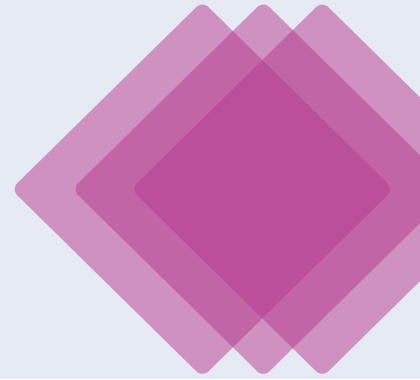
The external paper will test your knowledge of the criteria highlighted. A **pass mark of 70%** must be achieved.

Your assessor will complete the following table when the 70% pass mark has been achieved.

Paper	Date achieved	Assessor initials
1 of 2		
2 of 2		



Knowledge



Learning outcome 1

Be able to prepare for stone therapy massage services

You can:	Portfolio reference/ Assessor initials*
f. Describe salon requirements for preparing yourself, the client and work area	
g. Describe the environmental conditions suitable for stone therapy massage	
h. Describe the different consultation techniques used to identify treatment objectives	
i. Explain the importance of carrying out a detailed body analysis and relevant tests	
j. Describe how to select products, tools and equipment to suit client treatment needs	
k. Explain the contra-indications that prevent or restrict stone therapy massage	
l. Describe the types of stones, their properties and uses	
m. Describe the historical and cultural background for stone therapy massage	
n. Describe how stones should be stored	

*Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.

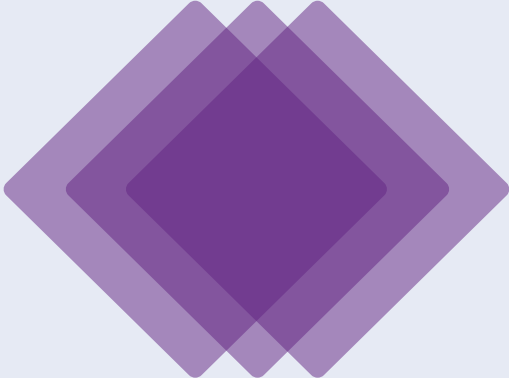
Learning outcome 2

Be able to carry out stone therapy massage

You can:	Portfolio reference/ Assessor initials*
h. Explain how to communicate and behave in a professional manner	
i. Describe health and safety working practices	
j. Explain the importance of positioning yourself and the client correctly throughout the treatment	
k. Explain the importance of using products, tools, equipment and techniques to suit client treatment needs	
l. Describe how treatments can be adapted to suit client treatment needs	
m. State the contra-actions that may occur during and following treatments and how to respond	
n. Explain the importance of completing the treatment to the satisfaction of the client	
o. Explain the importance of completing treatment records	
p. Describe the methods of evaluating the effectiveness of the treatment	
q. Describe the aftercare advice that should be provided	
r. Describe the structure, function, position and action of the muscles of the body	
s. Describe the location, function and structure of the bones of the body	
t. Describe the structure and function of the circulatory and lymphatic systems for the body	
u. Describe the physical and psychological effects of hot and cold stone therapy	

*Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.



Notes

Use this area for notes and diagrams.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to prepare for stone therapy massage services

Management of health and safety at work:

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to trolleys and equipment, clean/disinfect/sanitise/sterilise work areas/surfaces, equipment and tools as appropriate, no smoking/vaping, eating, drinking or drugs.

Infection Prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene – hand-washing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of working environment and treatment resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Personal protective equipment (PPE): use appropriate personal protective equipment for self and client, for example, the use of gloves when using cleaning chemicals.

Client preparation and care: preparing for and performing a treatment taking into account any specific requirements and diverse needs the client may have, for example, culture, religion, health conditions, working in accordance with current equality legislation.

Electricity at work – checking/visual check of equipment, no trailing wires, portable appliance testing.

Manual handling – Moving stock, lifting, working at heights, unpacking, posture, deportment, balance weight, protect back, prevent slouching, avoid straining or overreaching.

Towels – Wash regularly and efficiently, use fresh towels for every client, place dirty towels in covered bin.

Equipment – Follow organisational/manufacturer's/supplier's instructions for safe use, only used for intended purpose, usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance, portable appliance testing, records.

Liability insurance – Employers, public, professional indemnity.

Reporting of injuries, diseases and dangerous occurrences – Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.

Learning outcome 1: Be able to prepare for stone therapy massage services (continued)

Regulations: Working in accordance with current health and safety legislation: Health and Safety at Work Act, Management of Health and Safety at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Health and Safety (First Aid) Regulations, Manual Handling Operations, Control of Substances Hazardous to Health (COSHH), Personal Protective Equipment (PPE) Regulations, Electricity at Work Regulations, Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations, Equality Act, Data Protection Act (UK General Data Protection Regulations (GDPR)), Environmental Protection Act.

Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.

Hazards: Require immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.

Reasons for risk assessment: Staff, visitor, client health and safety, minimise hazards and risks, maintain safe environment, requirement of legislation.

Examples of legislation and regulations relating to massage:

UK Only – London Local Authorities Act requires practitioners of massage to hold a 'Massage and Special Treatments' license. Applied at local council level, licences required for massage premises, therapists, mobile therapists, information available from local authority websites and from professional membership association.

UK and Europe – The EU Cosmetics Directive may also be applicable, depending on the massage mediums used.

The legal requirements for providing treatments to minors and/or vulnerable clients – Parental/guardian consent and presence during treatment, insurance.

This list is not exhaustive and learners and therapists are advised to seek advice from a professional association with regard to regulatory requirements relating to massage.

Hygiene:

General – Clean/disinfect work area/surfaces, clean/sterilise/sanitise tools and equipment, fresh towels for each client, place dirty towels in covered bin, dispense products with a spatula, pump or spray, use disposables as appropriate to treatment, no smoking/vaping, maintain personal hygiene, replace loose lids (uncapped bottles and pots) sanitise therapist's hands before, during and after treatments.

Disposal of waste – Lined waste bin, organisational policies and procedures for disposal of waste – non-hazardous, clinical, sharps, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturer's instructions.

Learning outcome 1: Be able to prepare for stone therapy massage services (continued)

Environmental working practices:

Effective and energy efficient working practices, for example lighting, heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for client and employees, water conservation, environmental waste management.

Sustainable working practices: For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposable and single use items, record product usage, paper-free appointment systems and pricelists.

Therapist health and wellbeing:

Maintain correct posture when performing treatment, sitting, lifting and carrying, use working methods to avoid work related injuries, for example, Repetitive Strain Injury (RSI), perform regular hand exercises, maintain correct standing posture, even weight distribution, ensure own positioning delivers appropriate techniques, prevents injury, promotes optimum results, allows for visual checks, maintain appropriate space between client and self. Regular water/rest breaks to prevent dehydration and fatigue. Prevent contact dermatitis – wear gloves when using chemicals, wash and dry hands regularly and use moisturiser/barrier cream as appropriate.

Work area: Prepare in accordance with organisational requirements and health and safety standards, clean and hygienic – clean/disinfect/sanitise/sterilise work area, tools and equipment, sufficient ventilation,

appropriate room temperature, lighting, ambience, music, hygienic set up of couch and trolley, effective, ergonomic positioning of necessary products, tools and equipment to allow for ease of access, movement and safe practice, preparation of props for client support.

Client preparation: Consult with client, perform any necessary pre-treatment tests, provide modesty robe/gown, advise client on clothing to remove/keep on, ensure client positioned correctly and comfortably, respect privacy and modesty.

Communication:

Verbal – Speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning related to treatment.

Non-verbal – Eye contact, body language, listening.

Written – Electronic, digital or paper-based, clear and concise, attention to spelling, grammar and presentation of written information.

Visual aids – As appropriate to treatment, photographs, digital media, magazines and images can assist the client's understanding.

Adapting and tailoring approaches for different clients – for example, new and existing clients, according to age, health conditions.

Clarification – Checking client understanding of proposed treatment and expected outcomes, checking client's comfort and wellbeing throughout the treatment.



Learning outcome 1: Be able to prepare for stone therapy massage services (continued)

Record keeping: Accurate appointment systems, stationery, loyalty rewards, acknowledgement of occasions, consultation record keeping, refer to existing records, ensure information is concise, accurate and in logical order (name, address, contact details, age range, lifestyle profile – work status, medical history, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests, current skincare regime, treatment requirements, client preferences and expectations, body and skin analysis, adaptations and modifications, recommendations, treatment plan including products, expected outcomes, alternative treatment options, client informed consent and signature), update record at the end of the treatment, update at each visit, maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).

Professional appearance: Clean professional uniform, closed in footwear, no jewellery, no piercings, hair (neatly tied back, fringe secured), personal hygiene and cleanliness (shower/ bath, cover cuts and abrasions, deodorant or antiperspirant, avoid use of overpowering fragrance), oral hygiene (clean teeth, fresh breath), nails (clean, short, polish-free, good condition and maintained).

Professional ethical conduct: Follow health and safety and organisational policies and procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co-operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and competence, engage in and document Continuous Professional Development (CPD) to maintain best practice.

Consultation techniques: Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, visual, questioning, listen, client information reference.

Body analysis: Physical characteristics, muscle tone, sluggish circulation, for example, cellulite, oedema, postural analysis, hair density, skin classification, skin condition, lax elasticity, temperature sensitivity.

Relevant tests:

Thermal test – assessing client sensitivity to temperature through use of hot and cold stimuli.

Tactile test – assessing client reactions to soft and sharp stimuli to ascertain range of sensation.

Patch testing – conducted to ascertain suitability of products and sensitivity of the client.

Learning outcome 1: Be able to prepare for stone therapy massage services (continued)

Geo-thermotherapy/Thermotherapy:

Alternate use of heated and cooled stones, therapeutic values of both temperatures, muscle conditions, therapeutic value of oils used, effects of cool and warm temperatures on the body/vascular system/main body systems, physical effect of temperature on the body, sensitivity to temperature/reaction to temperature, response to oils, energy of temperature, physical response to heat, physical response to cold temperatures on the body, emotional response of temperature, Ying Yang of temperature, Ying Yang of basalt/marble, duration of response short term/long term response, duration of treatment, process of treatment/treatment sequence, distribution of temperature, stone technique, increase/decrease temperature both hot and cold, length and duration, isolated/specific work, related/antagonistic, injury/healing.

Contra-indications:

Absolute contra-indication – An absolute contra-indication is a condition that prevents the treatment from being carried out and may require referral.

Examples of contra-indications that may prevent treatment (absolute contra-indications) – contagious skin disorders – bacterial (impetigo), viral (herpes simplex, herpes zoster), fungal (tinea corporis), allergies (skin), during chemotherapy or radiotherapy, cardiovascular conditions (hypertension, hypotension, deep vein thrombosis), pregnancy, diabetes (loss of skin sensitivity), severe varicose veins, clinical obesity.

Relative contra-indication – A relative contra-indication is a condition that requires an assessment of suitability for the treatment and/or if adaptations are required.

Examples of contra-indications that may restrict treatment (relative contra-indications) – cuts/abrasions, diabetes, epilepsy, menstruation, hernia, heavy meal, neck problems, varicose veins, asthma, sunburn, migraine, excessive erythema.

Contra-actions: Establish if it is an expected reaction or an unexpected/adverse reaction.

In the case of expected reactions – provide immediate post-treatment after care and advice for homecare, for example increase water intake, rest, get fresh air, avoid strenuous activities immediately following treatment.

In the case of unexpected/adverse reactions – discontinue treatment, take remedial action, record unexpected/adverse reaction, advise on homecare and how to access remedial medical care if required.

Examples of possible expected reactions – Erythema, thirst, increased urination.

Examples of possible unexpected/adverse reactions – Reaction to extremes of temperature, hyperaemia, bruising, swelling, allergic reaction, temperature sensitivity, excessive healing response.



Learning outcome 1: Be able to prepare for stone therapy massage services (continued)

Treatment area: Towels, sheets, pillowcases, pillows, linens, room temperature (heating, lighting, positioning of massage couch, dressing of towels, pillow support for client, quiet room, ventilation, and privacy, treatment environment – effects on the multisensory perceptions of the body.

Stones: Basalt, marble, marine, semi-precious, energetic and vibrational properties, geological origins, formation process, hardness, smoothness, shape, size, weight, orientation, conversion to massage strokes, density, temperature deliverance and transference.

Cultural origins of stone massage: Cultural use of stones, historical use of stones, stones for healing, stones for worship, Inyan Pejuta – Native American Indian practice, seven sister ceremony, Mary Nelson, current day.

Learning outcome 2: Be able to carry out stone therapy massage

Treatment techniques (process of collection, delivery and return of stones to heater/cooler): Placement and removal of stones to and from water heater during treatment, selection of stones, shapes, placement and removal of stones to and from the cooler during treatment, selection of stones, shapes, use of spoon, safe handling of warm stones, delivery of fresh warm stones to client, delivery of fresh cool stones to client, technique of moving stones over body, delivering treatment requirements with stones, deep work, light work.

Treatment techniques (stone massage therapy): Effleurage, petrissage, friction, tapotement, pressure point, lymphatic drainage, tucking, tapping, trigger point, placement, chakra point placement, kneading, deep tissue, muscle stripping, facial work, speed and pressure, removal, storage, stone selection.

Treatment techniques (client communication during treatment): Balance of position on couch, safety of position on couch, ergonomics of body, posture, sitting up and lying down whilst supporting body in process, turning over mid-treatment, protection of physical body through posture/handling, frequent temperature and pressure checks, feedback, response, immediate, delayed, skin, muscle response, relaxation, invigoration.

Treatment adaptations: Based upon the outcome of the consultation, client requirements/diverse needs, body and skin analysis and the result of any relevant tests – choice of products/massage media, massage techniques, selection and use of stones – basalt, marine, marble, semi-precious, stone temperature, pressure, use of stones for static or constant movement, direction of strokes, rhythm, sequence/flow, coverage, duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment – effects on the multisensory perceptions of the body.

Treatment evaluation: Monitor client wellbeing and skin reaction throughout, review stone therapy massage treatment, document client reactions and feedback – short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

Aftercare advice: Post-treatment instructions/recommendations, verbal and written, for immediate aftercare – water intake, rest; avoidance of activities that may cause contra-actions or reduce treatment benefits, contra-actions and how to deal with them, suitable skin care regime and home treatments, healthy eating and fluid intake, postural exercises, lifestyle changes/improvements, for example stress management techniques, deep breathing exercises, further stone therapy massage treatments and frequency, alternative treatment options, retail products.



Learning outcome 2: Be able to carry out stone therapy massage (continued)

Physical and Physiological effects of stone therapy massage:

Increased circulation, warm tissues, stimulation of skin increasing cellular function, desquamation, increased sebaceous secretions, increased lymphatic flow, stimulate nerve endings, breakdown of fatty tissue, relax tense muscles.

Psychological effects of stone therapy massage: Relaxation, relief from tension and stress, sense of wellbeing, invigorating.

Skin structure:

Epidermis – basal cell layer (stratum germinativum), prickle cell layer (stratum spinosum), granular layer (stratum granulosum), clear layer (stratum lucidum), horny layer (stratum corneum).

Dermis – blood and lymph supply, fibroblasts (collagen, elastin), hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands (eccrine and apocrine), sensory nerve endings.

Hypodermis – subcutaneous layer, adipose tissue, adipocytes.

Functions of the skin: Protection, heat regulation, absorption, secretion, elimination, sensation, formation of vitamin D, melanin production, process of keratinisation.

Skin conditions – Congested, dehydrated, fragile, hyper/hypo pigmentation, lack lustre, lax elasticity, mature, photo-aged, photo-sensitive, pustular, sensitised, sensitive, vascular.

Skin classification – Fitzpatrick scale, phenotype and genotype, Lancer Scale.

Examples of skin diseases and disorders:

Congenital – eczema, psoriasis.

Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo.

Viral – warts, verruca, herpes simplex (HSV), herpes zoster.

Fungal – tinea (pedis, corporis, unguium).

Infestations – scabies, pediculosis, (capitis, pubis).

Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, port wine stains, dermatosis papulosa nigra (DPN), post inflammatory hyperpigmentation (PIH), melasma.

Skin cancers – basal cell carcinoma, squamous cell carcinoma, malignant melanoma.

Others – pseudo folliculitis barbae, acne keloidalis nuchae (AKN), keratosis pilaris.

Bones:

Skeletal system structure:

Bone tissue types – compact, cancellous.

Bone cells – osteocytes, osteoblasts, osteoclasts.

Bone types – long (epiphysis, diaphysis, red bone marrow, compact and cancellous tissue, periosteum), short, flat, irregular, sesamoid.

Joints – fixed, slightly moveable, freely moveable (ball and socket, hinge, pivot, gliding, condyloid/saddle).

Learning outcome 2: Be able to carry out stone therapy massage (continued)

Appendicular skeleton:

Shoulder girdle – clavicle, scapula.

Upper limb – humerus, radius, ulna, carpals (scaphoid, lunate, triquetral, pisiform, trapezium, trapezoid, capitate, hamate), metacarpals, phalanges.

Pelvic girdle – ilium, ischium, pubis (innominate bones).

Lower limb – femur, patella, tibia, fibula, tarsals (talus, calcaneus, navicular, medial, intermediate and lateral cuneiform, cuboid), metatarsals, phalanges.

Axial skeleton:

Skull – frontal, occipital, parietal, sphenoid, ethmoid, temporal, nasal, zygomatic, maxilla, mandible, lacrimal, turbinate, palatine, vomer, hyoid.

Thoracic – ribs, sternum.

Vertebral column – cervical, thoracic, lumbar, sacrum, coccyx, intervertebral discs.

Skeletal functions: Support, joints, movement, protection, attachment, mineral source, blood cell formation.

Examples of skeletal disorders:

Abnormal spinal curvatures – kyphosis, scoliosis, lordosis, cervical spondylitis.

Fractures – simple, compound, comminuted, greenstick, impacted, complicated.

Examples of skeletal diseases: Gout, osteoarthritis, osteoporosis, Paget's disease, rheumatoid arthritis, rickets, scleroderma, synovitis.

Muscular system structure:

Types – Voluntary, involuntary, cardiac.

Muscles of the head, face, neck:

Buccinator, corrugator, depressor anguli oris/triangularis, depressor labii inferioris, frontalis, levator anguli oris, levator labii superioris, levator palpebrae, levator scapulae, masseter, mentalis, nasalis, occipitalis, orbicularis oculi, orbicularis oris, platysma, procerus, pterygoids, risorius, sternocleidomastoid, temporalis, zygomaticus.

Muscles of the anterior trunk: Iliopsoas (iliacus and psoas), internal and external intercostals, internal and external obliques, pectoralis major/minor, rectus abdominis, serratus anterior, transversus abdominis.

Muscles of the posterior trunk: Deltoid, erector spinae, gluteal group (maximus, medius, minimus), infraspinatus, latissimus dorsi, quadratus lumborum, rhomboids, splenius capitis, subscapularis, supraspinatus, teres major, teres minor, trapezius.

Muscles of the upper limb: Biceps, brachialis, brachioradialis, coracobrachialis, deltoid, extensor carpi digitorum, extensor carpi radialis, extensor carpi ulnaris, flexor carpi digitorum, flexor carpi radialis, flexor carpi ulnaris, pronator teres, supinator radii brevis, triceps.

Muscles of the lower limb: Adductors (longus, magnus, brevis), extensor digitorum longus, fibularis (peroneus) longus, flexor digitorum longus, flexor hallucis longus, gastrocnemius, gracilis, hamstrings (biceps femoris, semitendinosus, semimembranosus), piriformis, quadriceps (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius), sartorius, soleus, tensor fascia latae, tibialis anterior, tibialis posterior.



Learning outcome 2: Be able to carry out stone therapy massage (continued)

Muscle functions: Contraction, relaxation, attachment, heat production, movement (flexion, extension, abduction, adduction, supination, pronation, rotation, circumduction, inversion, eversion, plantar flexion, dorsiflexion), posture, tone.

Examples of muscular diseases and disorders: Adhesions, atony, atrophy, bursitis, cramp, fatigue, fibromyalgia, fibrositis, frozen shoulder, muscular dystrophy, myositis, Repetitive Strain Injury (RSI), rupture, shin splints, spasm, sprain, strain, tendonitis, torticollis, whiplash.

Cardiovascular system structure:

Heart – wall (endocardium, myocardium, pericardium), aorta, atria, bicuspid (mitral) valve, chordae tendineae, inferior/superior vena cava, papillary muscles, pulmonary artery, pulmonary vein, semilunar valves (aortic and pulmonary), septum, tricuspid valve, ventricles.

Blood vessels – arteries, arterioles, veins, venules, capillaries.

Circulation – pulmonary, portal, coronary, systemic.

Major arteries of the head and neck – carotid, facial, occipital, temporal.

Major veins of the head and neck – jugular, occipital, temporal, maxillary, facial.

Major arteries of the body – aorta, descending aorta, subclavian, carotid, pulmonary, hepatic, splenic, renal, mesenteric, iliac, vertebral, axillary, brachial, ulnar, radial, palmar arch, femoral, popliteal, anterior tibial, posterior tibial, plantar arch.

Major veins of the body – vena cava (inferior and superior), pulmonary, hepatic, splenic, renal, iliac, axillary, brachial, basilic, cephalic, subclavian, saphenous (long and short), venous arch, femoral, popliteal, posterior tibial, anterior tibial.

Blood – plasma, leucocytes (granulocytes and agranulocytes), erythrocytes, thrombocytes.

Cardiovascular functions: Transport, defence, clotting, temperature regulation and homeostasis.

Examples of cardiovascular disorders and diseases:

Anaemia, aneurysm, angina, arrhythmias, arteriosclerosis, atherosclerosis, congenital heart disease, deep vein thrombosis, gangrene, haemophilia, hematoma, HIV/AIDS, high cholesterol, hepatitis, hypertension, hypotension, leukaemia, myocardial infarction, palpitations, phlebitis, pulmonary embolism, Raynaud's syndrome, septicaemia, sickle cell anaemia, stroke, thrombosis, varicose veins.

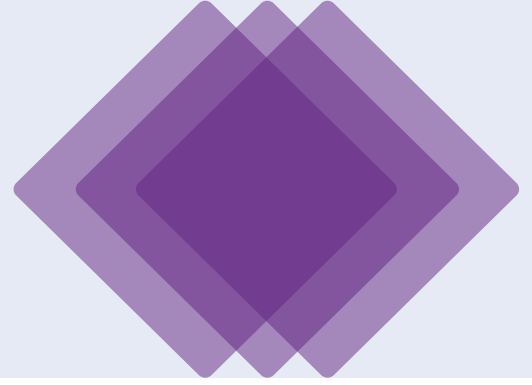
Lymphatic system structure: Lymph, lymphatic capillaries, lymphatic vessels, lymph nodes, lymphatic trunks, lymphatic ducts (thoracic and right lymphatic duct), subclavian veins, nodes (axillary, cervical – superficial and deep, inguinal, intestinal, occipital, popliteal, post-auricular, parotid, supraclavicular), appendix, Peyer's patches, spleen, tonsils, thymus.

Lymphatic functions: Subsidiary circulation (lymph formation), immunity, return of lost plasma proteins to the blood, transport dietary lipids.

Examples of lymphatic disorders and diseases:

Oedema, Hodgkin's disease, non-Hodgkin's lymphoma, lupus, cellulite, glandular fever, lymphadenitis.

Notes



Use this area for notes and diagrams.

UV30574

Provide Indian head massage

This unit is about the skills involved in providing Indian head massage treatment. The ability to adapt massage techniques to suit individual client needs and the environment in which the massage takes place is very important. You will also learn how to perform Indian head massage with and without the use of oils. To carry out this unit you will need to maintain effective health, safety and hygiene procedures throughout your work.

Level

3

Credit value

6

GLH

49

Observation(s)

3

External paper(s)

1



Provide Indian head massage



Learning outcomes

On completion of this unit you will:

1. Be able to prepare for Indian head massage
2. Be able to provide Indian head massage

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Simulation**
Simulation is not allowed in this unit.
3. **Observation outcomes**
Competent performance of Observation outcomes must be demonstrated on at **least three occasions**.
4. **Range**
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
6. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes and ranges in this unit. All outcomes and ranges must be achieved.
7. **External paper**
Knowledge and understanding in this unit will be assessed by an external paper. There is **one external paper** that must be achieved. The criteria that make up the paper are highlighted throughout this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of observations required is indicated in the evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through oral questioning.

Your assessor will sign off an outcome when all criteria have been competently achieved in a single client service.

Achieving range

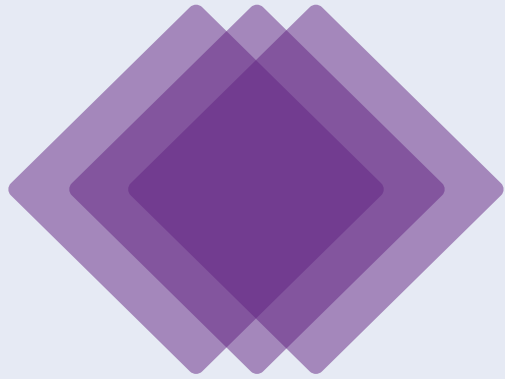
The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.

Maximum service times

The following maximum service times apply to this unit:

Indian head massage – 45 minutes



Observations

Learning outcome 1

Be able to prepare for Indian head massage

You can:

- a. Prepare yourself, client and work area for Indian head massage
- b. Use suitable consultation techniques to identify treatment objectives
- c. Provide clear recommendations to the client
- d. Select products, tools and equipment to suit client treatment needs

*May be assessed through oral questioning.

Observation	1	2	3	Optional
Date achieved				
Criteria questioned orally				
Portfolio reference				
Assessor initials				
Learner signature				



Learning outcome 2

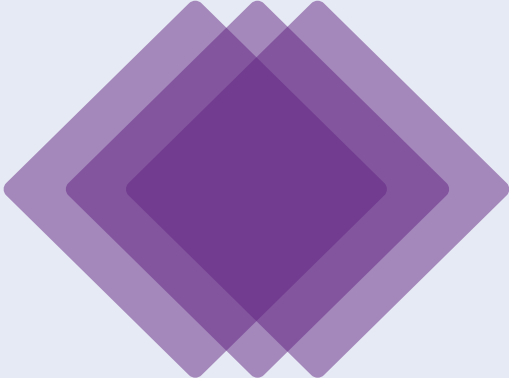
Be able to provide Indian head massage

You can:

- a. Communicate and behave in a professional manner
- b. Follow health and safety working practices
- c. Position yourself and the client correctly throughout the treatment
- d. Use products, tools, equipment and techniques to suit client treatment needs
- e. Complete the treatment to the satisfaction of the client
- f. Record and evaluate the results of the treatment
- g. Provide suitable aftercare advice

*May be assessed through oral questioning.

Observation	1	2	3	Optional
Date achieved				
Criteria questioned orally				
Portfolio reference				
Assessor initials				
Learner signature				



Notes

Use this area for notes and diagrams.

Range

*You must practically demonstrate that you have:

Used all the consultation techniques	Portfolio reference
Questioning	
Visual	
Manual	
Reference to client records	

Identified all the physical characteristics	Portfolio reference
Posture	
Muscle tone	
Muscle tension	
Skin classification	
Skin condition	
Hair condition	
Hair density	
Scalp condition	

Carried out all of the necessary actions	Portfolio reference
Encourage the client to seek medical advice	
Explain why the treatment cannot be carried out	
Modification of treatment	

Met all the treatment objectives	Portfolio reference
Relaxation	
Sense of wellbeing	
Uplifting	
Improvement of hair and scalp condition	



***You must practically demonstrate that you have:**

Used all the massage techniques	Portfolio reference
Effleurage	
Petrissage	
Tapotement	
Friction	
Vibrations	
Marma (pressure) points	
Lymphatic drainage	
Adapted pressure	
Eastern Ayurvedic techniques	

Treated all the areas	Portfolio reference
Face	
Head	
Chest and shoulders	
Arms and hands	
Back	
Chakras	

Provided all types of advice/instructions	Portfolio reference
The individual and practitioner's legal rights and responsibilities	
Pre and post-treatment instructions and care	
Restrictions and associated risks - avoidance of activities which may cause contra-actions	
Future treatment needs	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.

Achieving the external paper

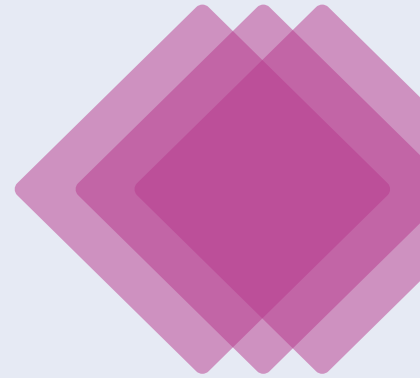
The external paper will test your knowledge of the criteria highlighted. A **pass mark of 70%** must be achieved.

Your assessor will complete the following table when the 70% pass mark has been achieved.

Paper	Date achieved	Assessor initials
1 of 1		



Knowledge



Learning outcome 1

Be able to prepare for Indian head massage

You can:	Portfolio reference/ Assessor initials*
e. Describe salon requirements for preparing yourself, the client and work area	
f. Describe the environmental conditions suitable for Indian head massage	
g. Describe the different consultation techniques used to identify treatment objectives	
h. Describe the importance of assessing the hair and scalp for any diseases and disorders prior to treatment	
i. Explain how to select products, tools and equipment to suit client treatment needs	
j. Explain the contra-indications that prevent or restrict Indian head massage	

*Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.



Learning outcome 2

Be able to provide Indian head massage

You can:	Portfolio reference/ Assessor initials*
h. Explain how to communicate and behave in a professional manner	
i. Describe health and safety working practices	
j. Explain the importance of positioning yourself and the client correctly throughout the treatment	
k. Explain the importance of using products, tools, equipment and techniques to suit client treatment need	
l. Explain the effects and benefits of Indian head massage	
m. Describe how treatments can be adapted to suit client treatment needs	
n. State the contra-actions that may occur during and following treatments and how to respond	
o. Explain the importance of completing the treatment to the satisfaction of the client	
p. Explain the importance of completing treatment records	
q. Explain the methods of evaluating the effectiveness of the treatment	
r. Describe the aftercare advice that should be provided	
s. Describe the structure and functions of the skin	

*Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.

Learning outcome 2 (continued)

Be able to provide Indian head massage

You can:	Portfolio reference/ Assessor initials*
t. Describe skin types, conditions, diseases and disorders	
u. Describe the structure and function of the hair	
v. Describe the bone structure of the head, neck, upper back and arms	
w. Explain the position and action of the muscles on the head, neck, upper back and arms	
x. Describe the structure, function and supply of the blood and lymph to the head	

* Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to prepare for Indian head massage

Management of health & safety at work:

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to trolleys and equipment, clean/disinfect/sanitise/sterilise work areas/surfaces, equipment and tools as appropriate, no smoking/vaping, eating, drinking or drugs.

Infection Prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene – hand-washing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of working environment and treatment resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Personal protective equipment (PPE): Use appropriate personal protective equipment for self and client, for example, the use of gloves when using cleaning chemicals.

Client preparation and care: Preparing for and performing a treatment taking into account any specific requirements and diverse needs the client may have, for example, culture, religion, health conditions, working in accordance with current equality legislation.

Manual handling: moving stock, lifting, working heights, unpacking, posture, deportment, balance weight, protect back, prevent slouching, avoid straining or overreaching.

Towels: Wash regularly and efficiently, use fresh towels for every client, place dirty towels in covered bin.

Equipment: Follow organisational/manufacturer's/supplier's instructions for safe use, only used for intended purpose, usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance.

Liability insurance: Employers, public, professional indemnity.

Reporting of injuries, diseases and dangerous occurrences: Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.

Regulations: Working in accordance with current health and safety legislation: Health and Safety at Work Act, Management of Health and Safety at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Health and Safety (First Aid) Regulations, Manual Handling Operations, Control of Substances Hazardous to Health (COSHH), Personal Protective Equipment (PPE) Regulations, Electricity at Work Regulations, Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations, Equality Act, Data Protection Act (UK General Data Protection Regulations (GDPR)), Environmental Protection Act.

Learning outcome 1: Be able to prepare for Indian head massage (continued)

Hazards and risks: A hazard is something that has the potential to cause harm; a risk is the likelihood of a hazard happening.

Hazards: Require immediate attention; level of responsibility; report; nominated personnel; duty to recognise/deal with hazards.

Reasons for risk assessment: Staff, visitor, client health and safety, minimise hazard and risks, maintain safe environment, requirement of legislation.

Examples of legislation and regulations relating to Indian head massage:

UK only – London Local Authorities Act require practitioners of massage to hold a 'Massage and Special Treatments' license. Applied at local council level, licences required for massage premises, therapists, mobile therapists, information available from local authority websites and from professional membership associations.

UK and Europe – the EU Cosmetics Directive may also be applicable, depending on the massage mediums used.

The legal requirements for providing treatments to minors and/or vulnerable clients – Parental/ guardian consent and presence during treatment, insurance.

General – this list is not exhaustive and learners and therapists are advised to seek advice from a professional association with regard to regulatory requirements relating to massage.

Hygiene:

General – Clean/disinfect work area/ surfaces, clean/sterilise/sanitise tools and equipment, fresh towels for each client, place dirty towels in covered bin, dispense products with a spatula, pump or spray, use disposables as appropriate to treatment, no smoking/vaping, maintain personal hygiene, replace loose lids (uncapped bottles and pots), sanitise therapist's hands before, during and after treatments.

Disposal of waste – Lined waste bin, organisational policies and procedures for disposal of waste – non-hazardous, clinical, sharps, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturer's instructions.

Environmental working practices:

Effective and energy efficient working practices, for example lighting, heating and ventilation to meet the Workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for client and employees, water conservation, environmental waste management.

Sustainable working practices: For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposable and single use items, record product usage, paper-free appointment systems and pricelists.

Learning outcome 1: Be able to prepare for Indian head massage (continued)

Therapist health and wellbeing:

Maintain correct posture when performing treatment, sitting, lifting and carrying, use working methods to avoid work related injuries, for example, Repetitive Strain Injury (RSI), perform regular hand exercises, maintain correct standing posture, even weight distribution, ensure own positioning delivers appropriate techniques, prevents injury, promotes optimum results, allows for visual checks, maintain appropriate space between client and self. Regular water/rest breaks to prevent dehydration and fatigue.

Prevent contact dermatitis – wear gloves when using chemicals, wash and dry hands regularly and use moisturiser/barrier cream as appropriate.

Client preparation: Consult with client, perform any necessary pre-treatment tests, provide modesty robe/gown. Advise client on clothing to remove/keep on, maintain client comfort, privacy and modesty, client positioned correctly.

Communication:

Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning related to treatment.

Non-verbal – eye contact, body language, listening.

Written – electronic, digital or paper-based, clear and concise, attention to spelling, grammar and presentation of written information.

Visual aids – as appropriate to treatment, photographs, digital media, magazines and images can provide inspiration and assist the client's understanding.

Adapting and tailoring approaches for different clients, for example, new and existing clients, according to age, health conditions.

Clarification – checking client understanding of proposed treatment and expected outcomes, checking client's comfort and wellbeing throughout the treatment.

Record keeping: Accurate appointment systems, stationery, loyalty rewards, acknowledgement of occasions, consultation record keeping, refer to existing records, ensure information is concise, accurate and in logical order (name, address, contact details, age range, lifestyle profile – work status, medical history, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests, current scalp, hair and skincare regime, treatment requirements, client preferences and expectations, scalp, hair and skin analysis, adaptations and modifications, recommendations, treatment plan including products, expected outcomes, alternative treatment options, client informed consent and signature), update record at the end of the service, update at each visit, maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).



Learning outcome 1: Be able to prepare for Indian head massage (continued)

Professional appearance: Clean professional uniform, no jewellery, no piercings, hair neatly tied back fringe secured, closed in footwear, personal hygiene and cleanliness (shower/bath, cover cuts and abrasions, deodorant or antiperspirant, avoid the use of overpowering fragrance), oral hygiene (clean teeth, fresh breath), nails (clean, short, polish-free, good condition and maintained).

Professional ethical conduct: Follow health and safety and organisational policies and procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co-operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and competence, engage in and document Continuous Professional Development (CPD) to maintain best practice.

Consultation techniques: Consultation environment (face to face or digital), client requirements, satisfaction, expectations and aftercare, informed consent and signatures, visual, manual, questioning, listen, client information reference. Use a range of related terminology linked to Indian head massage treatments.

Recommendations to client:

Pre-treatment instructions on treatment process, expected physical sensations, expected and unexpected/adverse reactions/contra-actions, outcomes, further treatments, fees and treatment options, adaptations and modifications, post-treatment advice/aftercare, lifestyle changes to maintain or improve health.

Products, tools and equipment:

Disinfecting fluid, sterilising solution, sanitiser, skin care products, massage mediums, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, additional support/props, head band/hair clip(s), hair comb, gown/robe, disposable slippers, tissues, cotton wool, spatulas, bowls, lined waste bin, products, tools and equipment for cleaning, disinfection, sanitisation, sterilisation as appropriate to treatment.

Environmental conditions: Lighting, heating, ventilation, atmosphere, how the treatment environment can enhance the treatment experience/multisensory perceptions of the body.

Learning outcome 1: Be able to prepare for Indian head massage (continued)

Contra-indications:

Absolute contra-indication – An absolute contra-indication is a condition that prevents the treatment from being carried out and may require referral.

Examples of contra-indications that may prevent treatment (absolute contra-indications) – During chemotherapy or radiotherapy, skin diseases and disorders, inflammation or swelling of the skin, hypersensitive skin, severe bruising, cuts and abrasions, broken skin.

Relative contra-indication – A relative contra-indication is a condition that requires an assessment of suitability for the treatment and/or if adaptations are required.

Examples of contra-indications that may restrict treatment (relative contra-indications) – Diabetes, epilepsy, high and low blood pressure, product allergies, sebaceous cysts, eczema, acne, medical conditions, minor bruising, minor eczema, minor psoriasis.



Learning outcome 2: Be able to provide Indian head massage

Massage mediums: Effects, benefits and cautions for use – oil, for example, organic-sesame, coconut, almond, olive, mustard, oil-free media, cream.

Products, tools and equipment:

Disinfecting fluid, sterilising solution, sanitiser, skin care products, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, additional support/props, head band/hair clip(s), hair comb, gown/robe, disposable slippers, tissues, cotton wool, spatulas, bowls, lined waste bin, products, tools and equipment for cleaning, disinfection, sanitisation, sterilisation as appropriate to treatment.

Treatment techniques: Types and effects – effleurage, petrissage, tapotement, frictions, vibrations, Marma pressure points, chakra balancing, lymphatic drainage, adapted pressure, eastern ayurvedic techniques for example champissage, tabla.

Client treatment needs: Over-clothing, client's clothing removed, with medium, without medium; treatment objectives – relaxation, stimulating, uplifting, tension and stress relief, improved sense of wellbeing, improved hair and scalp condition.

Treatment adaptations: Based upon the outcome of the consultation, client requirements/diverse needs, skin, hair and scalp analysis and the result of any relevant tests – choice of products/massage media, working with/without massage media, massage techniques, pressure, speed, direction of strokes, rhythm, sequence/flow, coverage, duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment – effects on the multisensory perceptions of the body, eastern ayurvedic principles – doshas; Vata, Pitta, Kapha.

Treatment evaluation: Monitor client wellbeing and reactions throughout, review Indian head massage treatment, document client reactions and feedback – short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

Aftercare advice: Post-treatment instructions/recommendations, verbal and written, for immediate aftercare – water intake, rest; avoidance of activities that may cause contra-actions or reduce treatment benefits, contra-actions and how to deal with them, suitable scalp and hair care regime and home treatments, lifestyle changes/improvements, for example avoidance of smoking/alcohol, relaxation/stress management techniques, healthy eating and fluid intake, further Indian head massage treatments and frequency, alternative treatment options, retail products.

Learning outcome 2: Be able to provide Indian head massage (continued)

Possible benefits: Relaxation, uplifting, improved sense of wellbeing, improved sleep patterns, improved circulation (blood and lymph), skin and hair condition improved, increased joint mobility, eases aches and pains, tension, headaches, balances chakras, improved energy levels.

Possible physical and physiological effects: Improved muscle tone and cellular regeneration, increased joint mobility, mild pain relief, detoxification, improved circulation, improved lymphatic circulation, improved immune function, stimulation of sensory nerve endings, improved neurological function, sebaceous and sudoriferous glands stimulated, stimulation of hair growth, improved scalp and hair condition.

Possible psychological effects: Relaxation, stress relief, anxiety relief, relieves tension, improved concentration by stimulation of blood flow to the brain, increased energy levels.

Contra-actions: Establish if it is an expected reaction or an unexpected/adverse reaction.

In the case of expected reactions – provide immediate post-treatment after care and advice for homecare, for example increase water intake, rest, get fresh air, avoid strenuous activities immediately following treatment.

In the case of unexpected/adverse reactions – discontinue treatment, take remedial action, record adverse reaction/ contra-action, advise on homecare and how to access remedial medical care if required.

Possible expected reactions – headache, changed sleep patterns, fatigue, thirst, heightened emotions, increased urination.

Possible unexpected/adverse reactions – Hyperaemia, bruising, dizziness, fainting, nausea, vomiting excessive healing response, for example flu-like symptoms, skin reaction, allergy, allergic reaction to products/massage media.

Skin structure:

Epidermis – basal cell layer (stratum germinativum), prickle cell layer (stratum spinosum), granular layer (stratum granulosum), clear layer (stratum lucidum), horny layer (stratum corneum).

Dermis – blood and lymph supply, fibroblasts – collagen, elastin, hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands-ecrine and apocrine, sensory nerve endings.

Hypodermis – subcutaneous layer, adipose tissue, adipocytes.



Learning outcome 2: Be able to provide Indian head massage (continued)

Functions of the skin: Protection, heat regulation, absorption, secretion, elimination, sensation, formation of Vitamin D, melanin production, process of keratinisation.

Skin types: Normal (balanced), oily, dry, combination.

Skin conditions: Congested, dehydrated, fragile, hyper/hypo pigmentation, lack lustre, lax elasticity, mature, photo-aged, photo-sensitive, pustular, sensitised, sensitive, vascular.

Skin classification: Fitzpatrick scale, phenotype and genotype, Lancer Scale.

The importance of recognising suspicious skin irregularities and lesions and referral to a relevant healthcare professional.

Hair structure: Arrector pili muscle, hair follicle, inner root sheath (henle's layer, huxley's layer, cuticle layer), outer root sheath, vitreous membrane, connective tissue sheath, root (bulb/matrix, dermal papilla), sebaceous gland, shaft (medulla, cortex, cuticle).

Hair functions – insulation and protection.

Hair curl classification – Type:

1. Straight
2. Wavy
3. Curly
4. Tight curls
5. Combination

Hair conditions: State of hair – non-chemically treated hair, partially chemically treated hair, chemically treated hair.

Hair density: Abundant, medium, sparse.

Scalp condition: Balanced, oily, dry, dandruff, product build up.

Examples of diseases and disorders of the skin, scalp and hair:

Congenital – eczema, psoriasis.

Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo.

Viral – warts, verruca, herpes simplex (HSV), herpes zoster.

Fungal – tinea (capitis, pedis, corporis, unguium), seborrheic dermatitis.

Infestations – scabies, pediculosis (capitis, pubis).

Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, port wine stains, dermatosis papulosa nigra (DPN), post inflammatory hyperpigmentation (PIH), melasma.

Skin cancers – basal cell carcinoma, squamous cell carcinoma, malignant melanoma.

Others: For example, pseudo folliculitis barbae, keratosis pilaris, pityriasis capitis, alopecia, acne keloidalis nuchae (AKN).

Hair defects: For example, fragilitas crinium, trichorrhexis nodosa, moniletherix.

Position of bones: Shoulder girdle (clavicle, scapula), skull (frontal, occipital, parietal, sphenoid, ethmoid, temporal, nasal, zygomatic, maxilla, mandible, lacrimal, turbinate, palatine, vomer, hyoid), humerus, cervical vertebrae.

Learning outcome 2: Be able to provide Indian head massage (continued)

Muscles of the head, face, neck:

Buccinator, corrugator, depressor anguli oris/triangularis, depressor labii inferioris, frontalis, levator anguli oris, levator labii superioris, levator palpebrae, levator scapulae, masseter, mentalis, nasalis, occipitalis, orbicularis oculi, orbicularis oris, platysma, procerus, pterygoids, risorius, sternocleidomastoid, temporalis, zygomaticus.

Muscles of the upper back, neck, and

arms: Erector spinae, trapezius, rhomboids, supraspinatus, infraspinatus, teres major, teres minor, deltoid, biceps, brachialis, triceps.

Muscle actions: Contraction, relaxation, attachment, movement (flexion, extension, abduction, adduction, supination, pronation, rotation, circumduction, inversion, eversion, plantar flexion, dorsiflexion), tone, tension, fatigue.

Circulatory system structure: Arteries (internal and external carotid – occipital, temporal, facial), veins (internal and external jugular – occipital, temporal, subclavian), capillaries, heart, blood composition (erythrocytes, leucocytes, thrombocytes, plasma), pulmonary circulation, general/systemic circulation.

Circulatory system functions: Transport, regulation, protection.

Lymphatic system:

Structure – Lymph nodes – occipital, mastoid (post auricular), superficial cervical, deep cervical, parotid, buccal, submental, submandibular, axillary, supratrochlear.

Functions – Fluid distribution, fighting infection, transport of fat. Lymph node (filters toxins, clean lymphatic fluid, antibodies and anti-toxins, produce lymphocytes).

UV30425

Provide massage using pre-blended aromatherapy oils

This unit is about preparing clients for and delivering massages using pre-blended aromatherapy oils. The ability to adapt the use of pre-blended oils and massage techniques to suit individual client's needs is very important.

You will need to maintain effective, health, safety, hygiene and client care throughout your work.

Level

3

Credit value

7

GLH

65

Observation(s)

4

External paper(s)

2



Provide massage using pre-blended aromatherapy oils



Learning outcomes

On completion of this unit you will:

1. Be able to prepare for massage using pre-blended aromatherapy oils
2. Be able to carry out massage using pre-blended aromatherapy oils

Evidence requirements

1. **Environment**
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. **Simulation**
Simulation is not allowed in this unit.
3. **Observation outcomes**
Competent performance of Observation outcomes must be demonstrated on at **least four occasions**.
4. **Range**
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. **Knowledge outcomes**
There must be evidence that you possess all the knowledge and understanding listed in the 'Knowledge' section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.
6. **Tutor/Assessor guidance**
You will be guided by your tutor/assessor on how to achieve learning outcomes and ranges in this unit. All outcomes and ranges must be achieved.
7. **External paper**
Knowledge and understanding in this unit will be assessed by an external paper. There are **two external papers** that must be achieved. The criteria that make up the paper are highlighted throughout this unit.

Achieving observations and range

Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of observations required is indicated in the evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through oral questioning.

Your assessor will sign off an outcome when all criteria have been competently achieved in a single client service.

Achieving range

The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.

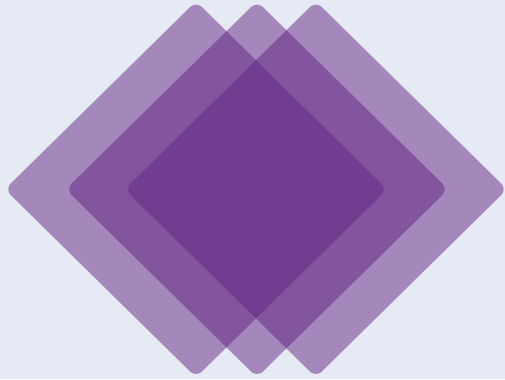
Maximum service times

The following maximum service times apply to this unit:

Back massage using pre-blended aromatherapy oils – 30 minutes

Full body massage using pre-blended aromatherapy oils – 60 minutes
(excluding head and face)

Full body massage using pre-blended aromatherapy oils – 75 minutes
(including head and face)



Observations

Learning outcome 1

Be able to prepare for massage using pre-blended aromatherapy oils

You can:

- a. Prepare yourself, client and work area for body treatment using pre-blended aromatherapy oils
- b. Use suitable consultation techniques to identify treatment objectives
- c. Advise the client on how to prepare for the treatment
- d. Provide clear recommendations to the client
- e. Select products and tools to suit client treatment needs, skin types and conditions

*May be assessed through oral questioning.

Observation	1	2	3	4	Optional
Date achieved					
Criteria questioned orally					
Portfolio reference					
Assessor initials					
Learner signature					



Learning outcome 2

Be able to carry out massage using pre-blended aromatherapy oils

You can:

- a. Communicate and behave in a professional manner
- b. Follow health and safety working practices
- c. Position yourself and the client correctly throughout the treatment
- d. Use products and techniques to suit client treatment needs, skin types and conditions
- e. Complete the treatment to the satisfaction of the client
- f. Record and evaluate the results of the treatment
- g. Provide suitable aftercare advice

*May be assessed through oral questioning.

Observation	1	2	3	4	Optional
Date achieved					
Criteria questioned orally					
Portfolio reference					
Assessor initials					
Learner signature					

Range

*You must practically demonstrate that you have:

Used all consultation techniques	Portfolio reference
Questioning	
Visual	
Manual	
Reference to client records	

Dealt with all physical characteristics of clients	Portfolio reference
Posture	
Muscle tone	
Muscle tension	
Sluggish circulation	
Skin classification	
Skin condition	
Lax elasticity	
Hair density	

Dealt with a minimum of 1 of the necessary actions	Portfolio reference
Encouraging the client to seek medical advice	
Explaining why the treatment cannot be carried out	
Modification of treatment	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.



*You must practically demonstrate that you have:

Met all treatment objectives	Portfolio reference
Relaxation	
Sense of wellbeing	
Uplifting	
Anti-cellulite	
Stimulating	

Covered all treatment areas	Portfolio reference
Face	
Head	
Chest and shoulders	
Arms and hands	
Abdomen	
Back	
Legs and feet	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

***You must practically demonstrate that you have:**

Used all massage techniques	Portfolio reference
Effleurage	
Petrissage	
Tapotement	
Vibration	
Friction	

Given all types of advice/instructions	Portfolio reference
The individual and practitioner's legal rights and responsibilities	
Pre and post-treatment instructions and care	
Restrictions and associated risks – avoidance of activities which may cause contra-actions	
Future treatment needs	

*It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

Developing knowledge

Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*This is not an exhaustive list.

Achieving the external paper

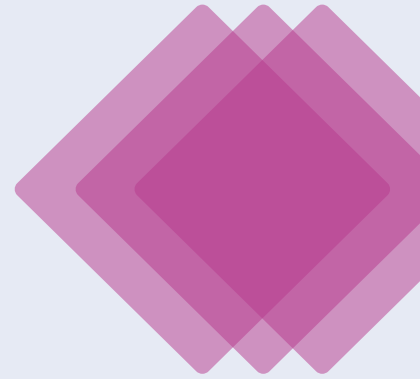
The external paper will test your knowledge of the criteria highlighted. A **pass mark of 70%** must be achieved.

Your assessor will complete the following table when the 70% pass mark has been achieved.

Paper	Date achieved	Assessor initials
1 of 2		
2 of 2		



Knowledge



Learning outcome 1

Be able to prepare for massage using pre-blended aromatherapy oils

You can:	Portfolio reference/ Assessor initials*
f. Describe salon requirements for preparing yourself, the client and work area	
g. Describe the environmental conditions suitable for body treatments using pre-blended aromatherapy oils	
h. Describe the different consultation techniques used to identify treatment objectives	
i. Describe how to select products and tools to suit client treatment needs, skin types and conditions	
j. Describe known contra-indications that may restrict or prevent body treatment using pre-blended aromatherapy oils	
k. Outline the safety precautions associated with the range of pre-blended aromatherapy oils	
l. Explain the contra-indications that prevent or restrict aromatherapy treatments	

*Assessor initials to be inserted if orally questioned.
Requirements highlighted are assessed in the external paper.



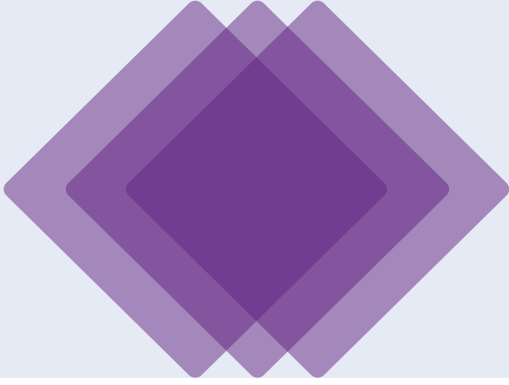
Learning outcome 2

Be able to carry out massage using pre-blended aromatherapy oils

You can:	Portfolio reference/ Assessor initials*
h. Explain how to communicate and behave in a professional manner	
i. Describe and explain health and safety working practices	
j. Explain the importance of positioning yourself and the client correctly throughout the treatment	
k. Explain the importance of using products, tools and techniques to suit client treatment needs, skin types and conditions	
l. Describe how treatments can be adapted to suit client treatment needs, skin types and conditions	
m. State the contra-actions that may occur during and following treatments and how to respond	
n. Explain the importance of completing the treatment to the satisfaction of the client	
o. Explain the importance of completing treatment records	
p. Describe the methods of evaluating the effectiveness of the treatment	
q. Describe the aftercare advice that should be provided	
r. Describe the structure and the main functions of body systems	
s. Describe the main diseases and disorders of body systems	

*Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.



Notes

Use this area for notes and diagrams.

Unit content

This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

Learning outcome 1: Be able to prepare for massage using pre-blended aromatherapy oils

Management of health and safety at work:

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to trolleys and equipment, clean/disinfect/sanitise/sterilise work areas/surfaces, equipment and tools as appropriate, no smoking/vaping, eating, drinking or drugs.

Infection Prevention: Infection prevention and control measures, universal and standard precautions, for example, hand hygiene – hand-washing, hand sanitising, respiratory hygiene, cough etiquette, use of PPE, safe management of working environment and treatment resources, for example, cleaning, disinfection, sanitisation, sterilisation of working areas/surfaces, equipment and tools, safe management of linen, safe disposal of waste.

Personal protective equipment (PPE): Use appropriate personal protective equipment for self and client, for example, the use of gloves when using cleaning chemicals.

Client preparation and care: Preparing for and performing a treatment taking into account any specific requirements and diverse needs the client may have, for example, culture, religion, health conditions, working in accordance with current equality legislation.

Manual handling: Moving stock, lifting, working at heights, unpacking, posture, deportment, balance weight, protect back, prevent slouching, avoid straining or overreaching.

Towels: Wash regularly and efficiently, use fresh towels for every client, place dirty towels in covered bin.

Equipment: Follow organisational/manufacturer's/supplier's instructions for safe use, only used for intended purpose, usage, handling, storage, cleaning, lifting, visual checks, worn, faulty, repairs, maintenance.

Liability insurance: Employers, public, professional indemnity.

Reporting of injuries, diseases and dangerous occurrences: Accident book, reporting diseases, byelaws, code of conduct, risk assessment.

Regulations: Working in accordance with current health and safety legislation: Health and Safety at Work Act, Management of Health and Safety at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Health and Safety (First Aid) Regulations, Manual Handling Operations, Control of Substances Hazardous to Health (COSHH), Personal Protective Equipment (PPE) Regulations, Electricity at Work Regulations, Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations, Equality Act, Data Protection Act (UK General Data Protection Regulations (GDPR)), Environmental Protection Act.

Learning outcome 1: Be able to prepare for massage using pre-blended aromatherapy oils (continued)

Hazards and risks: A hazard is something that has the potential to cause harm. A risk is the likelihood of a hazard happening.

Hazards: Something with potential to cause harm, require immediate attention, level of responsibility, report, nominated personnel, duty to recognise/deal with hazards.

Reasons for risk assessment: Staff, visitors, client health and safety, minimise hazards and risks, maintain safe working environment, requirement of legislation.

Examples of legislation and regulations relating to massage and massage using pre-blended aromatherapy oils:

UK only – London Local Authorities Act requires practitioners of massage to hold a ‘Massage and Special Treatments’ licence. Applied at local council level, licences required for massage premises, therapists, mobile therapists, information available from local authority websites and from professional membership associations.

UK and Europe – the EU Cosmetics Directive may also be applicable, depending on the massage mediums used.

The legal requirements for providing treatments to minors and/or vulnerable clients – Parental/ guardian consent and presence during treatment, insurance.

General – this list is not exhaustive and learners and therapists are advised to seek advice from a professional association with regard to regulatory requirements relating to massage.

Hygiene:

General – Clean/disinfect work area/ surfaces, clean/sterilise/sanitise tools and equipment, fresh towels for each client, place dirty towels in covered bin, dispense products with a spatula, pump or spray, use disposables as appropriate to treatment, no smoking/vaping, maintain personal hygiene, replace loose lids (uncapped bottles and pots) sanitise therapist’s hands before, during and after treatments.

Disposal of waste – Lined waste bin, organisational policies and procedures for disposal of waste – non-hazardous, clinical, sharps, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturer’s instructions.

Environmental working practices:

Effective and energy efficient working practices, for example lighting, heating and ventilation to meet the workplace (Health, Safety and Welfare) Regulations (or local regulation requirements to the country being delivered in) for client and employees, water conservation, environmental waste management.

Sustainable working practices: For example, use products with ingredients from sustainable sources, minimal and sustainable packaging, recyclable, bio-degradable or compostable options for products, disposable and single use items, record product usage, paper-free appointment systems and pricelists.

Learning outcome 1: Be able to prepare for massage using pre-blended aromatherapy oils (continued)

Therapist health and wellbeing:

Maintain correct posture when performing treatment, sitting, lifting and carrying, use working methods to avoid work related injuries, for example, Repetitive Strain Injury (RSI), perform regular hand exercises, maintain correct standing posture, even weight distribution, ensure own positioning delivers appropriate techniques, prevents injury, promotes optimum results, allows for visual checks, maintain appropriate space between client and self. Regular water/rest breaks to prevent dehydration and fatigue. Prevent contact dermatitis – wear gloves when using chemicals, wash and dry hands regularly and use moisturiser/barrier cream as appropriate.

Client preparation: Consult with client, perform any necessary pre-treatment tests, provide modesty robe/gown, advise client on clothing to remove/keep on, ensure client positioned correctly and comfortably, respect privacy and modesty.

Communication:

Verbal – speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning related to treatment.

Non-verbal – eye contact, body language, listening.

Written – electronic, digital or paper-based, clear and concise, attention to spelling, grammar and presentation of written information.

Visual aids – as appropriate to treatment, photographs, digital media, magazines and images can assist the client's understanding.

Adapting and tailoring approaches for different clients – for example, new and existing clients, according to age, health conditions.

Clarification – checking client understanding of proposed treatment and expected outcomes, checking client's comfort and wellbeing throughout the treatment.

Record keeping: Accurate appointment systems, stationery, loyalty rewards, acknowledgement of occasions, consultation record keeping, refer to existing records, ensure information is concise, accurate and in logical order (name, address, contact details, age range, lifestyle profile – work status, medical history, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests, current skincare regime, treatment requirements, client preferences and expectations, body and skin analysis, adaptations and modifications, recommendations, treatment plan including products, expected outcomes, alternative treatment options, client informed consent and signature), update record at the end of the treatment, update at each visit, maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).



Learning outcome 1: Be able to prepare for massage using pre-blended aromatherapy oils (continued)

Professional appearance: Clean professional uniform, closed in footwear, no jewellery, no piercings, hair (neatly tied back, fringe secured), personal hygiene and cleanliness (shower/ bath, cover cuts and abrasions, deodorant or antiperspirant, avoid use of overpowering fragrance), oral hygiene (clean teeth, fresh breath), nails (clean, short, polish-free, good condition and maintained).

Professional ethical conduct: Follow health and safety practices and procedures, and organisational policies and, procedures and code of conduct, demonstrate integrity, respect, flexibility and adaptability, co-operate with others, value client(s), use appropriate language, maintain a polite, cheerful and welcoming manner (friendly facial expressions, positive attitude, eye contact, open body language), maintain confidentiality, demonstrate respect for clients, colleagues and competitors, avoid gossip, take pride in work, maintain punctuality, uphold employer and client loyalty, work within limits of own authority and competence, engage in and document Continuous Professional Development (CPD) to maintain best practice.

Consultation techniques: Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, visual, manual, questioning, listen, client information reference.

Environmental conditions and safety precautions for pre-blends:

Contra-indications, store pre-blended oils away from extremes of temperature, avoid direct sunlight, store in dark amber, tightly sealed bottles/glass bottles, keep out of reach of children, correct disposal. Purchase pre-blended aromatherapy oil formulations from reputable suppliers/manufacturers, use as directed by manufacturer/supplier/organisation protocols, provide explanation of required product testing to client, test the pre-blended aromatherapy oil(s) on client's skin, allow 24-48 hours for client reactions to test, check client contra-indications to specific essential oils/oil blends, work within scope of own authority and competence.

Work area: Prepare in accordance with organisational requirements and health and safety standards, clean and hygienic – clean/disinfect/sanitise/sterilise work area, tools and equipment, sufficient ventilation, appropriate room temperature, lighting, ambience, music, hygienic set up of couch and trolley, effective, ergonomic positioning of necessary products, tools and equipment to allow for ease of access, movement and safe practice, preparation of props for client support.

Learning outcome 1: Be able to prepare for massage using pre-blended aromatherapy oils (continued)

Possible physical and physiological effects of pre-blend aromatherapy massage:

Increased circulation, warms the tissues, stimulation of skin increasing cellular function, desquamation, increased sebaceous secretions and lymphatic flow, stimulation of nerve endings, relaxation of tense muscles.

Possible psychological effects of pre-blend aromatherapy massage: Relaxation, relief from tension and stress, improved sense of wellbeing, invigorating, soothing, calming.

Products, tools and equipment:

Disinfecting fluid, sterilising solution, sanitiser, pre-blended aromatherapy oils, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, blanket, additional support/props, headband, gown/robe, disposable slippers, tissues, cotton wool, spatulas, bowls, lined waste bin, products, tools and equipment for cleaning, disinfection, sanitisation, sterilisation as appropriate to treatment.

Body analysis:

Physical characteristics – muscle tone, muscle tension, sluggish circulation, for example, cellulite, oedema, postural analysis, hair density, skin classification, skin condition, lax elasticity.

Body shapes – ectomorph, mesomorph, endomorph.

Body fat types – Visceral, subcutaneous, gender variables, body fat distribution.

Skin analysis:

Skin types – Normal (balanced), oily, dry, combination.

Skin conditions – Congested, dehydrated, fragile, hyper/hypo pigmentation, lack lustre, lax elasticity, mature, photo-aged, photo-sensitive, pustular, sensitised, sensitive, vascular.

Skin classification – Fitzpatrick scale, phenotype and genotype, Lancer scale.

The importance of recognising suspicious skin irregularities and lesions and referral to a relevant healthcare professional.

Treatment objectives: Relaxation, stress and tension relief, lymphatic drainage, postural improvement, sense of wellbeing, uplifting, anti-cellulite, stimulating, health management.

Recommendations to client:

Pre-treatment instructions on treatment process, pre-blend selection, carrier oil source and benefits, essential oil source and benefit, towel draping, positioning, expected physical sensations, expected and adverse reactions/contra-actions, outcomes, treatment options, adaptations and modifications, post-treatment advice/aftercare, lifestyle changes to maintain or improve health.



Learning outcome 1: Be able to prepare for massage using pre-blended aromatherapy oils (continued)

Contra-indications:

Absolute contra-indication – An absolute contra-indication is a condition that prevents the treatment from being carried out and may require referral.

Examples of contra-indications that may prevent treatment (absolute contra-indications) – Deep vein thrombosis, during chemotherapy and radiotherapy, contagious skin disorders – bacterial (impetigo), viral (herpes simplex, herpes zoster) and fungal (tinea corporis), cancer, cardiovascular conditions (hypertension, hypotension), diarrhoea/vomiting, haemophilia, medical oedema, osteoporosis, fever, recent operations, psychosis, pregnancy, severe varicose veins, recent head and neck injury, haemorrhage, meningitis, nervous system disorders, undiagnosed lumps/pain, on medication.

Relative contra-indication – A relative contra-indication is a condition that requires an assessment of suitability for the treatment and/or if adaptations are required.

Examples of contra-indications that may restrict treatment (relative contra-indications) – Diabetes, epilepsy, varicose veins, high/low blood pressure, product allergies, skin disorders – bacterial (boils, folliculitis), viral (warts, verruca) and fungal (tinea pedis), drugs/alcohol, cuts/abrasions, bruising, swelling, recent scar tissue, eczema/psoriasis, menstruation, hernia, heavy meal, asthma, sunburn, migraine.

Learning outcome 2: Be able to carry out massage using pre-blended aromatherapy oils

Pre-blended aromatherapy oils:

For example, uplifting, calming, relaxing, invigorating, stimulating, balancing, anti-cellulite.

Massage movements: Effleurage, petrissage, tapotement, vibrations, frictions.

Treatment adaptations: Based upon the outcome of the consultation, client requirements/diverse needs, body and skin analysis and the result of any relevant tests – choice of products/pre-blended aromatherapy oils, massage techniques – effleurage, petrissage, tapotement, frictions, vibrations, pressure, speed, direction of strokes, rhythm, sequence/flow, coverage, duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment – effects on the multisensory perceptions of the body.

Treatment evaluation: Monitor client wellbeing and skin reaction throughout, review massage treatment, document client reactions and feedback – short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

Aftercare advice: Post-treatment instructions/recommendations, verbal and written, for immediate aftercare – water intake, rest; avoidance of activities that may cause contra-actions or reduce treatment benefits, for example sunbathing/use of UV

tanning equipment, contra-actions and how to deal with them, suitable skin care regime and home treatments, postural exercises, lifestyle changes/improvements, for example stress management techniques, deep breathing exercises, healthy eating and fluid intake, further pre-blended aromatherapy oil massage treatments and frequency, alternative treatment options, retail products.

Contra-actions: Establish if it is an expected reaction or an unexpected/adverse reaction.

In the case of expected reactions – provide immediate post-treatment after care and advice for homecare, for example increase water intake, rest, get fresh air, avoid strenuous activities immediately following treatment.

In the case of unexpected/adverse reactions – discontinue treatment, take remedial action, record adverse reaction/ contra-action, advise on homecare and how to access remedial medical care if required.

Possible expected reactions – Erythema, aching/tenderness, headache, changed sleep patterns, fatigue, thirst, heightened emotions, increased urination.

Possible unexpected/adverse reactions – Hyperaemia, bruising, muscle stiffness, oedema, dizziness, nausea, excessive healing response, for example flu-like symptoms, skin reaction, allergy, allergic reaction to pre-blended oil products/massage media.



Learning outcome 2: Be able to carry out massage using pre-blended aromatherapy oils (continued)

Skin structure:

Epidermis – basal cell layer (stratum germinativum), prickle cell layer (stratum spinosum), granular layer (stratum granulosum), clear layer (stratum lucidum), horny layer (stratum corneum).

Dermis – blood and lymph supply, fibroblasts (collagen, elastin), hair, sebaceous glands, arrector pili muscle, dermal papilla, sweat glands (eccrine and apocrine), sensory nerve endings.

Hypodermis – subcutaneous layer, adipose tissue, adipocytes.

Functions of the skin: Protection, heat regulation, absorption, secretion, elimination, sensation, formation of vitamin D, melanin production, process of keratinisation.

Examples of skin diseases and disorders:

Congenital – eczema, psoriasis.

Bacterial – acne vulgaris, acne rosacea, folliculitis, boils (furuncles), impetigo.

Viral – warts, verruca, herpes simplex (HSV), herpes zoster.

Fungal – tinea (pedis, corporis, unguium).

Infestations – scabies, pediculosis (capitis, pubis).

Pigmentation – vitiligo, albinism, chloasma, ephelides, lentigo, papilloma, naevae, dermatosis papulosa nigra (DPN), port wine stains, post inflammatory hyperpigmentation (PIH), melasma.

Skin cancers – basal cell carcinoma, squamous cell carcinoma, malignant melanoma.

Others – pseudo folliculitis barbae, acne keloidalis nuchae (AKN), keratosis pilaris.

Skeletal system structure:

Bone tissue types – compact, cancellous.

Bone cells – osteocytes, osteoblasts, osteoclasts.

Bone types – long (epiphysis, diaphysis, red bone marrow, compact and cancellous tissue, periosteum), short, flat, irregular, sesamoid.

Joints – fixed, slightly moveable, freely moveable (ball and socket, hinge, pivot, gliding, condyloid/saddle).

Appendicular skeleton:

Shoulder girdle – clavicle, scapula.

Upper limb – humerus, radius, ulna, carpals (scaphoid, lunate, triquetral, pisiform, trapezium, trapezoid, capitate, hamate), metacarpals, phalanges.

Pelvic girdle – ilium, ischium, pubis (innominate bones).

Lower limb – femur, patella, tibia, fibula, tarsals (talus, calcaneus, navicular, medial, intermediate and lateral cuneiform, cuboid), metatarsals, phalanges.

Axial skeleton:

Skull – frontal, occipital, parietal, sphenoid, ethmoid, temporal, nasal, zygomatic, maxilla, mandible, lacrimal, turbinate, palatine, vomer, hyoid.

Thoracic – ribs, sternum.

Vertebral column – cervical, thoracic, lumbar, sacrum, coccyx, intervertebral discs.

Learning outcome 2: Be able to carry out massage using pre-blended aromatherapy oils (continued)

Skeletal functions: Support, joints, movement, protection, attachment, mineral source, blood cell formation.

Examples of skeletal disorders:

Abnormal spinal curvatures – kyphosis, scoliosis, lordosis, cervical spondylitis.

Fractures – simple, compound, comminuted, greenstick, impacted, complicated.

Examples of skeletal diseases: Gout, osteoarthritis, osteoporosis, Paget's disease, rheumatoid arthritis, rickets, scleroderma, synovitis.

Muscular system structure:

Types – voluntary, involuntary, cardiac.

Muscles of the head, face and neck – Buccinator, corrugator, depressor anguli oris/triangularis, depressor labii inferioris, frontalis, levator anguli oris, levator labii superioris, levator palpebrae, levator scapulae, masseter, mentalis, nasalis, occipitalis, orbicularis oculi, orbicularis oris, platysma, procerus, pterygoids, risorius, sternocleido mastoid, temporalis, zygomaticus.

Muscles of the anterior trunk – Iliopsoas (iliacus and psoas), internal and external intercostals, internal and external obliques, pectoralis major/minor, rectus abdominis, serratus anterior, transversus abdominis.

Muscles of the posterior trunk – Deltoid, erector spinae, gluteal group (maximus, medius, minimus), infraspinatus, latissimus dorsi, quadratus lumborum, rhomboids, splenius capitis, subscapularis, supraspinatus, teres major, teres minor, trapezius.

Muscles of the upper limb – Biceps, brachialis, brachioradialis, coracobrachialis, deltoid, extensor digitorum, extensor carpi radialis, extensor carpi ulnaris, flexor digitorum, flexor carpi radialis, flexor carpi ulnaris, pronator teres, supinator radii brevis, triceps.

Muscles of the lower limb – Adductors (longus, magnus, brevis), extensor digitorum longus, fibularis (peroneus) longus, flexor digitorum longus, flexor hallucis longus, gastrocnemius, gracilis, hamstrings (biceps femoris, semitendinosus, semimembranosus), piriformis, quadriceps (rectus femoris, vastus lateralis, vastus medialis, vastus intermedius), sartorius, soleus, tensor fascia latae, tibialis anterior, tibialis posterior.

Muscle functions: Contraction, relaxation, attachment, heat production, movement (flexion, extension, abduction, adduction, supination, pronation, rotation, circumduction, inversion, eversion, plantar flexion, dorsiflexion), posture, tone.

Examples of muscular diseases and disorders: Adhesions, atony, atrophy, bursitis, cramp, fatigue, fibromyalgia, fibrositis, frozen shoulder, muscular dystrophy, myositis, Repetitive Strain Injury (RSI), rupture, shin splints, spasm, sprain, strain, tendonitis, tetanus, torticollis, whiplash.



Learning outcome 2: Be able to carry out massage using pre-blended aromatherapy oils (continued)

Cardiovascular system structure:

Heart – wall (endocardium, myocardium, pericardium), aorta, atria, bicuspid (mitral) valve, chordae tendineae, inferior and superior vena cava, papillary muscles, pulmonary artery, pulmonary vein, semilunar valves (aortic and pulmonary), septum, tricuspid valve, ventricles.

Blood vessels – arteries, arterioles, veins, venules, capillaries.

Circulation – pulmonary, portal, coronary, systemic.

Major arteries of the head and neck – carotid, facial, occipital, temporal.

Major veins of the head and neck – jugular, occipital, temporal, maxillary, facial.

Major arteries of the body – aorta, descending aorta, subclavian, carotid, pulmonary, hepatic, splenic, renal, mesenteric, iliac, vertebral, axillary, brachial, ulnar, radial, palmar arch, femoral, popliteal, anterior tibial, posterior tibial, plantar arch.

Major veins of the body – vena cava (inferior and superior), pulmonary, hepatic, splenic, renal, iliac, axillary, brachial, basilic, cephalic, subclavian, saphenous (long and short), venous arch, femoral, popliteal, posterior tibial, anterior tibial.

Blood – plasma, leucocytes (granulocytes and agranulocytes), erythrocytes, thrombocytes.

Cardiovascular functions: Transport, defence, clotting, temperature regulation and homeostasis.

Examples of cardiovascular disorders

and diseases: Anaemia, aneurysm, angina, arrhythmias, arteriosclerosis, atherosclerosis, congenital heart disease, deep vein thrombosis, gangrene, haemophilia, hematoma, HIV/AIDS, high cholesterol, hepatitis, hypertension, hypotension, leukaemia, myocardial infarction, palpitations, phlebitis, pulmonary embolism, Raynaud's syndrome, septicaemia, sickle cell anaemia, stroke, thrombosis, varicose veins.

Lymphatic system structure: Lymph, lymphatic capillaries, lymphatic vessels, lymph nodes, lymphatic trunks, lymphatic ducts (thoracic and right lymphatic duct), subclavian veins, nodes (axillary, cervical – superficial and deep, inguinal, intestinal, occipital, popliteal, post-auricular, parotid, supraorbital), appendix, Peyer's patches, spleen, tonsils, thymus.

Lymphatic functions: Subsidiary circulation (lymph formation), immunity, return of lost plasma proteins to the blood, transport dietary lipids.

Examples of lymphatic disorders and

diseases: Oedema, Hodgkin's disease, non-Hodgkin's lymphoma, lupus, cellulite, glandular fever, lymphadenitis.

Learning outcome 2: Be able to carry out massage using pre-blended aromatherapy oils (continued)

Nervous system structure:

Central nervous system (CNS) – brain, spinal cord, white matter, grey matter, meninges (pia mater, arachnoid mater, subarachnoid space, dura mater), cerebrospinal fluid, bloodbrain barrier, cerebrum, cerebellum, thalamus, hypothalamus.

Brain stem – midbrain, pons varolii, medulla oblongata.

Peripheral nervous system (PNS) – spinal nerves (31 pairs), spinal nerve plexus (cervical, brachial, lumbar, sacral, coccygeal), cranial nerves (12 pairs).

Autonomic nervous system (ANS) – sympathetic and parasympathetic divisions.

Cells – neuroglia (Schwann cells, oligodendrocytes, astrocytes, microglia), neurones (sensory, motor, interneuron, dendrite, cell body, axon, axon end terminals, neurotransmitters, myelin sheath, nodes of Ranvier, neurilemma). Reflex arc, synapse, motor point.

Nervous functions – sense internal/ external stimuli, interpret and respond to stimuli, maintain homeostasis, programming, instinctual behaviour, assimilation, memory, learning, intelligence.

Examples of nervous disorders and diseases: Bell's palsy, carpal tunnel syndrome, cerebral palsy, depression, epilepsy, meningitis, migraine, multiple sclerosis, neuritis, Parkinson's disease, sciatica.

Digestive system structure:

Tract – alimentary canal (inner mucosa, submucosa, muscle layer, serous membrane), mouth, salivary glands, tongue, teeth, pharynx, oesophagus, stomach, small intestine (duodenum, jejunum, ileum), large intestine (caecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum, anus), liver, gall bladder, pancreas.

Secretions – saliva, gastric juice, bile, pancreatic juice, intestinal juice, enzymes (salivary amylase, pepsin, trypsin, pancreatic amylase, pancreatic lipase, intestinal amylase, intestinal lipase, intestinal peptidases, maltase, sucrase, lactase), hormones (gastrin, CCK).



Learning outcome 2: Be able to carry out massage using pre-blended aromatherapy oils (continued)

Digestive functions: Ingestion, digestion (carbohydrates, proteins, fats, vitamins, minerals, fibre, water), absorption, assimilation, elimination, peristalsis.

Examples of digestive disorders and diseases – Anorexia nervosa, appendicitis, bulimia nervosa, Crohn's disease, cirrhosis, colorectal cancer, constipation, diarrhoea, diverticulitis, gall stones, haemorrhoids, heartburn, hepatitis A, hernia, inflammatory bowel disease, irritable bowel syndrome, jaundice, ulcer.

Urinary system structure: Kidneys (cortex, medulla, renal pyramids, calyx, nephron, hilus, renal artery, renal vein), ureters, bladder, urethra.

Urinary functions – Blood filtration, urine formation, waste elimination, fluid balance regulation.

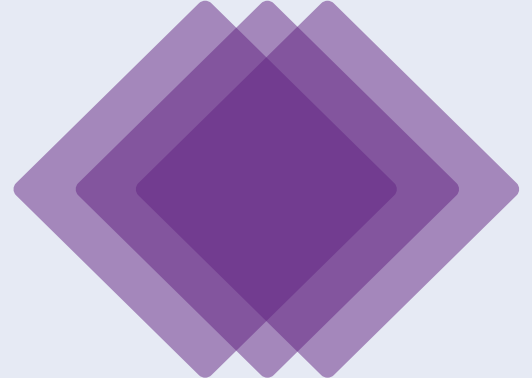
Examples of urinary disorders and diseases – Urinary tract infections, cystitis, nephritis, kidney stones (renal calculi), renal colic.

Endocrine system structure: Glands and hormones – hypothalamus, pituitary (oxytocin, vasopressin, growth hormone, adrenocorticotrophic hormone, luteinising hormone, follicle stimulating hormone, prolactin, melanin stimulating hormone), pineal (melatonin/serotonin), thyroid (triiodothyronine, thyroxine, calcitonin), parathyroids (parathormone), thymus (thymosin), pancreas – islets of langerhans (insulin, glucagon), adrenal cortex (glucocorticoids, mineralcorticoids, androgens), adrenal medulla (adrenalin, noradrenalin), ovaries (oestrogen, progesterone), testes (testosterone).

Endocrine functions: Hormone secretion, communication, maintaining homeostasis.

Examples of endocrine disorders and diseases – Acromegaly, Addison's disease, amenorrhoea, congenital hyperthyroidism, Cushing's syndrome, diabetes – type 1 and 2, gigantism, Graves' disease, gynaecomastia, hirsutism, myxedema, polycystic ovarian syndrome, seasonal affective disorder (SAD), restricted growth (dwarfism), virilism.

Notes



Use this area for notes and diagrams.
