



The inauguration of the Sports and Remedial Therapies Council (SRTC) took place in January 2010 with the intention of becoming the proposed Umbrella Organisation of the Sports Therapies and Remedial Therapies Profession.

It is the remit of the SRTC to standardise Sports Therapies and Remedial Therapies by bringing together the best practice within the industry. To achieve this aim a set of objectives was outlined and agreed and are given below: -

- To promote the adoption of high standards of practice of Sports and Remedial Therapies; thereby to offer the public the means of accessing treatment of high professional standard
- To establish a nationwide professionally determined Standard of Training, Conduct and Competence for the protection of the public
- To act as a unifying body by bringing together organisations engaged in representing or teaching Sports and Remedial therapy

and to these ends in due course; and after full consultation with member organisations:

- To establish standards of training which incorporate the National Occupational standards
- To establish standards for continuing professional development of registered practitioners.

To assist in achieving these aims the establishment of a Core Curriculum was commissioned by the Member Bodies of the SRTC.

The structure of the Core Curriculum incorporates the standards laid down by the Skills Sector Council (National Occupation Standards) for Sports and/or Remedial Therapy, to which members of the Council have been involved in establishing. It is incumbent upon any person wishing to study Remedial Therapy to incorporate all existing NOS units relating to Sports Therapy as the basis of training pre requisites.

The Council for Natural Health Care (CNHC) the voluntary regulators for the complementary therapy profession has given its help, support and backing for the establishment and the development of the SRTC.



DEFINITION

Remedial Therapy may be explained as the skilled, manual, therapeutic application of remedial techniques, which are selected and performed after careful consultation, recording of medical history and appropriate general and specific assessment.

The techniques involved will include posture analysis, gait analysis, biomechanical assessment, performance enhancement, restorative, and rehabilitative techniques to improve the condition of the client, self awareness of the individual and include early identification and treatment of minor soft tissue conditions, treatment of soft tissue damage and prevention. In certain circumstances the intervention by mechanical and electrical treatment, hydrotherapy treatment, cryotherapy (cold) and thermotherapy (heat) treatment may be required

THE CORE CURRICULUM STANDARDS

The standards within this curriculum are to be viewed as the threshold to the profession of Remedial Therapy. Training establishments, which offer more hours/units, will obviously wish to continue to do so. Those establishments, which offer subjects outside of the Core Curriculum, must allow additional in-class teaching hours to accommodate these topics.

TRAINING PERIOD

The Remedial Therapy training period from commencement to qualification must be no less than the total hours advised for each unit. It is however anticipated that more hours will be dedicated to this course.

The course may be studied without prior attainment of the pre requisite units but they must be incorporated within the training course. In this instance the training period must be extended to give sufficient time for the students to gather information and gain practical experience within those specific prerequisite units.

TRAINING ESTABLISHMENTS

The SRTC reserves the right to audit any training school providing education mapping to the SRTC core curricula.



TEACHING HOURS

The education and training required to becoming an SRTC recognised Remedial Therapy Practitioner will be in the form of notional and guided learning hours. These are defined as follows:

“Guided” learning hours are defined as being in a learning environment where a tutor, lecturer or teacher is present. Assistant teaching staff (professional therapists with teaching experience and final year students) may be involved in the duties of supervision of students.

“Notional” hours are defined as hours where a student studies or practices via guided learning materials from a tutor, lecturer or teacher, who need not be present. Notional learning hours can be in the classroom or at home. The results of such work must be marked or assessed to enable the student to develop his/her skills.

In any one-day, the suggested minimum teaching hours should be three and the maximum eight. It is expected that training establishments will aim for the highest levels of achievement, which could therefore necessitate additional in-class hours.

In addition to the above hours, students should be fully aware that considerable home study is required. The hours required will be determined by the student’s ability and commitment, but are unlikely to be less than 200 during the training as a whole.

ENTRY REQUIREMENTS

1. Minimum age of 18 years of age at the commencement of training, but a pathway for students, between the ages of 16-18 years of age to certificate level (assistant level) will be provided.
2. Have an adequate level of written and spoken English. Hold qualifications/skills in the required pre requisite units given within this document and if physically challenged, have sufficient ability to perform the Remedial Therapy techniques listed within the syllabus. In such cases, training establishments should also make reasonable arrangements for student support.

TUTORS’ QUALIFICATIONS

With regard to the standard of the student’s training, and education, the STRC must be satisfied that not only does it meet the stated requirements in terms of



Class hours, but that the principal tutors of the training establishment have themselves received sufficient in-depth training, and are qualified to ensure the required standard of teaching is met.

Tutors of Remedial Therapy, Anatomy and Physiology and Pathology, must meet the following criteria:

1. Science and/or alternative clinical/medical qualifications, in relevant fields of study, particularly those qualifications that have spanned a period of more than three years of formal study. The qualification must have been externally validated by a recognised examining/awarding body and meet the National Occupational Standards.
2. Have a minimum period of three years experience in the practice of Remedial (or related clinical) Therapy.
3. Their experience must also be current to within the last two years as a Remedial (or related) Therapy Practitioner and preferably belong to a member organisation of the SRTC
4. They should hold a recognised Department of Education Teaching and Assessor qualification, which is relevant to the programme they are teaching.
5. Tutors who have already been approved by their training organisation and have been teaching for at least 3 years will be accepted automatically
6. Assessors who have already been approved by their training organisation and have been assessing for at least 3 years will be accepted automatically.
7. Tutors must provide evidence of maintaining professional competence. They must be able to demonstrate to their Awarding Body that they engage in appropriate continuing professional development activities as indicated by their body e.g., additional training and/or qualifications in Remedial Therapy or a related discipline.

The Sports and Remedial Therapies Council will be compiling a list of equivalent or higher teaching qualifications to measure the suitability of applicants for teaching posts who may hold different qualifications to those listed above or who may have qualified in another country and wish to teach the SRTC core curriculum.

ASSESSMENT OF STUDENTS

Students will need to be assessed on a one to one basis and working with a variety of clients. These must include external clients not known previously to the student. Simulated* conditions are also expected to be used.

A range of evidence sources may be used and these may include observation, case studies/histories, professional discussion, written tests, multiple choice questions, presentation, individual learning evaluation, photographic evidence and client testimony/evaluation.

The evidence provided by the student must cover a range of scenarios – soft tissue treatment, injury prevention, life style advice, quality of life advice, postural assessment and where relevant mechanical and electrical treatment. Also a variety of clients must be used, to cover differences in gender, age, physical and emotional health. Permission from the client must always be sought prior to assessment in order to protect client confidentiality.

- **Students must complete written assignments covering the underpinning theories and principles of all aspects of the CC.**
- **A formal assessment of practical skills must be carried out at the end of the training programme in addition to the continual assessment procedures.**

Initial Assessments will be carried out by the Course Tutor.

Formative Assessments may use simulated** situations. All simulations must be planned and performed so as to replicate real work situations and a real working environment as near as possible to those one would expect to find in a normal operating workplace. Training Establishments should provide simulated clinical experience within the course settings.

Summative Assessments must be carried out by Assessors who have not been involved in the training and education of the student they are assessing. These should be on a one-to-one basis and include the student assessing the needs of a previously unknown client, devising a treatment plan, giving the remedial therapy treatment and providing appropriate aftercare. This is to ensure that the student is capable of independent professional practice with members of the public.

The candidate's examination paperwork must be marked/checked by an independent Assessor (not involved in the training of the candidate) and subject to a candidate/percentage check via the external Assessor.

Exemption – The course tutor may carry out Summative Assessments where the teaching establishment is accredited by an external body and subject to external assessment.

Individual units must be assessed using a range of assessment methods.

APL Assessment – must be carried out by a tutor/lecturer holding necessary Assessment qualification. (D35 or equivalent)

**In order to cover the required range of contra indications it may be necessary for the tutor to set simulated conditions in relation to a client's health. The student will be expected to have sufficient knowledge and understanding to adapt the Remedial



Therapy procedures or where necessary to decline the Remedial Therapy treatment of a particular client or refer the client to another health practitioner. Replicated or simulated practice must only be used where a particular contra indication is not possible within genuine circumstances.

REMEDIAL THERAPY QUALIFICATION

- The Remedial Therapy qualification is designed to allow the student to reflect on their knowledge of remedial injuries or trauma, which are non sport related, their own professional experience and have sufficient understanding to critically evaluate existing therapeutic practices, relating to assessment, re-assessment, rehabilitation and enhancing the quality of life for critical remedial clients/patients
- To both develop and broaden the clinical status and knowledge base of the remedial therapist to assist them in being more effective contributors in their particular field of integrated health care.

REQUIREMENTS

The Diploma in Remedial Therapy will consist of pre requisite modules:

1. Sports Therapy suite of NOS units (see link to NOS – Skills Active or additional SRTC documentation listing these units). See page 22*****
2. A diploma in Body Massage to Practitioner Level 3 and NOS standards or above or

A diploma in Remedial Massage to Practitioner Level 3 and NOS standards or above.
3. A diploma in Anatomy, Physiology and Pathology and NOS standards or above.
4. First Aid Certificate (Safety in the workplace)

TRAINING PERIOD

The Remedial Therapy training period from commencement to qualification must be no less than the total hours advised for each unit. It is however anticipated that more hours will be dedicated to this course.

The course may be studied without prior attainment of the pre requisite units but they must be incorporated within the training course. In this instance the training period must be extended to give sufficient time for the students to gather information and gain practical experience within those specific prerequisite units.



TEACHING HOURS

The recommended guided and notional hours education and training required to become a recognised Remedial Therapy Practitioner is as follows:

1) Remedial Client Evaluation	(RT1 - U1)	40 hours
2) Injury/Trauma Evaluation, Treatment and Rehabilitation	(RT1 - U2)	100 hours
3) Collaboration with the client's health professional to provide post-medical rehabilitation remedial injury treatment	(RT1 – U3)	40 hours

In Addition

4) Applied Anatomy and Physiology	(RT1 – U4)	40 hours*
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*This can be taught through traditional teaching methods, guided learning hours or distance learning and must include a final assessment.

Further recommended Add-on unit

5) Physiology of the Cardiovascular System	(RT1 – U5)	40 hours
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It is recognised that there may be training establishments that do not meet the required guided learning hours, however the SRTC recognise that there may be conditions which would allow the SRTC to consider non adherence to the guided learning hourly ratio per unit. It will be the responsibility of the individual training establishment to show just cause for non adherence. The decision of the SRTC to accept or discount such justification is final and binding.

It is further recognised that the proportion of notional hours to guided learning hours will depend on the size of class, the past experiences and knowledge of students and other related conditions.

Teaching and Learning

- Learning should take place through the student's own learning activities by a variety of sources including examining and individual assessment of the client.
- Teaching can include demonstrations, lectures, discussions, interaction and practical application.
- Students must be able to extract information from a wide variety of source material including library resources, the media, textbooks, models, audio-visual aids, and information technology and use such information in problem solving activities.

- d) Every advantage must be taken to ensure teaching relates to the working environment.

It is recommended that repeated supervised practice be provided during training. It is also recommended that a ratio of a maximum of fourteen students per tutor be in a practical class, at any one time.

Students should be advised that extensive hours of home practice would be necessary to develop their practical skills.

The SRTC Core Curriculum for Remedial Therapy is specifically designed to allow the student to develop their skills by studying individual units. With the exception of **Unit 5, “Physiology of the Cardiovascular System” ****, the student must complete all units/elements of the course to qualify as a Remedial Therapist.

CASE STUDIES/HOME STUDIES

Minimum requirement: **12 clients** – minimum of **four treatments** per client, for at least 6 of them. Overall total should be at least **30 treatments**. These treatments should evaluate the effectiveness of Remedial therapy for clients over a period of time. Case studies should also be used by students as reflective practice for self-evaluation and continuing professional development.

In addition to the above hours, students should be fully aware that considerable home study is required. The hours required will be determined by the student’s ability and commitment but are unlikely to be less than 250 during the training as a whole.

RT1 – U1 REMEDIAL CLIENT/PATIENT EVALUATION

Rationale

- a) To assess the client’s needs which affect health, well being and effective functioning including information relating to:
- Life style, physical activity, diet and nutrition
 - Full assessment of all relevant physical and emotional background
 - Family history where applicable e.g., genetic/hereditary background
- b) To balance the client expectations with reasonable or achievable outcome such as:
- Greater joint mobility
 - Reduction of oedema
 - Acceleration of the healing process
 - Postural improvement
 - Reduction of stress



- Reduced muscle tension
- Pain reduction
- Improvement in the quality of life

AIMS

- The practitioner must be able to communicate effectively with the client and equate the information gleaned to the treatment required
- To determine the nature, extent and urgency of the client's needs and to mutually agree a course of action
- To develop a treatment programme including evaluation and monitoring, taking into consideration the client's age, health, life style and physical capabilities or restrictions
- To refer the client to another healthcare practitioner when and if appropriate
- To decide if or when remedial therapy treatment is not or no longer appropriate to meet the client's needs

Outcome

The student must be able to:

1. Ensure equipment and materials are appropriate to the treatment being offered. All Health and Safety requirements are met with regard to treatment and the inclusion of ice and thermotherapy.
2. Ensure all information regarding past injuries and accidents, activity and occupational factors and the present situation are fully recorded and assessment taken on these results and not assumptions regarding age or other factors.
3. Make a valued assessment regarding when and what is safe to treat and when it may be necessary to refer.
4. Acknowledge that referral of the client does not negate the practitioner from responsibility.
5. Ensure exercises in palpation are carried out correctly thus, allowing the student to become proficient and to develop a 'feel' for different tissues and their condition.
6. Recognise scar tissue, adhesions, chronic tension and other types of soft tissue trauma.
7. Identify inflammation and contra indications to treatment



8. Define Intra/Intramuscular Haematoma.
9. Carry out a Postural Assessment of the client:
 - Standing, sitting, anterior and posterior and side view
 - Observe shoulder and hip alignment
 - Define lordosis, kyphosis, scoliosis, and flat back tendencies
10. Understand the factors that affect Range of Movement (ROM) and to carry out ROM analysis and take account:
 - a) The shape of the joint and the type
 - b) Muscles – their bulk and length
 - c) Connective Tissue
 - d) Skin
 - e) The muscle reflex
 - f) Elasticity and contractibility
 - g) Active, passive and resisted movement to all peripheral joints
 - h) Active, passive and resisted movements to all peripheral joints
 - i) Distinguish between soft tissue dysfunction and inner joint or structural dysfunction
11. Explain to the client the benefits of Remedial therapy such as:
 - Flexibility, injury recovery, injury prevention
 - Enhancement of quality and lifestyle activities
 - Quality of lifestyle improvement for chronic condition clients

Guided learning hours 40 (forty)

RT1 – U2 INJURY/TRAUMA, TREATMENT, EVALUATION & TREATMENT

Rationale

- To develop the practical skills to provide Remedial Therapy
- To develop palpation skills to assess the injury/trauma
- To complement and reinforce the student's knowledge of Anatomy and Physiology and Surface Anatomy
- In the case of joint trauma, be able to do comparisons with the non affected joint to achieve an objective assessment of any damage/injury or loss of flexibility/ROM

- Knowledge and understanding of pre-existing conditions/disease processes (therapeutic and remedial).
- To incorporate complex soft tissue movements such as fascia release work, neuromuscular technique, trigger point release as applicable to the treatment of the individual.
- To incorporate such methods as mechanical and electrical treatment, cryotherapy, thermotherapy and hydrotherapy or other methods where training has been incorporated into the course structure and where applicable to the treatment of the individual.
- To complement and reinforce the knowledge of Applied Anatomy, Physiology and Pathology.
- To further enhance consultation abilities to include case history, past history, genetics and present situation.
- To incorporate such methods in the following context: -
 - a) Injury management post-acute phase,
 - b) Acute phase
 - c) Chronic phase
 - d) Injury prevention
 - e) Problem solving (non-injury presentation)

AIMS

- a) To ascertain the client's suitability for Remedial Therapy Treatment whilst taking into account any cautions or contra indications.
- b) To develop a responsible and competent approach to the use of Remedial Therapy techniques.
- c) To develop practical skills necessary to apply remedial therapy techniques both safely and effectively and relating such treatments to individual needs.
- d) To recognise the signs and symptoms of soft tissue damage limitation and the healing process.
- e) To appreciate the causes of soft tissue damage such as friction, impact, twisting, stretching and shearing.
- f) To recognise the classification of damage from acute to chronic to overuse.
- g) To identify adhesions and scar tissue – their pathology – and causes.

- h) To recognise limitation to the client's movement and mobility due to such conditions as Arthritis and Rheumatism and to be able to recognise when such conditions are in an inflamed condition and treatment is not recommended or practical.
- i) To safely position the client (prone, supine, on their side etc) to enable access to all necessary soft tissue.
- j) To apply safely and within the client's tolerance zone, such remedial therapy treatment as deemed necessary and appropriate as a result of the consultation process.
- k) Where such treatment is deemed necessary for the benefit of the client, mechanical and electrical application, hydrotherapy, cryotherapy and thermotherapy are used in accordance with manufacturers' instructions, Health and Safety regulations and within the comfort/tolerance range of the client.

Teaching and Learning

1. Demonstrations, supervised practice and student participation are the main strategies employed to develop a variety of techniques and to build experience of different types of injury/trauma and the different levels of such damage.
2. It is recommended that repeated supervised practice be provided during training and a ratio of a maximum of fourteen students per tutor in a practical class, with six students only, working at any one time. Where larger classes are present it will be necessary to have a teaching assistance present (see definition under class sizing – page 2).
3. Students should be advised that extensive hours of home practice are necessary to develop their practical skills.

Outcome

The student must be able to:

1. Explain the philosophy and role of Remedial Therapy within Injury and Trauma both acute and chronic stages and explain to a client the physiological effects of remedial techniques applicable to the client's needs.
2. Be able to assess ROM and flexibility and plan a programme for improvement and describe the main healing benefits and the effect on the quality of life via improved ROM and flexibility
3. Be able to instruct and carry out remedial techniques



- Stimulate or sedate psychological stress conditions
4. Recognise posture defects via a posture analysis programme and give specific exercise routines to encourage improvement where possible.
 5. Be able to carry out an analysis of soft tissue trauma, assess the grade and level and use a range of methods to improve the degree of trauma and ease discomfort in a safe and professional manner.
 6. Be able to carry out Palpation methods:
 - Feeling with the hand or, where necessary, the fingers with a light touch on the surface of the body to determine the condition of any soft tissue dysfunction or level of discomfort
 7. Assess the soft tissue component of joint dysfunction and correctly refer to the relevant Health Professional when other structural factors are involved.
 8. Be able to use R.I.C.E and other acute injury methods where appropriate.(The use of R.I.C.E. is under clinical research – continuous checking will be required to insure the candidate keeps up to date with the latest information).
 9. Have an appreciation of the overuse syndrome, micro trauma, scar tissue and their gradual effects and deterioration on biomechanics.
 10. Be able to link the taught theory with clinical techniques for soft tissue damage.
 11. Be able to explain and demonstrate to the client such preventative and rehabilitative training as:
 - Active-passive-resisted exercise
 - Functional movement patterns
 - Stretching and strengthening techniques
 12. Be able to explain to the client, the risks involved with overuse factors or incorrect or inappropriate exercise and/or compensatory techniques, which can exacerbate poor posture conditions.
 13. To be able to carry out treatments involving infrared lamps and heating products.
 14. To give advice on different breathing techniques used in pain management and relaxation.
 15. Recognise the symptoms and phases of inflammation and carry out an inflammation test when required.
 16. Recognise signs and symptoms of strains and the tissues involved.



17. Appreciate the different grades of a sprain and the common associated conditions.

18. Understanding the repair mechanisms and give advice to the client regarding the healing process.

19. Be able to respond appropriately to different client reactions (contra-actions), which can take place during and after the treatment

20. Be able to carry out complex Soft Tissue treatment – such methods as:

- Neuromuscular Techniques (**NMT**)
- Trigger Points. What they represent, how to find them, how to treat them

(b) Soft **Tissue** Release

- Lock and stretch, active, passive, resisted and functional methods

(c) Muscle **Energy Technique**

- Post Isometric Relaxation
- Proprioceptive Neuromuscular Facilitation (PNF)
- Reciprocal Inhibition

21. Have an understanding of the safe use and handling of all equipment necessary to carry out Remedial Therapy treatment.

- Stimulate or sedate psychological stress conditions

22. Carry out remedial therapy treatment to individual areas of the body, specified via the consultation process and taking into consideration posture analysis, flexibility and ROM results, the client pain/discomfort level and their physical ability to perform such movements as deemed necessary for the improvement of the client's condition.

Educational training 50 (fifty hours)

RT1 – U 3 COLLABORATION WITH THE CLIENT'S HEALTH **PROFESSIONAL TO PROVIDE POST- MEDICAL REHABILITATION REMEDIAL** **INJURY TREATMENT**

Guided learning and Notional Hours 100 (one hundred hours)

Rationale

To assess, evaluate and implement a treatment plan for rehabilitation of the post-medical remedial injury/trauma client and work alongside their medical professional.



AIMS

- To accurately assess the remedial injury/trauma client against accepted norms
- To work within the clients comfort zone
- Devise an appropriate care system for the acute and long term injury/trauma client
- To understand the clients limitations, whether physical impairment through injury, weight, age or stress and set realistic targets
- Planning the treatment in manageable micro bites to ensure the client has the ability to progress and has a sense of achievement to prevent rejection of the programme.
- To appreciate and careful monitor the progress or otherwise of the client
- To be able to assess if the client is not progressing sufficiently and re evaluate the rehabilitation programme and adapt to encourage improvement and maintain the client's interest.

OUTCOME

The student must be able to:

1. Assess the injured/trauma client who may be in recovery from intervention medical treatment.
2. Assess the client in order to identify the client's present physical condition and compare findings against accepted norms.
3. Where necessary obtain the clients Health Professional input and advice and have knowledge of any contra indications which may affect the client's progress and rehabilitation.
4. Set realistic targets to enable the client to maintain interest.
5. Understand the principles and procedures relating to any given exercise regime to optimise pain relief, flexibility, ROM and speed of response.
6. Monitor the rehabilitation programme and adjust when or where necessary
7. Use the correct procedures or equipment to produce long term improvement
8. Understand the importance of correct posture and balance in relation to long term improvement and further injury prevention

9. Have knowledge and understanding in the treatment of surgical scar tissue
10. Have knowledge and understanding of deep abdominal massage and the contra indications to such where repeat pregnancy, caesarean procedures or other abdominal organ procedures have been necessary
11. Advise the client on such routine as stretching and strengthening and giving guidance by physical demonstration to ensure correct understanding

It is expected that the student shall carry out individual Research methods relating to the Pathology of conditions that have been covered within the course Range of Conditions and that this research covers the latest information on the management of remedial injuries.

It is a requirement that the student will reflect on their chosen procedures and have sufficient knowledge and skill to adapt and respond where necessary to the benefit of their client and their treatment.

RT 1 – U 4 APPLIED ANATOMY AND PHYSIOLOGY

CONTACT HOURS/NOTIONAL HOURS 40 (forty) hours

Rationale

This unit has been designed to:

- a) To enhance the knowledge and understanding of the structure and related pathology of the human body
- b) To further the understanding and principles of human physiology

AIMS

- a) To provide opportunities to examine the living body and apply knowledge to practical skills.
- b) To further enhance the student's skills of observation and analysis through practical experience
- c) To further develop the student's understanding and recognition of common injuries/soft tissue damage and the psychological effects to the client determined by either acute or chronic conditions.
- d) To understand the restraints, restrictions, lifestyles and body structure have on the individual and to be able to devise a treatment plan within the client's ability and tolerance levels without undue demands, discomfort or embarrassment.

Teaching and Learning

- a) Learning should take place through the student's own learning by a variety



of sources including examining and reporting on skeleton models and the living body.

- b) Teaching can include demonstrations, lectures, discussions, interaction and practical application.
- c) Students must be able to extract information from a wide variety of source material including library resources, media, textbooks, audio-visual aids, information technology and use such information in problem solving activities
- d) Every advantage must be taken to ensure teaching relates to the working environment.

OUTCOME

The student must:

A. MUSCULOSKELETAL SYSTEM

1. Have an in depth understanding of the structure and function of bones, muscles, tendons, ligaments, fascia, synovial capsules and bursae
2. Understand the mechanics of the “Stretch” reflex and its role within muscle function
3. Understand the Pain Cycle and its effect upon the client
4. Understand the mechanics behind the action of muscle spasm and its link with the client’s tolerance level of pain. (Not to go beyond tolerance level)
5. Understand the proteins Actin, Myosin and cross bridging
6. Understand how ATP/ADP affects the ability of muscles to function

B. BONES AND PROMINENCES and JOINT MOVEMENT

1. Recognise the terminology used when discussing prominences such as:
 - Greater Trochanter
 - Radial Tuberosity
 - Ulnar notch
 - Styloid Process
 - Olecranon fossa
 - Lateral and medial epicondyle
 - Radial fossa and others.

2. To have an understanding of synovial joint movement and terminology:

- Flexion – increase or decrease at the angle between bones
- Extension – An increase in the angle between the surfaces of articulating Bones
- Hyperextension – extension beyond the anatomical position
- Abduction – movement of the bone away from the mid line
- Adduction – movement of the bone towards the mid line
- Rotation – movement of the bone around its longitudinal axis
- Circumduction – movement where the distal end of the bone moves in a circle while the proximal end remains stable
- Inversion – sole of the foot moves inwards so that the soles face each other
- Dorsiflexion – bending the foot in the direction of the upper surface
- Plantar flexion – bending the foot in the direction of the lower surface
- Retraction – movement of a protracted part backward parallel to the ground
- Protraction – movement of the mandible or shoulder girdle forward on a plane parallel to the ground
- Supination – movement of the forearm where the palm is turned anterior
- Pronation – movement of the flexed forearm in which the palm is turned posterior
- Elevation – movement of a part of the body upward
- Depression – movement of a part of the body downward

C. TYPES OF MUSCLE FUNCTION

1. Origins, Insertions and Actions – how muscles function to create movement
2. Understand postural and phasic muscle work
3. To be able to explain Prime Movers, Synergistic and Fixators
4. Explain concentric and eccentric movement when applied to muscle tissue



5. Understand reciprocal inhibition

D. BODY CAVITIES

1. Have an understanding of the spaces within the body that contain internal organs

E. EXERCISE PHYSIOLOGY

1. Understand and be able to explain to the client the techniques of warming up and cooling down, stretching and strengthening and explain the philosophy and **possible** “gained” benefits of such movements.
2. Understand and be able to explain to the client the importance of working within their limitations and give instruction and guidance via demonstration on how to perform such exercise movements as deemed necessary to enhance their treatment and support the positive outcome of their condition.
3. To further understand the importance of quality of life style enhancement where physical ability may be curtailed.

Educational Training 40 (forty hours)

The learning based outline is not exhaustive. It is indicative of the contents of an education programme, having sufficient information and training, to enable the student to achieve understanding and awareness of the subject matter.

SPECIALISMS

Where students wish to carry out training in specific remedial conditions such as:

- **The client living with Arthritis**
- **Remedial care for the Cancer patient and**

other specific conditions where Complementary Remedial Therapy has established educational courses; such courses can be added to the overall course structure and additional time and training hours given within the course requirements or:

- **Can be studied as an add-on unit or individual CPD course**

**** Module RT1 Unit 5 element 1 – Physiology of the Cardiovascular System - is an additional module to the Remedial Therapy Core Curriculum and may be added to the RT1 or studied as an add-on unit or CPD unit.**

RT1- U5 PHYSIOLOGY OF THE CARDIO VASCULAR SYSTEM

Rationale:

To develop sufficient knowledge to evaluate the progress of cardiac/stroke client and work alongside such experts as are deemed suitable for the client.



AIMS

- Have a working knowledge of the equipment necessary for the evaluation of the client's condition prior to planning treatment and/or exercise
- To ensure all equipment is fit for purpose and where required calibration is carried out according to and by the manufacturer/supplier
- Appropriate gathering of information and medical input for the safe treatment of the client
- To work safely and efficiently with the client taking into consideration the medical input and advice being given

To input results to the medical professional where required or requested

The student must be able to:

OUTCOME

1. Select and use equipment and materials that are appropriate to the treatment being offered and all Health and Safety requirements are met with regard to treatment
2. Have knowledge and understanding and be able to carry out the application of the Sphygmomanometer and pulse monitor
3. Have an understanding of and be able to differentiate between high and raised blood pressure
4. Understand the lung function and have knowledge and understanding of the equipment necessary to evaluate/rehabilitate effective lung inspiration/expiration:
 - Chester Step Test
 - VO2 max readings
 - Power Breath
 - Lung Capacity
5. Evaluate the progress of remedial clients and work alongside such experts as are deemed suitable for the client.
 - Integrate medical guidance with regard to the remedial client
6. Research latest information on management of cardiac/stroke clients.



- Critical analysis of treatment procedures and rational for such procedures
7. Understand the effects of poor/ enhanced cardio/respiratory function on the quality of life style of the client
 - The effects of poor/ enhanced cardio/respiratory function on the client's ability to function and carry out normal everyday tasks
 8. Be able to adapt any corrective exercise regime to suit the non-mobile client, taking into account all physical limitations, their comfort and their dignity.
 9. Ensure such clients deemed necessary to require monitoring of pulse rate are safely and appropriately monitored and medical guidance is adhered to.
 10. Ensure all client results/outcomes are clearly detailed and their records are updated after each treatment.
 11. Reflect upon the treatment being given and adapt where necessary ensuring where required medical input is necessary; this is obtained prior to any change in the treatment regime.
 12. Ensure any treatment being carried out is kept to the client's physical and mental limitation and take into account not only their remedial injury/trauma but also any stress or concern which may be present during the treatment session.
 - Ensure any treatment plan is carried out with due regard to the clients condition, within their comfort range and their dignity is maintained at all times.
 13. Ensure the client is involved in the planning of their treatment and is consulted throughout the process, thereby ensuring they remain in control
 - The treatment process must be explained fully to the client and this information reinforced during the treatment and where any treatment change is necessary.

Educational Training 40 (forty hours)

NOS Units for Sports Therapy as pre requisite to Remedial Therapy add-on units:

List of Sports Therapy NOS units are as given below:



- A334 Apply accepted standards and continuously develop own practice
- D520 Plan, apply and evaluate massage methods
- D521 Plan, apply and evaluate massage methods to prevent and manage injury
- D522 Plan, apply and evaluate complex massage/soft tissue methods
- D523 Apply taping and strapping for general support in a sport and activity context
- D524 Apply taping and strapping following injury to limit specific movement in a sport and activity context
- D525 Apply taping and strapping to influence movement patterns and proprioception in a sport/activity context
- D526 Apply magnetic therapies to clients in a sport and activity context
- D527 Apply basic cold techniques to clients in a sport and activity context
- D528 Apply hot and cold techniques to clients in a sport and activity context
- D529 Apply advanced hot and cold techniques to clients in a sport and activity context
- D530 Apply electrical stimulation techniques to clients in a sport and activity Context
- D531 Apply repair stimulator techniques to clients in a sport and activity context
- D532 Apply advanced repair stimulator techniques to clients in a sport and activity context