



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 practices 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 Sports and Remedial therapies.

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

- To establish standards of training which incorporate the National Occupational standards within its Core Curriculum.
- 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 has been based on and incorporates the standards laid down by the National Occupation Standards for Sports and Remedial Therapies, to which members of the Council have been involved in establishing.

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

DEFINITION

Sports Therapies may be explained as the skilled application of a wide range of therapeutic techniques which facilitate the therapist in carrying out such skills to enable them to advise and treat a client in the prevention, recognition and treatment of a sports related injury and to help support the client to maintain and improve fitness levels. These techniques are to be selected and performed after careful consultation, recording of medical history and appropriate general and specific assessment.

THE CORE CURRICULUM STANDARDS

The standards within this curriculum are to be viewed as the **threshold** to the profession of Sports Therapies. Training establishments, which offer more hours, 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 Sports 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 education and training required to becoming a SRTC recognised Sports Therapies Practitioner must be in the form of guided and notional 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 150 during the training as a whole.

Where Guided learning is stated this can also be referred to as Contact hours

ENTRY REQUIREMENTS

- 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.
- Have an adequate level of written and spoken English. Hold a qualification in the required pre-requisites, unless incorporated into the course structure. If physically challenged, have sufficient ability to perform the Sports therapies 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 Sports Therapies, Anatomy and Physiology and Pathology, must meet the following criteria:

- a) Sports Therapies and/or alternative clinical 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 include any National Occupational Standards within this area.
- b) Have a minimum period of three years experience in the practice of Sports Therapies.

- c) Their experience must also be current to within the last two years as a Sports Therapy Practitioner and preferably belong to a member organisation of the STRC
- d) They should hold a recognised DoEE Teaching and Assessor qualification, which is relevant to the programme they are teaching.
- e) Tutors who have already been approved by their training organisation, and have been teaching for at least 3 years will be accepted automatically
- f) Assessors who have already been approved by their training organisation, and have been assessing for at least 3 years will be accepted automatically.
- g) 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 Sports Therapies 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/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 – fitness testing, sports injury treatment, exercise regime, postural assessment and where relevant taping and strapping. 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 sports therapies treatment and providing appropriate aftercare. This is to ensure that the student is capable of independent professional practice with members of the public.

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

* 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.

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)

Skills Active has produced guidelines for assessment and quality control for Sports Therapy.

** 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 Sports Therapy procedures or where necessary to decline the Sports 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.

SPORTS THERAPY QUALIFICATION

DEFINITION

Sports Therapy may be explained as the skilled application of a wide range of therapeutic techniques, which facilitate the therapist in carrying out such skills to enable them to advise and treat a client in the prevention, recognition and treatment of a sports related injury and to help support the client to maintain and improve fitness levels. These techniques are to be selected and performed after careful consultation, recording of medical history and appropriate general and specific assessment.

The techniques involved will include modules:

1. Advice on sport and fitness injury avoidance
2. Health and fitness testing
3. Assessment of body alignment and individual sports exercise advice
4. Exercise advice for the sports client relating to pre, mid and post activity
5. Taping and strapping for general support and following injury.
6. Application of criotherapies and thermo-therapies in a sport and activity context
7. Basic Biomechanics of movement
8. Hydrotherapies including spa and sauna *
9. Mechanical and electrical application for the assisted repair of soft tissue injury*
10. Physiology of the Cardiovascular system
11. Principles of Good Practice
12. Injury Treatment and Rehabilitation

REQUIREMENTS

The Diploma in Sports Therapies consists of **pre requisite units:** -

- Assess the needs of the client
- An understanding of Professional Practice Management
- Specify what is necessary to support Health, Safety and Security in the workplace.
- Knowledge of A/P and Pathology and applied A/P
- First Aid
- Body Massage
- Specific Sports Soft Tissue Techniques
- Client Patient Evaluation

It is expected that the student will have the generic and specific units from their previous pre requisite qualifications, but they can be included within

this Sports Therapy Course structure. In this instance further study and teaching and support hours must be included to incorporate all units.

The SRTC Core Curriculum for Sports Therapy is specifically designed to allow the student to develop their skills by studying individual modules. With the exception of the modules, 8, Hydrotherapies* and 9, Mechanical and electrical*, the student must complete all elements of the course to qualify as a Sports Therapist.

TRAINING PERIOD

The Sports 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 recommended supervised, guided and notional hours of education and training required to completing the units of Sports Therapies, is as follows: -

		GLH	Notional	Total hours
1) Health and fitness testing	ST3 U1	15	25	4 credits
2) Advice on Sport and Fitness Injury Avoidance	ST3 – U2	25	25	5 credits
3) Assessment of body alignment and individual and specific remedial exercise	ST3 – U3	15	25	4 credits
4) Exercise for the sports client	ST3 – U4	25	25	5 credits
5) Taping and strapping for general support and following injury	ST3 – U5	15	15	3 credits

6) Application of cryotherapies and heat in a sport activity context	ST3- U5	20	10	3 credits
7) Basic Biomechanics of movement	ST3-U7	25	15	4 credits
8) Hydrotherapies including Spa and Sauna*	ST3 -U8	20	10	3 credits
9) Mechanical and electrical application for the assisted repair of soft tissue injuries *	ST3-U9	25	20	4.5 credits
10) Physiology of the Cardiovascular system	ST3- U10		30	3 credits
11) Principles of Good Practice	ST3 -U11		10	1 credit
12) Injury Treatment and Rehabilitation	ST3 – U12	30	30	6 credits

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.

Teaching and Learning

- a) Learning should take place through the student's own learning activities by a variety of sources including examining and individual assessment of the client.
- 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, 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 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.

CASE STUDIES/HOME STUDIES

A minimum requirement of 12 (twelve) clients, with a minimum of 4 (four) treatments, per client. The overall total should be at least 48 (forty eight) treatments. These treatments should evaluate the effectiveness of Sports Therapy for clients over a period of time. They 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 150 hours during the training as a whole.

Note: where “client” is referred to, read also “patient”, “user”, “pupil” and “learner”. This definition will apply throughout the Core Curriculum.

ST3 - U1 HEALTH AND FITNESS TESTING

Rationale

- a) To develop the practical skills to carry out health and fitness testing.
- b) To be able to question and observe and carry out a physical examination of the client, which is acceptable to meet the client's specific needs.
- c) To further enhance consultation abilities to include, sport activity history both past and present, their injury and healing levels and present situation.

Guided learning hours 15, Notional Hours 25 Max credit value 4

AIMS

- a) To ascertain the client's suitability for Sports Therapies whilst taking into account any cautions or contra-indications.

- b) To ensure the client is not put under undue physical or mental stress throughout the testing session.
- c) To be able to correctly analyse the results of the fitness test and to build a safe and effective fitness plan to meet the individual clients needs. The outcome of the fitness regime will be specific to the client but a detailed range of evidence will need to be presented and measured against official norms relating to health and fitness:
- Muscle tone
 - Flexibility
 - Energy levels
 - Efficient heart rate
 - Blood pressure
 - Range of movement (throughout this document referred to as ROM)
 - Body mass index
 - Midriff/waist differential
 - Stamina/endurance
 - Lung capacity/aerobic capacity
 - Height
 - Weight
 - Age
 - Gender
- d) The action plan must incorporate realistic and achievable objectives based on the client's fitness levels, age, gender and specific needs. Lifestyle details also play an important role and should incorporate:
- Active
 - Sedentary
 - Diet
 - Employment
 - Ability and experience
 - Smoking and drinking levels (if present)
 - Medical history
 - Motivation
- e) To apply safely and within the client's tolerance zone, such exercise movements as deemed necessary through the consultation process.

OUTCOMES

Students should be able to:

1. Explain the philosophy and role of Fitness Testing within Sports Therapies.

2. Carry out a fitness assessment following Code of Practice, legislation and health and safety requirements.
3. Assessment procedures must relate to the clients:
 - Posture
 - Physical condition
 - Within their physical boundaries
 - Stress levels
 - Willingness to co-operate
4. Be able to calculate the clients fitness levels against accepted norms by use of specialist equipment such as:
 - Tape measure/height measure
 - Sphygmomanometer
 - Pulse meter
 - Weighing machine
 - Skin fold callipers/body mass index machine
 - Spirometer
 - Stretch box or flexi meter
 - Power breath
 - Step test
 - Peak flow meter
 - Treadmill with Vo2max setting
5. Be able to respond appropriately to different client reactions
6. To be able to differentiate between high blood pressure (HBP) and raised blood pressure (RBP)
7. Demonstrate and safely instruct the client in a range of movements/equipment specifically designed to encourage improvement in fitness levels:-
 - Cycle-ergometer
 - Step machine or similar
 - Stretch box or flexi meter
 - Aerobic exercise
 - Stretch and strength routine
 - Treadmill/Vo2 max testing
 - Stretch bands/free weights

Achievable goals must be set and these agreed with the client and take into consideration fitness test results. These may include:

- Improved posture
- Improved muscle tone
- Improved flexibility
- Increased energy
- Improvement of overall health and well-being
- Increased ROM
- Loss of excess body fat
- Improved lung capacity/aerobic activity
- Increased stamina and endurance levels
- Improved confidence

ST3- U2 ADVICE ON SPORT AND FITNESS INJURY AVOIDANCE

Rationale

- a) To assess the client's needs, which affect their health, their well-being and effective functioning. This includes life style, exercise, diet and nutrition **and sport specific information** as well as full assessment of relevant physical and emotional background information.
- b) To balance the client's expectations with reasonable or achievable outcomes such as: -
 - Improved fitness levels
 - Improved flexibility
 - Improved ROM
 - Improved Stamina levels
 - Improved Endurance levels
- c) To have the necessary skills to produce an exercise and life style plan to meet the client's individual needs; that is scientifically based, is achievable and meets the objectives.

Guided learning hours 25, Notional hours 25 ,Max Credit value 5

AIMS

1. To ensure that all injury avoidance routines are carried out safely and within the client's tolerance zone, these being such movements as deemed necessary from the consultation process.
2. To have an understanding of the causes of injury and the effects on the clients lifestyle.

3. To understand the body's repair mechanism and how this is affected by health, age and lifestyle.
4. To develop an exercise regime, including evaluation and monitoring which takes into consideration the client's age, life style, physical capabilities or restrictions and previous exercise/sport history in conjunction where applicable with their sports coach/s.
5. To be able to demonstrate to the client correct posture, breathing exercises and home exercise regime.
6. To ensure exercise equipment and techniques are clearly explained and the expected outcomes clearly stated – improved ROM, flexibility, stamina and endurance. Improved lung function and other relevant and achievable outcomes, which must be specific to the client and their needs.
7. Comparisons of assessment conclusions compared with accepted norms relating to fitness and health should be noted and explanations of such results clearly explained to the client.
8. To refer the client to another health care practitioner if necessary or decide if or when Sports Therapies treatment is not or no longer appropriate to meet the client's needs.
9. Working with the input of the client's sports coach where applicable

OUTCOMES

1. Assess a client fully through the consultation process taking all medical and physical details along with all other relevant information.
2. Explain the role of Sports Therapy Injury Avoidance.
3. The protocols involved in relation to warming up and cooling down exercises.
4. Principles and procedures relating to improving muscle tone, strength, response speed and circulation.
5. To have an understanding and be able to record the clients individual assessment results which by necessity need to include:-

- Posture and height
 - Weight
 - Body mass index
 - Flexibility range
 - Mobility
 - Lung capacity
 - Blood pressure and pulse rates
 - Muscle tone and strength
 - Stamina and endurance
 - Correct exercise technique
 - Stress levels
 - The importance of rest
6. Equipment and materials are appropriate to the treatment being offered
7. All information regarding past soft tissue damage/trauma and accidents, sport activities and the present situation are fully recorded and assessment taken on these results and not assumptions regarding age or other factors.
8. Sports Therapies advice relating to injury avoidance to include:
- Warming up and cooling down techniques and the importance of their application in achieving optimum physical outcomes.
 - Posture imbalance
 - The effects of lifestyle in both causing and avoiding injury
 - The importance of the correct clothing when carrying out exercise
 - The correct strapping to support/avoid injury or further injury
 - Dietary advice
 - Resistance training
 - Response speed
9. To understand the causes of injury and give support routine and advice to the client including:
- initial preparation
 - insufficient sport specific knowledge and fitness
 - poor health/fitness or working when not at optimum health levels
 - incorrect temperature levels for the exercise being performed
 - incorrect posture/biomechanical problems
 - overtraining and over use
 - incorrect diet
 - Incorrect dress during exercise or sport activity

ST3 – U3 ASSESSMENT OF BODY ALIGNMENT/ PROVIDE EXERCISE GUIDANCE AND ADVICE

Rationale

This unit has been designed to: -

- a. Recognise incorrect body alignment and provide the client with exercise routines to improve posture, awareness of posture, to improve the body position and increase ROM.
- b. To design a remedial exercise plan which is specific to the client, is within their scope and takes into consideration gender, age and physical restrictions/conditions.
- c. To provide the client with an exercise plan which is designed to increase their physical and mental- well being.

Guided learning hours 15, Notional hours 25, Max Credit value 4

AIMS

- a) To have sufficient knowledge to carry out a surface Anatomy examination prior to specifying a remedial exercise routine.
- b) To be competent in carrying out a posture analysis examination and determining any incorrect body alignment which would have bearing on the physical ability, breathing and muscle stress levels of the client.
- c) To understand the checks and precautions which must be taken into consideration when planning an exercise routine for a client who may be overweight, underweight, have a sedentary lifestyle or recent injury or history of illness.
- d) To be able to demonstrate and instruct the client in the protocols of stretching and strengthening exercise routines.
- e) Instruction by necessity will need to cover non-weight bearing, partial weight bearing and full weight bearing clients at any given stage of rehabilitation

OUTCOMES

1. Demonstrate a range of tests which will establish body alignment:
 - Position of the head
 - Ear position - level
 - Position of the shoulder – level
 - Elbow keyholes
 - Outline of spine – kyphosis, scoliosis, lordosis
 - Hip alignment
 - Knee position
 - Ankle position
 - Foot position
 - Differentiation of instep
2. Ensure the client understands the information you present and is capable of carrying out all recommendations safely.
3. Ensure the client is informed of the importance of correct clothing and footwear when carrying out any exercise routine.
4. Ensure the client's needs and requirements are taken into consideration and their expectations are noted.
5. Demonstrate a range of assessment protocols which by necessity would include:
 - Passive movement
 - Active movement
 - Resisted movement
 - Degree of swelling/oedema
 - Variations in tissue temperature
 - Muscle tone
 - Muscle bulk
 - Balance
 - Co-ordination
 - Joint mobility
 - Muscle flexibility
6. Design a specific routine for the client which covers a range of exercises:
 - Flexibility
 - Muscle strength
 - Aerobic
 - Anaerobic
 - Active
 - Passive
 - Resisted
 - Function
 - Isometric

- Isotonic
- Isokinetic
- Hydrotherapies equipment*

and is specific to the client's requirements:

- Improve posture/body alignment
- Decrease musculoskeletal stress
- Improve muscle tone
- Increases ROM
- Assist in cardiovascular improvement
- Promote and encourage good health
- Prevent ill health
- Maintain and or improve fitness levels
- Improve the performance of activities of daily living
- Assist in improving the quality of life
- Restoration of function

7. Design a specific routine for the client to carry out in their own home
8. Ensure the clients interest is maintained and be able to assess the clients improvement or otherwise and make accurate recordings of information.
9. Take into considerations the physical restrictions, individual details and types of clients to include:
 - Unfit
 - Non weight bearing
 - Partial weight bearing
 - Full weight bearing
 - Sedentary
 - Within the norms of healthy BMI (Body Mass Index)
 - Outside the norms of healthy BMA (Body Mass Index)
 - Height, weight and percentage of body fat
 - Nutritional and metabolic conditions
 - Cardiovascular/respiratory conditions
 - Orthopaedic, injury/rehabilitation concerns
 - Motor neurone disorders

BODY TYPE

- Ectomorph
- Mesomorph
- Endormorph

ST3 – U4 EXERCISE FOR THE SPORTS CLIENT

Rationale

- a) To devise an individual or group exercise regime to benefit the client/s
- b) The exercise regime is based on the consultation process and takes into consideration relevant physical and emotional background information.
- c) Have sufficient knowledge and understanding to design where appropriate, a sport specific exercise regime.
- d) Be able to compare and contrast the objectives of the exercise routine against the client's specific needs and their ability.
- e) Be able to carry out a client fitness test prior to setting any exercise routine taking into account, past medical history, lifestyle and ability.
- f) Plan an exercise routine that is designed to meet client's needs and expected outcomes

Guided learning hours 25, Notional hours 25, Max Credit value 5

AIMS

- a) To ensure the client has achievable goals
- b) To ensure the clients safety is maintained and adequate supervision is giving during the exercise process taking special care when weights or other strain equipment is being used.
- c) To give adequate instructions on home exercise and the use of alternative equipment.
- d) To instruct the client in the value of warming up and cooling down exercises and how to carry these out in a safe manner and environment.

OUTCOMES

1. Assess the client's fitness levels using appropriate techniques.
2. Be able to identify a suitable exercise routine to fit the client's requirements. The equipment choice must be fit for purpose and all safety instructions/demonstrations must be explained to the client.

3. Ensure the client understands and is shown how to prepare for exercise in order to allow full benefits to be achieved.
4. Have a full understanding of current safety techniques for exercise including warming up, cooling down and stretching and strength routines.
5. Correct breathing patterns are explained to the client and the importance of ensuring these are carried out within the client's comfort zone.
6. Clients needs and achievable outcome are met:
 - Maintain and or improve fitness levels
 - Promote optimal posture and alignment
 - Improved balance and co-ordination
 - Improved muscle tone and strength
 - Improved endurance and stamina
 - Cardiovascular improvement
 - Improved ROM
 - Decrease musculoskeletal stress
 - Improve the performance of activities of exercise/sporting activities
7. Advise the client in a range of equipment which should include:
 - Free weights
 - Weight stack
 - Resistance bands
 - Benches and steps
 - Attached resistance weights such as ankle and wrist weights
 - Cardio respiratory equipment including power breath
 - Cycle/ergometer
 - Treadmill (Vo2 max) equipped where possible
 - Rowing equipment
8. The exercise routine must contain a range of elements and be designed to encourage and maintain the clients interest and meet their needs and ability and to include where appropriate such exercises as:
 - Aerobic
 - Anaerobic
 - Isotonic
 - Isometric
 - Flexibility
 - Warm up and cool down
 - Intensity and repetition
 - Specificity

- Recovery
 - Modification/adaptation
 - Circuit training
9. The exercise routine must meet the needs of a particular client range:
- Young and/or elderly clients
 - Pre and post natal
 - Athletes both recreational and professional
 - Gender
10. Knowledge and understanding of specific contra indications to exercise and be able to give advice to the client when Sports Therapies is not or no longer appropriate
11. Teaching skills are in evidence and include:
- Observation of the client
 - Supervision of the client
 - Demonstration to the client
 - Correct poor posture or exercise or incorrect use of equipment
 - Explaining to the client the necessity for adapting treatment to fit circumstances.

ST3 – U5 TAPING AND STRAPPING FOR GENERAL SUPPORT AND FOLLOWING INJURY

Rationale

- a. To apply taping and strapping to an area of the body to provide general support to a joint or related soft tissue.
- b. To apply taping and strapping, which will allow limited restriction in all ranges of movement.
- c. To apply taping and strapping with the aim of restricting movement in specific plane/s to protect damaged tissue and encourage a return to activity following injury or biomechanical dysfunction.

Guided learning hours 15, Notional hours 15 Max Credit value 3

AIMS

- a) To ensure all questioning, observation and physical examination maintains the client's dignity and causes minimum discomfort and stress.
- b) Ensure detailed information is elicited and recorded including injury history and skin allergies.
- c) Taping and strapping must be applied in accordance with the client's needs and all information recorded.
- d) Be able to measure the client's physical condition against accepted norms.
- e) A knowledge of the materials and techniques required for:
 - Compression Taping and Strapping **and**
 - Support taping and strapping
- f) To ensure sufficient knowledge of the possible risks involved and contra indications to taping and strapping and precautions to take where necessary. To impart this knowledge to the client ensuring their full understanding.
- g) To be able to measure the clients feedback against the aims and objectives of the taping and strapping procedures that have been carried out.
- h) Ensuring selection and application of the taping and strapping techniques carried out remain within your scope of practice

OUTCOMES

1. Assess a client fully throughout the consultation process taking all medical and physical details and all other relevant information including skin allergies, medical/previous medical history, support, usage, movement and palpation findings
2. Select the materials that are most appropriate for the planned taping and strapping taking into account any relevant information from the consultation process which could affect your choice : -
 - **Compression** - cohesive, crepe, elasticated, non-adhesive taping, tubigrip, under wraps and padding
 - **Support** – elasticated adhesive, cohesive, tubigrip, elasticated, non-adhesive, under-wraps and padding.
 - **Protection** - padding, under wraps, crepe, tubigrip and proprietary supports.
3. Ensure the client's full understanding of the nature and purpose of the taping and strapping and all the equipment being used.
4. Prepare the relevant body area of the client with due respect to their dignity.
5. Make an informed choice of cleansing required for the site of taping and strapping with due regard to the clients wishes, needs and any presenting allergies.

6. Carry out a physical examination of the area including palpation within the context of the client's condition
7. Ensure the comfort and safety of the client prior to commencing the taping and strapping procedure
8. Taping and strapping techniques are used in accordance with requirements and include:
 - Holding a dressing in situ
 - Compression – reduce bleeding and swelling and decrease pain thereby aiding recovery.
 - To arrest intramuscular blood flow and prevent haematoma formation
 - To restrict ROM thereby resting and protecting the injured area
 - Protection of an injury/support soft tissue – ligaments and tendons

FUNCTIONAL ACTIVITY

- To allow healing without stressing injured structure/s whilst progressing activity (active stability)
- To support “at risk” weakened areas by restricting joint movement within defined limits
- To protect and support the injured structure in a functional position during rehabilitation (mobilising, strengthening, proprioceptive exercise) and

PROPHYLACTIC INJURY PREVENTION

- Taping used as a preventive measure in the absence of previous injury or known previous injury
 - Psychological support and reassurance.
9. Ensure a full and accurate record is maintained of the taping and strapping procedure and all materials used
 10. Make constant evaluations of the procedures being used
 11. Have a full understanding of the risks, dangers and contra indications to taping and strapping and any necessary precautions
 12. Apply the taping and strapping procedure in context with the client's needs:
 - Protection of an injury
 - Injury prevention/psychological need
 - Training/support
 - Pre- inter- post competition
 13. Have sufficient knowledge and understanding of Anatomy and Physiology to carry out taping and strapping efficiently and safely and to provide the client with accurate information of the outcome of

the assessment regarding the purpose of the taping and strapping and the effects of consequent advice.

14. To use safely such equipment necessary for the removal of tapes and straps including:

- Tape cutters
- Tweezers
- Tape removers
- Gauze swabs

ST3-U6 APPLICATION of CRIOTHERAPIES (Cold) and THERMOTHERAPIES (Heat) in a SPORT ACTIVITY CONTEXT

Rationale

- a. The application of hot and cold techniques and the physical and psychological effects to the client
- b. The importance of understanding the aims and objectives of hot and cold techniques
- c. To ensure the clients' needs and expectation are met
- d. To ensure all information is elicited from the client which could affect the treatment or specific equipment choice and that all medical information is recorded and any contra indications/precautions are taken into consideration before commencing any treatment.

Guided learning hours 20, Notional hours 10, Max Credit value 3

AIMS

- a. Applying hot and cold therapies to particular areas of the body which could have a therapeutic outcome or involve injury management

OUTCOMES

1. Have a full understanding of when hot and cold therapies is not applicable as a treatment, examples being:
 - Tumour
 - Open wounds
 - Frostbite
 - Circulatory disorders
 - Fractures
 - Thrombosis
 - Infections
 - Skin disorders
 - Allergic conditions
 - Risk of haemorrhage
 - Areas of altered skin sensation

- Mental incapacity
- 2. The necessity of palpation of the area prior to treatment.
- 3. The application of a range of equipment and techniques including:

HEAT

- Heat creams and ointments
- Silica gel packs
- Hot packs
- Hot water bottle
- Hot towels
- Hot compresses
- Hot wraps
- Paraffin wax
- Infra red lamps
- Laser

COLD

- Cooling creams and gels
- Silica gel packs
- Ice packs
- Ice cups
- cold compresses
- ice jackets
- cryo cuffs
- ice cube massage
- ice cold water immersion of a specific area
- wet towel or wet sponge

4. To carry out in a safe and comfortable manner a skin sensation test to determine the client's sensitivity to hot and cold.
5. Ensuring times of application of cold/ice treatment is applicable to the area being treated and the skin type and condition of the client.
6. Being aware of possible reactions to both hot and cold treatments and ensure the client is made fully aware of possible adverse reactions.
7. Obtain constant feedback from the client to ensure the procedure is safe and within their comfort zone.
8. Measure the clients feed back against the aims and objectives of the treatment
9. Carry out re evaluation of the treatment throughout the procedure and make clear records of all results.

ST3 – U7

BASIC BIOMECHANICS OF MOVEMENT

Rationale

- a. To carry out a full assessment of the client which relates to the bio-mechanics of movement
- b. Collate appropriate information which will enable the therapist to provide a suitable treatment plan to aid correction of any abnormalities or dysfunction.

Guided Learning Hours 25, Notional hours, 15, Max Credit value 4

AIMS

- a. The therapist has full understanding of the principles of the biomechanics of movement
- b. The principles of biomechanics of movement allow the therapist to plan an effective treatment regime to allow the client to reach their desired goal/outcome, via a planned specific programme of activity.

OUCOMES

1. Ensure all assessment outcomes are measured against published norms and the client is fully cognisant of this information
2. Ensure the client is wearing non restrictive clothing during the assessment procedure and their dignity is maintained
3. The client assessment is carried out in their normal standing posture without undue stress or discomfort
4. Clearly demonstrate all procedures to the client and ensure they have fully understood all information
5. Ensure the client is advised to consult with their physician if assessment results show areas of concern/may have medical concerns
6. The client is assessed standing in normal pose from the anterior, lateral and posterior aspects.
7. Photographic evidence can be used to identify areas of abnormally but must only be taken with the client's full approval and no undue pressure must be put on the client to agree to photographic evidence.
8. Assessment of areas involved:
 - Shoulder girdle and associated soft tissues with ROM of shoulders and upper arms.
 - Spine in normal standing position and any deviations from the norm are recorded and explained to the client
 - Pelvic girdle and associated musculature ROM is recorded
 - Legs/joints, articulation and associated soft tissues and deviation from the norm recorded
 - Restriction to movement of the feet and any deformity and deviations from the norm recorded

9 The client is assessed walking bare foot using their natural gait.

- If the client is capable, they should be asked to walk barefoot on a treadmill at a slow and comfortable pace and the pace increased to levels within the client's safety and comfort zones.

a) All results from the treadmill exercise must be correctly recorded for future analysis.

1. The therapist must be fully cognisant of the levers of the musculoskeletal system:

- Lever
- Fulcrum
- Torque
- Muscle force
- Resistive force
- 1st, 2nd and 3rd class levers and

b) Anatomical planes of the human body:-

- Sagittal plane – the vertical plane that divides the body into right and left sides.
- Midsagittal plane – vertical plane that passes mid line of the body and divides the body into **equal** right and left sides.
- Parasagittal plane – vertical plane that does not pass through midline of the body and divides the body **unequal** left and right portions.
- Frontal plane – is at right angles to midsagittal or parasagittal and divides the body into anterior and posterior areas.
- Horizontal (transverse) plane – parallel to the ground, that is, at a right angle to midsagittal, parasagittal and frontal planes. It divides the body into superior and inferior areas.

c) Biomechanical factors in human strength

- Neural control
- Muscle cross sectional area
- Arrangement of muscle fibres
- Muscle length
- Joint angle
- Muscle contraction velocity

- 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.

OUTCOMES

1. Equipment and materials 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 are 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. Understanding of 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 Function
5. Evaluate the progress of the client and work alongside such experts as are deemed suitable for the client.
 - Integrate medical guidance with regard to the client where deemed necessary.

- Research latest information relating to Cardio vascular deterioration and improvement
- Critical analysis of treatment procedures and rational for such procedures.
- The effects of poor/ enhanced cardio/respiratory function on the athlete
- The effects of poor/ enhanced cardio/respiratory function on the client's ability to function and carry out normal everyday tasks.

ST3 Unit 11 -

PRINCIPLES OF GOOD PRACTICE

These principles of Good Practice underpin the National Occupational Standards and the Core Curricular of SRTC throughout all forms of body therapy and describe ways in which the practitioner should demonstrate good practice across all their work.

Practitioners working in Sports Therapy and all complementary and natural healthcare should demonstrate:

- An understanding of the philosophy and principles underpinning the discipline
- An understanding of current legislation and policy as it applies to their discipline
- Respect for client's dignity, privacy, autonomy, cultural differences and rights
- Regard for the safety of the client and themselves
- That they learn from others, including clients and colleagues and continually develop their own knowledge, understanding and skills through reflective practice, and research findings.
- An awareness of their own and others emotional state and responses, incorporating such awareness into their own practice
- That they communicate clearly, concisely and in a professional manner
- That they work with confidence, integrity and sensitivity
- That they undertake systematic, critical evaluation of their professional knowledge
- That they work within their scope of practice and experience at all times.

Notional Hours 10, Max Credit value 1

ST3 – Unit 12 - SPORTS SPECIFIC INJURY TREATMENT and REHABILITATION

Rationale

Guided Learning Hours 30, Notional Hours, 30, Max Credit value 6

- a) To develop the practical skills to assess the client and to provide safe and effective injury treatment.
- b) To incorporate all injury treatments/rehabilitation specific to Sports Therapy.
- c) To develop a responsible and competent approach to the use of Sports massage techniques.
- d) To develop practical skills necessary to apply manual techniques of soft tissue therapy movements safely and effectively and relating such movements to individual soft tissue damage or sports specific requirements.

Teaching and Learning

Demonstrations, supervised practice and student participation are the main strategies employed to develop a variety of techniques and to build up experience of different injuries and levels of soft tissue damage.

It is suggested that repeated supervised practice be provided during training. During initial training it can be seen that the ratio of 1 (one) tutor to 14(fourteen) students with a maximum of six students working at any one time would be adequate.

It may be necessary to reduce this ratio when the students are participating in actual injury situations and the recommended ration would become 1 (one) tutor to 3 (three) practicing students.

OUTCOMES.

Students should be able to:

1. Assess a client fully through the consultation process taking all medical and physical details along with all other relevant information.
2. Explain the role of Sports Therapy within sports injury and sports ability enhancement.

3. Assess ROM and flexibility and plan a programme for improvement.
4. Instruct the sports person on 'warming up' and 'cooling down' procedures.
5. Recognise posture defects via a posture analysis programme and give specific exercise routines to encourage improvement where possible.
6. Carry out an analysis of soft tissue damage, assess the grade and level and use a range of methods to improve and ease discomfort, in a safe and professional manner.
7. Use R.I.C.E. and other acute soft tissue damage methods where appropriate
8. Have an appreciation of the overuse syndrome, micro trauma, scar tissue and their gradual effects and deterioration on biomechanics.
9. Link the taught theory with clinical techniques for soft tissue damage.
10. Explain and demonstrate to the client such preventative and rehabilitative training as
 - Active-passive resisted exercise.
 - Functional movement patterns.
 - Stretching and strengthening techniques.
11. Explain to the client, the risks involved with over use factors or incorrect or inappropriate exercise techniques, poor posture and the incorrect equipment or the incorrect use of equipment.
12. Carry out safely and competently the use of such equipment as Infra Red Lamps and heating products.
13. Give advice on different breathing techniques used in pain management and relaxation.
14. Recognise the symptoms and phases of inflammation and carry out an inflammation test when required.
15. Appreciate the different grades of a sprain and the common associated conditions.

16. Recognise signs and symptoms and grades of strains and the tissues involved.
17. Understand the repair mechanisms and give advice to the client regarding the relationship between training days and the healing process.
18. Recommend referral when/where necessary.

It is recognised that some of the components within this unit of learning are covered in part in individual units of the Sports Therapy CC. They will also have been covered in Remedial/Sports Massage and the further work involved is Sport Specific. As each unit is designed as a “stand-alone” unit it is necessary to incorporate all areas of Sports Injury treatment into one individual unit and have a given hour/credit value.

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.

Module ST3 Unit U8, element 1 Hydrotherapies including Spa and Sauna and Module ST3 Unit U9, element 1 Mechanical and Electrical application for the assisted repair of soft tissue injuries are additional modules to the Sports Therapies Core Curriculum and may be added to ST3 or studied as add-on units or CPD units. These can be found on the SRTC web-site under their relevant module numbers.

It is expected that the Sports Therapy qualification minimum level be achieved to Practitioner Level or Level Four and be recognised as a progression route towards higher levels of training or as additional skill requirements in other related training awards.

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