

# VTCT Skills Level 3 Diploma in Complementary Therapies

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Accreditation start date: .....	1 September 2012
Credit value: .....	103
Total Qualification Time (TQT): .....	1030
Guided Learning Hours (GLH): .....	520
Qualification number: .....	600/4846/3

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## 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				
UV31268				
UV31267				
UV31299				
UV31300				
UV31301				
UV31302				
Optional units				
UV31303				

# Qualification

## Introduction

The VTCT Skills Level 3 Diploma in Complementary Therapies is a preparation for work qualification that has been designed to prepare you for a career as a complementary therapist, whether it be as an aromatherapist, reflexologist or massage therapist/practitioner.

This qualification will develop your knowledge and understanding of the principles and practice and business practice for complementary therapies. Furthermore, you will learn about anatomy, physiology and pathology for complementary therapies.

You will also develop your understanding and practical skills to provide body massage, aromatherapy and reflexology. You may also choose to complete an additional unit which will develop your knowledge and understanding of healthy eating and wellbeing for the complementary therapy client.

This is a practitioner level qualification.

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

The VTCT Skills Level 3 Diploma in Complementary Therapies provides progression opportunities to specialist complementary therapy qualifications at Level 4.

Alternatively, you may wish to seek employment or self-employment as a:

- Complementary therapist
- Aromatherapist
- Reflexologist
- Massage therapist/practitioner

# Qualification structure

Total credits required - 103

All mandatory units must be completed.

## Mandatory units - 103 credits

VTCT Skills unit code	Ofqual unit reference	Unit title	Credit value	GLH
UV31268	A/503/7776	Principles and practice of complementary therapies	13	30
UV31267	L/503/7779	Business practice for complementary therapies	12	60
UV31299	R/503/7640	Knowledge of anatomy, physiology and pathology for complementary therapies	13	94
UV31300	D/503/7740	Provide body massage for complementary therapies	19	112
UV31301	T/503/7744	Provide aromatherapy for complementary therapies	21	112
UV31302	K/503/7725	Provide reflexology for complementary therapies	25	112

## Optional unit \*

VTCT Skills unit code	Ofqual unit reference	Unit title	Credit value	GLH
UV31303	UV31303	Healthy eating and wellbeing for the complementary therapy client	6	30

\*Does not contribute to the overall credit of this qualification.

# 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.

## **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.

## Case studies

To achieve this qualification you must carry out and document evidence of the following case studies:

**\*UV31300 - Provide body massage for complementary therapies:** You must carry out and document evidence for at least 30 treatments.

**UV31301 - Provide aromatherapy for complementary therapies:** You must carry out and document evidence for at least 60 treatments.

**UV31302 - Provide reflexology for complementary therapies:** You must carry out and document evidence for at least 100 treatments.

\* If you would like to apply for registration with the Complementary and Natural Healthcare Council (CNHC), you will need to undertake and evidence an additional 20 body massage case studies.

# 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)	Portfolio of Evidence
UV31268	Principles and practice of complementary therapies	0	x	✓
UV31267	Business practice for complementary therapies	0	x	✓
UV31299	Knowledge of anatomy, physiology and pathology for complementary therapies	2	x	✓
UV31300	Provide body massage for complementary therapies	0	✓	✓
UV31301	Provide aromatherapy for complementary therapies	0	✓	✓
UV31302	Provide reflexology for complementary therapies	0	✓	✓

Optional units				
		External	Internal	
VTCT Skills unit code	Unit title	Question paper(s)	Observation(s)	Portfolio of Evidence
UV31303	Healthy eating and wellbeing for the complementary therapy client	0	x	✓

# 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.



# UV31268

## Principles and practice of complementary therapies

The aim of this unit is to develop your knowledge and understanding of the history and influences on the complementary therapy sector.

Level

**3**

Credit value

**13**

GLH

**30**

Observation(s)

**0**

External paper(s)

**0**



# Principles and practice of complementary therapies



## Learning outcomes

### On completion of this unit you will:

1. Understand the key historical factors and theoretical background for complementary therapies
2. Understand the main influences on working within the complementary therapy industry
3. Understand the key aspects of good clinical practice

## 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.

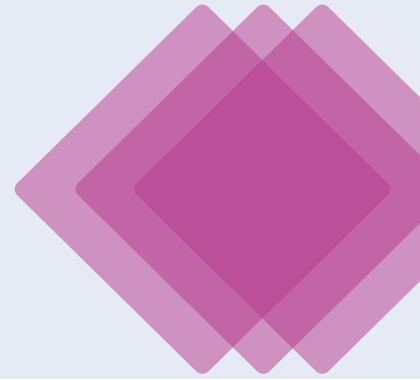
When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

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

### Understand the key historical factors and theoretical background for complementary therapies

You can:	Portfolio reference/ Assessor initials*
a. Examine the history and origins of complementary therapies	
b. Identify commonly available complementary therapies	
c. Evaluate the theory of techniques used in commonly available complementary therapies	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 2

### Understand the main influences on working within the complementary therapy industry

You can:	Portfolio reference/ Assessor initials*
a. Summarise the legal obligations of working with clients and the general public	
b. Explain the codes of practice and ethics relating to complementary therapies	
c. Analyse the roles of professional organisations relating to complementary therapies	
d. Evaluate the process of registration and regulation of complementary therapies	

\*Assessor initials to be inserted if orally questioned.

### Learning outcome 3

## Understand the key aspects of good clinical practice

You can:	Portfolio reference/ Assessor initials*
a. Identify the information required for assessment and treatment planning	
b. Explain how to accurately record information, store records and ensure confidentiality	
c. Evaluate appropriate referral procedures and protocols to use with clients and others involved in integrated healthcare	
d. Identify effective communication skills when dealing with clients and colleagues in maintaining good practice	

\*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: Understand the key historical factors and theoretical background for complementary therapies

**History and origins:** Body massage, aromatherapy, reflexology, history and development from ancient times to modern day, for example, Ancient Egypt, China, India, Ancient Greece, Rome, Persia, Europe and the Americas, the history and development of other therapies, for example, acupuncture, Alexander technique, flower essences, Bowen technique, shiatsu, Reiki, remedial massage, kinesiology, herbalism, hypnotherapy.

**Definitions and theories:** Massage (Swedish/classical massage movements, physical and psychological effects and benefits), definitions and theories of aromatherapy (the uses of essential oils, physical and psychological effects and benefits), definitions and theories of reflexology (reflex points, zones and their relationship to body systems, physical and psychological effects and benefits), concept of holism, holistic health, concept of balance and harmony, effects of the physical environment and social, economic and environmental factors on health and wellbeing.

**Theory of techniques:** Body massage, aromatherapy, reflexology, other therapies, for example, acupuncture, Alexander technique, flower essences, Bowen technique, shiatsu, Reiki, remedial massage, kinesiology, herbalism, hypnotherapy, the value of different theories.



## Learning outcome 2: Understand the main influences on working within the complementary therapy industry

### **Legislative requirements and working practice:**

Applicable national/local legislation relating to the workplace, for example, 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, liability insurance, for example, public, employer's, professional indemnity, advertising standards, licensing, for example, Massage and Special Treatments licence, further information should be sought from the relevant authorities.

**Legal obligations:** Working with clients and the public, duty of care, disclosure, insurance for example, employers' liability, personal accident, confidentiality, importance of meeting legal obligations to clients.

**Codes of practice and ethics:** Definition and importance of codes of practice, ethics and professional conduct, developed by the industry and professional associations.

### **Roles of professional associations and organisations:**

Aims, objectives, roles, activities, functions – awarding organisations, professional associations, voluntary regulatory bodies.

### **Process of registration and regulation:**

Statutory regulation requirements for example, Disclosure and Barring Service (DBS), regulated qualifications, National Occupational Standards (NOS), accredited registers – for example, Professional Standards Authority (PSA), voluntary regulatory bodies/voluntary regulation – Complementary and Natural Healthcare Council (CNHC), benchmarks for good practice, continuing professional development.

## Learning outcome 3: Understand the key aspects of good clinical practice

### **Information for assessment and treatment planning:**

Consultation – client positioning to minimise barriers, maintain confidentiality, privacy and comfort. Consultation record keeping, refer to any 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, relevant tests for example, skin sensitivity tests, current regime, treatment requirements, client preferences and expectations, body and skin analysis as appropriate to treatment, adaptations and modifications, recommendations, treatment plan including treatment media, expected outcomes, alternative treatment options/client referral, agree treatment plan with client, obtain client informed consent and signature), treatment evaluation and review process.

### **Record keeping and confidentiality:**

Methods of recording and storing information, records updated at the end of the treatment and 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), importance of accurate record keeping, confidentiality, adherence to legislation, following professional codes of conduct, disclosure of information to others, such as referral to other healthcare practitioners, non-disclosure.

### **Referral procedures and protocols:**

Working within the limits of own responsibility and qualifications, importance of recommending appropriate treatments for client's condition, methods of referral, when to refer, to whom to refer, for example, General Practitioner (GP), counsellor, other complementary therapist, member of social care or nursing team, Social Services, Citizens Advice Bureau.

### **Communication skills:**

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

**Non-verbal** – active listening techniques, body language, gestures, eye contact, facial expressions.

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

**Visual aids** – use of visual aids as appropriate; 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 or existing clients according to age, health conditions. Clarification – checking client's understanding of proposed treatment and expected outcomes, checking client's comfort and wellbeing throughout. Barriers to effective communication, importance of communication and rapport with others, such as clients, colleagues, employer, other therapists, suppliers.

# UV31267

## Business practice for complementary therapies

The aim of this unit is to develop your knowledge, understanding and practical skills in researching, planning, maintaining and marketing a business in the complementary therapy industry. You will also learn to communicate effectively with clients and colleagues.

Level

**3**

Credit value

**12**

GLH

**60**

Observation(s)

**0**

External paper(s)

**0**



# Business practice for complementary therapies



## Learning outcomes

### On completion of this unit you will:

1. Understand the key business criteria required for complementary therapies
2. Be able to research a business concept
3. Be able to prepare a business plan

## 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.

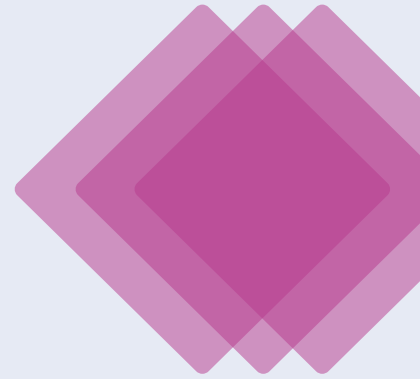
When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

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

### Understand the key business criteria required for complementary therapies

You can:	Portfolio reference/ Assessor initials*
a. Explain the legal requirements for running a business	
b. Explain how marketing and public relations are used in businesses	
c. Describe the employment opportunities within the complementary therapy industry	
d. Explain how to promote complementary therapy practices	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 2

### Be able to research a business concept

You can:	Portfolio reference/ Assessor initials*
a. Compare and contrast different business types	
b. Research a potential business opportunity using a range of resources	
c. Research potential premises, staff, products and resource requirements	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 3

### Be able to prepare a business plan

You can:	Portfolio reference/ Assessor initials*
a. Prepare a business plan for self-employment	
b. Describe the professional services, staff and resources that may be required for a business plan	

\*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: Understand the key business criteria required for complementary therapies

**Legal requirements:** Applicable national/ local legislation relating to the workplace, for example, 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, liability insurance, for example, public, employer's, professional indemnity, advertising standards, licensing, for example, Massage and Special Treatments licence, further information should be sought from the relevant authorities.

**Marketing and public relations:** Importance of marketing and public relations, market research and segmentation, customer needs and wants, promotion of products and services.

### **Employment opportunities:**

Self-employed (renting a room, room in own home, mobile therapist, owning a clinic), employed (spa, salon, clinic, healthcare, hotels, fitness centres, cruises, education, agency), full-time and part-time, career progressions, for example, junior therapist, therapist, senior therapist, manager, voluntary sector, roles and responsibilities, advantages and disadvantages of different employment opportunities, for example, location, pay, conditions, progression routes, development.

### **Communication techniques:**

Verbal – language, tone of voice, clarity, use of open and closed questioning, non-verbal – active listening techniques, body language, gestures, eye contact, facial expressions, written – electronic, digital, paper-based, clear and concise, attention to spelling, grammar and presentation of written information, use of visual aids as appropriate, barriers to effective communication, importance of communication and rapport with others (clients, colleagues, other therapists, suppliers), advantages and disadvantages of communication techniques.

## Learning outcome 1: Understand the key business criteria required for complementary therapies (continued)

**Promotion of practices:** Promotional methods, for example, posters, leaflets, mailshots, business cards, social media, website, newspaper advertisements, TV or radio press release, gift vouchers, referrals, word of mouth, presentations and demonstrations, open events, promotional materials, loyalty cards, special price offers, packages, point of sale displays, merchandising, endorsement, networking, client feedback and questionnaires, advantages and disadvantages of different promotional methods, the importance of corporate image in production of promotional material for example, website, social media, business cards, price lists, stationery, posters, forms.

**Advertising standards:** Importance of compliance with advertising standards, the claims that can be made in advertising including on social media, for example, in the UK – Advertising Standards Authority, UK Code of Non-Broadcast Advertising and Direct and Promotional Marketing (CAP Code), Section 4 – Cancer Act 1939.

## Learning outcome 2: Be able to research a business concept

**Different business types:** Type of business, for example, partnership, limited company, franchise, sole trader, examples of specific complementary establishments, advantages and disadvantages of different business types, for example, products and services, costs, operation, success.

**Potential business opportunities:** Use research methods (qualitative, quantitative, market research, data analysis, questionnaires and survey), use research sources, for example, websites, newspapers, magazines, business reports, Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

**Potential business requirements:** Premises, for example, location, size, costs, staff for example, job roles, qualifications, pay and conditions, products, resources, such as consumables, equipment, furniture.



### Learning outcome 3: Be able to prepare a business plan

**Business plan:** Mission statement, market research and segmentation, competitor analysis, premises and location, products, services and prices, fixed and variable costs, staffing requirements, SWOT analysis, risk analysis, insurance, marketing and publicity, finance and accounting systems, cash flow forecast, security and data protection.

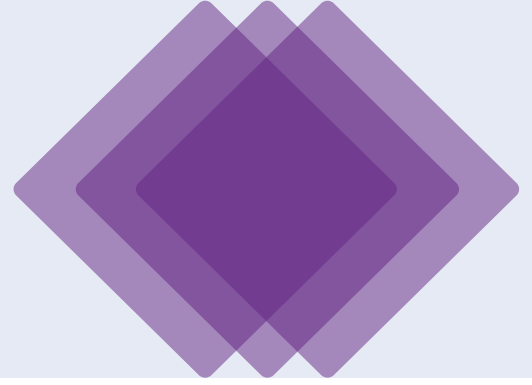
**Self-employment:** Registration as a sole trader, registration of business name, self-assessment tax return, insurance.

**Business requirements for plan:** Review premises, staff and resources to maintain a business plan, professional services that may be required, for example, accountant, solicitor, product suppliers, public relations, administration.

**Service costs:** Selling prices for treatments, services and products, staffing costs, commercially acceptable treatment times, profit margins.

**Start-up and running costs:** Fixed costs, variable costs, premises, rent, equipment and stock, staff, advertising and promotional materials, insurance, tax, licensing, travel expenses, professional association fees, methods of estimation (spreadsheets, calculations, profit and loss).

# Notes



Use this area for notes and diagrams.

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# UV31299

## Knowledge of anatomy, physiology and pathology for complementary therapies

The aim of this unit is to develop your knowledge and understanding of anatomy, physiology and pathology.

Level

**3**

Credit value

**13**

GLH

**94**

Observation(s)

**0**

External paper(s)

**2**





# Knowledge of anatomy, physiology and pathology for complementary therapies



## Learning outcomes

### On completion of this unit you will:

1. Understand the organisation of the body
2. Understand the anatomy, physiology and pathologies of the skin, hair and nails
3. Understand the anatomy, physiology and pathologies of the skeletal system
4. Understand the anatomy, physiology and pathologies of the muscular system
5. Understand the anatomy, physiology and pathologies of the nervous system
6. Understand the anatomy, physiology and pathologies of the endocrine system
7. Understand the anatomy, physiology and pathologies of the respiratory system
8. Understand the anatomy, physiology and pathologies of the cardiovascular system
9. Understand the anatomy, physiology and pathologies of the lymphatic system
10. Understand the anatomy, physiology and pathologies of the digestive system
11. Understand the anatomy, physiology and pathologies of the urinary system
12. Understand the anatomy, physiology and pathologies of the reproductive system

## 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.

**A minimum of three pathologies (conditions) for each body system must be evidenced in your portfolio.**

### 2. Tutor/Assessor guidance

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

### 3. 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.

# 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

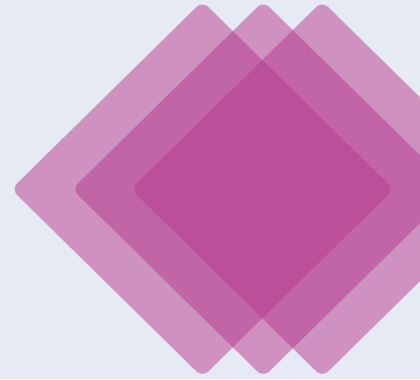
The external paper will test your knowledge of the criteria highlighted. A **pass mark of 70%** must be achieved.

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

### Understand the organisation of the body

You can:	Portfolio reference/ Assessor initials*
a. Describe the anatomical regions of the body	
b. Describe the planes of the body	
c. Describe the directional terms of the body	
d. Describe the quadrants of the body	
e. Describe the chemical organisation of the body	
f. Describe the structure, function and types of cell	

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



## Learning outcome 2

### Understand the anatomy, physiology and pathologies of the skin, hair and nails

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure, function, growth and repair of the skin	
b. Explain the structure, function and growth cycle of the hair	
c. Explain the structure, function and growth cycle of the nails	
d. Analyse the pathologies of the skin	
e. Analyse the pathologies of the hair	
f. Analyse the pathologies of the nails	

\*Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.

A minimum of three pathologies for each body system must be evidenced in your portfolio.

### Learning outcome 3

## Understand the anatomy, physiology and pathologies of the skeletal system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and classification of bones	
b. Explain the structure, function and growth of the skeletal system	
c. Explain the types of joints and their range of movements	
d. Explain the functions of the arches of the feet	
e. Analyse the pathologies of the skeletal system	

\*Assessor initials to be inserted if orally questioned.

Requirements highlighted are assessed in the external paper.

A minimum of three pathologies for each body system must be evidenced in your portfolio.



## Learning outcome 4

### Understand the anatomy, physiology and pathologies of the muscular system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure, function, growth and repair of the muscular system	
b. Explain the location and action of muscle groups within the muscular system	
c. Explain the principles of muscle contraction	
d. Analyse the pathologies of the muscular system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.

## Learning outcome 5

# Understand the anatomy, physiology and pathologies of the nervous system

You can:	Portfolio reference/ Assessor initials*
a. Describe the structure and function of each component of the nervous system	
b. Analyse the pathologies of the nervous system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.



## Learning outcome 6

### Understand the anatomy, physiology and pathologies of the endocrine system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the endocrine system	
b. Explain the location of endocrine glands	
c. Explain the function of the endocrine glands	
d. Describe the hormones secreted from the endocrine glands and their target sites	
e. Analyse the pathologies of the endocrine systems	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.



## Learning outcome 7

# Understand the anatomy, physiology and pathologies of the respiratory system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the respiratory system	
b. Describe the stages of respiration	
c. Explain the process of gaseous exchange	
d. Analyse the pathologies of the respiratory system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.



## Learning outcome 8

# Understand the anatomy, physiology and pathologies of the cardiovascular system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the cardiovascular system	
b. Explain the composition and functions of the blood	
c. Explain the location, structure and function of the heart	
d. Explain the types of blood vessel	
e. Identify the major blood vessels of the body	
f. Define blood pressure	
g. Explain the factors that affect blood pressure	
h. Analyse the pathologies of the cardiovascular system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.

## Learning outcome 9

# Understand the anatomy, physiology and pathologies of the lymphatic system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the lymphatic system	
b. Describe the composition of lymph	
c. Explain the location and function of the major lymphatic nodes and ducts	
d. Explain the location and function of lymphatic organs	
e. Explain the principles of immunity	
f. Analyse the pathologies of the lymphatic system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.



## Learning outcome 10

### Understand the anatomy, physiology and pathologies of the digestive system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the digestive system	
b. Explain the processes of digestion	
c. Identify the location of the organs involved in digestion	
d. Analyse the pathologies of the digestive system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.

## Learning outcome 11

# Understand the anatomy, physiology and pathologies of the urinary system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the urinary system	
b. Explain the production and content of urine	
c. Analyse the pathologies of the urinary system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.



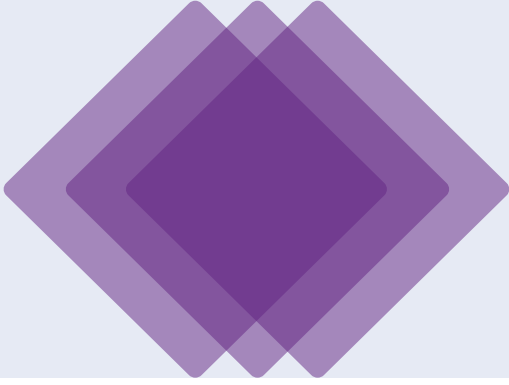
## Learning outcome 12

### Understand the anatomy, physiology and pathologies of the reproductive system

You can:	Portfolio reference/ Assessor initials*
a. Explain the structure and function of the reproductive system	
b. Explain the key stages of the human reproductive cycle	
c. Analyse the pathologies of the reproductive system	

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

A minimum of three pathologies for each body system must be evidenced in your portfolio.



# Notes

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# 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: Understand the organisation of the body

**Organisation of the body:** Simple chemicals, for example, oxygen, carbon dioxide, nutrient chemicals, for example, carbohydrates, lipids, proteins, vitamins, minerals, fibre, water, complex chemicals, for example, adenosine triphosphate (ATP), deoxyribonucleic acid (DNA), cells, tissues, organs, systems, organisms.

**Major tissue types and locations:** Epithelial tissue (protective, secretory), simple epithelial tissue (squamous, cuboidal, columnar, ciliated), stratified epithelial tissue (keratinised, non-keratinised, transitional), connective tissue – fibrous, elastic, areolar, adipose, lymphoid, cartilage, bone, blood (leucocytes, erythrocytes, thrombocytes, plasma); muscular tissue (skeletal, smooth, cardiac), nervous tissue (neurones, neurological cells), membranes (serous, mucous, synovial).

**Anatomical regions of the body:** Definitions and locations (abdominal, axillary, brachial, buccal, calcaneal, carpal, cephalic, cervical, costal, cranial, crural, cubital, cutaneous, femoral, forearm, frontal, gluteal, groin, inguinal, lumbar, mammary, ophthalmic, orbital, palmar, parietal, patellar, pectoral, pedal, pelvic, perineal, pericardial, plantar, popliteal, sacral, tarsal, thoracic, umbilical, visceral).

**Directional terms:** Definitions and examples (superior, inferior, medial, lateral, superficial, deep, anterior, posterior, proximal, distal).

**Planes:** Frontal, transverse, sagittal/longitudinal, oblique.

**Quadrants:** Right and left upper quadrant, right and left lower quadrant

**Structure and function of cells:** Components (cell membrane, nucleus, nucleolus, cytoplasm, vacuoles, vesicles, centrioles, centrosome, organelles, Golgi apparatus, lysosome, ribosome, mitochondria, endoplasmic reticulum), process of transport across cell membrane (diffusion, osmosis, facilitated diffusion, active transport, dissolution, filtration, phagocytosis, pinocytosis).

**Cell growth and repair:** Process of mitosis (prophase, metaphase, anaphase, telophase, interphase).

**Pathologies:** For example, acute, chronic, viral, bacterial, fungal, infestation, congenital, hormonal, allergic, lifestyle-related, environmental.



## Learning outcome 2: Understand the anatomy, physiology and pathologies of the skin, hair and nails

**Structure of the skin:** Epidermis layer (stratum corneum/horny, stratum lucidum/clear, stratum granulosum/granular, stratum spinosum/prickle, stratum germinativum/basal), dermis layer (papillary, reticular, blood capillary, lymphatic capillary network, hair, sebaceous gland, sweat glands, sensory and motor nerve endings, elastin, collagen), glands (sebaceous, eccrine, apocrine), subcutaneous layer (adipose).

**Structure of the hair:** Components of hair (hair follicle, hair shaft, inner root sheath, outer root sheath, arrector pili muscle, keratin, cuticle, cortex, medulla, hair root, dermal papilla), hair types (lanugo, vellus, terminal).

**Structure of the nail:** Nail bed, hyponychium, eponychium, perionychium, mantle, lateral nail fold, nail grooves, matrix, lunula, cuticle, nail plate, free edge.

### Functions of the skin, hair and nails:

**Skin** – secretion, heat regulation, absorption, protection, excretion, sensation, vitamin D production, melanin formation.

**Hair** – heat regulation, protection.

**Nails** – protection, manual dexterity.

### Growth and repair:

**Skin** – growth cycle (cell formation, keratinisation, desquamation, healing), definition and appearance of skin types (dry, oily, combination, balanced), factors affecting skin condition, for example, age, diet/nutrition, smoking, alcohol, ultraviolet, stress, climate, pollution.

**Hair** – growth cycle (anagen, catagen, telogen), factors affecting hair growth (congenital, hormonal, topical, systemic, non-systemic, medication).

**Nail** – growth cycle (nail formation in matrix, layers, keratin), factors affecting nail growth, for example, health, age, diet, medication.

**Pathologies of the skin:** Causes, signs and symptoms – infestations, for example, scabies, pediculosis corporis, bacterial infections, for example, impetigo, boils, folliculitis, acne keloidalis nuchae (AKN), viral infections, for example, herpes simplex, herpes zoster, verrucae, warts, fungal diseases, for example, tinea corporis, tinea pedis, allergies, for example, dermatitis, eczema, urticaria, pigmentation disorders, for example, vitiligo, albinism, chloasma, ephelides, lentigo, naevus, leucoderma, post-inflammatory hyperpigmentation (PIH), melasma, dermatosis papulosa nigra (DPN), general disorders, for example, sensitive skin, ultraviolet damage, pustules, papules, pseudo folliculitis barbae, keratosis pilaris, skin cancers, for example, basal cell carcinoma, squamous cell carcinoma, malignant melanoma.

**Pathologies of the hair:** Causes, signs and symptoms – alopecia, folliculitis, hypertrichosis, hypotrichosis, loose anagen syndrome, pediculosis capitis and pubis, seborrheic dermatitis, tinea capitis, trichotillomania, trichorrhesis nodosa.

**Pathologies of the nails:** Causes, signs and symptoms, for example, hang nail, leukonychia, onychorrhesis, onycholysis, paronychia, pitting, tinea unguium, transverse ridges, vertical ridges.

**Less common pathologies:** Definitions, signs and symptoms of less common pathologies – anhidrosis, bromhidrosis/osmidrosis, burns, hyperhidrosis, malignant tumours, pressure sores/bed sores, scleroderma, systemic lupus erythematosus.

### Learning outcome 3: Understand the anatomy, physiology and pathologies of the skeletal system

**Functions of the skeleton:** Shape and support, muscle attachment and leverage, joints for movement, production of red blood cells, storage of calcium, protection.

**Location, structure and function of bones:**

Types of bones (compact, cancellous, long, short, flat, irregular, sesamoid), components of long bone (diaphysis, epiphysis, cartilage, articular cartilage, medullary cavity, periosteum). Skeletal system (axial, appendicular), bones of the head and face (frontal, parietal, temporal, occipital, sphenoid, ethmoid, nasal, zygomatic, maxillae, mandible, lacrimal, turbinate, palatine, vomer, hyoid), bones of the neck (atlas, axis, cervical vertebrae), bones of the spine (thoracic vertebrae, lumbar vertebrae, sacral vertebrae, coccygeal vertebrae, intervertebral discs), bones of the torso (ribs, sternum, clavicle, scapula, pelvic girdle), bones of the pelvic girdle (ilium, ischium, pubis), bones of the upper limbs (humerus, radius, ulna), bones of the hands (carpals, metacarpals, phalanges), bones of the lower limbs (femur, patella, tibia, fibula), bones of the feet (tarsals, metatarsals, phalanges), arches of the foot (medial longitudinal, lateral longitudinal, anterior transverse, posterior transverse).

**Location, structure and function of joints:**

Classifications (fibrous/immoveable, cartilaginous/slightly moveable, synovial/freely moveable), synovial joint (joint capsule, ligaments, synovial fluid, articular cartilage, bone), types of synovial joint (gliding, condyloid/ellipsoid, hinge, saddle, pivot, ball and socket), range of movement associated with joint types (flexion, extension, circumduction, rotation, adduction, abduction, pronation, supination, dorsiflexion, plantar flexion, eversion, inversion).

**Growth and repair:** Definition and function (osteoblasts, osteocytes, osteoclasts), process of ossification.

**Pathologies (common and less common):**

Causes, signs and symptoms – ankylosing spondylitis, artificial joints, breaks, cervical stenosis, foot conditions, for example, bunions, hammer toe, plantar fasciitis, fractures, gout, osteoarthritis, osteogenesis imperfecta, osteomalacia, osteoporosis, Paget's disease, postural deformities, for example, lordosis, kyphosis, scoliosis, repetitive strain injuries, for example, tendonitis, bursitis, carpal tunnel syndrome, rheumatoid arthritis, rickets, spinal injuries, for example, whiplash, slipped disc, spondylosis, synovitis, systemic lupus erythematosus.



## Learning outcome 4: Understand the anatomy, physiology and pathologies of the muscular system

### Functions of the muscular system:

Movement of skeleton, maintenance of posture, generation of heat.

**Structure and function:** Muscle types (voluntary/skeletal, involuntary/smooth, cardiac), characteristics of muscle (contractibility, elasticity, excitability, extensibility), structure of skeletal muscle (origin, insertion, tendon, aponeurosis, epimysium, endomysium, perimysium, fascicles, muscle fibres, myofibrils, actin and myosin, sarcoplasmic reticulum), types of muscle contraction during movement (isotonic concentric, isotonic eccentric, isometric), muscle roles during movement (agonist, antagonist, synergist, fixator).

### Location and action of skeletal muscles:

Muscles of the scalp and face (frontalis, occipitalis, orbicularis oculi, corrugator (supercilii), nasalis, orbicularis oris, zygomaticus, risorius, mentalis), facial muscles of mastication (buccinators, masseter, temporalis), neck muscles (platysma, sternocleidomastoid), muscles of anterior thorax (pectoralis major and minor, external and internal intercostals, diaphragm, serratus anterior), muscles of posterior thorax (erector spinae, trapezius, latissimus dorsi, levator scapulae, rhomboids major and minor, rotator cuff, supraspinatus, infraspinatus, teres minor, subscapularis, teres major), muscles of upper arm (deltoid, biceps brachii, coracobrachialis, brachialis, triceps brachii), muscles of lower arm and hand (pronator teres, brachioradialis, flexor carpi radialis, flexor carpi ulnaris, flexor digitorum, extensor carpi ulnaris, extensor

digitorum, abductor pollicis brevis, flexor pollicis longus and brevis, thenar and hypothenar eminence), muscles of the abdominal region (external and internal obliques, rectus abdominis, transversus abdominis, quadratus lumborum), muscles of the hip (iliopsoas, piriformis, gluteus maximus, gluteus medius, gluteus minimus, tensor fascia latae), muscles of the thigh (sartorius, rectus femoris, vastus lateralis, vastus intermedius, vastus medialis, biceps femoris, semitendinosus, semimembranosus, gracilis, adductor longus, brevis, magnus), muscles of the lower leg and foot (gastrocnemius, soleus, tibialis anterior, tibialis posterior, peroneus longus, extensor digitorum longus, flexor digitorum longus, extensor hallucis longus).

**Growth and repair:** Process of muscular hypertrophy, for example, increased muscle fibre diameter, myofibril production, increased mitochondria.

### Pathologies (common and less common):

Causes, signs and symptoms – atrophy, cramp, fatigue, fibrositis, fibromyalgia, inflammatory conditions, muscle strains, muscular dystrophy, myasthenia gravis, myopathy, myositis, shin splints, sprains, spasms, spasticity, tetanus, torticollis.

## Learning outcome 5: Understand the anatomy, physiology and pathologies of the nervous system

**Function of the nervous system:** Detection of stimuli, process and interpretation of stimuli, response to stimuli.

**Location, structure and function:** Central nervous system (brain, spinal cord), peripheral nervous system (cranial nerves, spinal nerves, brachial plexus, lumbar plexus, sacral plexus), autonomic nervous system (sympathetic, parasympathetic), types of neurone (motor, efferent, afferent), structure of a motor neurone (axon, dendrites, cell body, myelin sheath, neurilemma, axon terminals, synapse, nodes of Ranvier, grey matter, white matter), brain (meninges, ventricles, cerebrospinal fluid, cerebrum, cerebellum, pons Varolii, medulla oblongata, hypothalamus, thalamus, brain stem), spinal cord (white matter, grey matter, dura mater, arachnoid mater, pia mater, cerebrospinal fluid), generation of nerve impulses, growth and repair of nerves.

**Pathologies (common and less common):** Causes, signs and symptoms – Alzheimer's disease, Bell's palsy, cataract, cerebral palsy, conjunctivitis, deafness, dementia, earache, epilepsy, glue ear, glaucoma, meningitis, motor neurone disease, multiple sclerosis (MS), myalgic encephalomyelitis (ME)/ chronic fatigue syndrome, myasthenia gravis, neuralgia, paralysis, Parkinson's disease, peripheral neuropathy, poliomyelitis, referred pain, sciatica, spina bifida, stress, strokes including transient ischaemic attacks, tinnitus, vertigo.



## Learning outcome 6: Understand the anatomy, physiology and pathologies of the endocrine system

### **Functions of the endocrine system:**

Hormone secretion into the blood stream, maintenance of homeostasis, control of body's functions (stimulation/inhibition of growth, induction/suppression of cell death, inhibition of immune system, regulation of metabolism, preparation for new activity, preparation for new phase in life, controlling reproductive cycle).

### **Location, structure and function:**

Endocrine glands (hypothalamus, pituitary, pineal, thyroid, parathyroid, thymus, pancreas, adrenal, ovaries, testes), associated hormones and hormone actions (thyroid stimulating hormone, adrenocorticotrophic hormone, human growth hormone, follicle stimulating hormone, luteinising hormone, lactogenic hormone, antidiuretic hormone, oxytocin, melatonin, thyroxine T3, calcitonin, parathormone, insulin, glucagon, aldosterone, cortisone, testosterone, oestrogen, progesterone, adrenaline (epinephrine), noradrenaline (norepinephrine), relationship of endocrine system with other body systems (nervous, circulatory, digestive, reproductive, integumentary), growth and repair.

### **Pathologies (common and less common):**

Causes, signs and symptoms – Addison's disease, Cushing's syndrome, diabetes – type 1 and 2, myxedema, thyrotoxicosis.

## Learning outcome 7: Understand the anatomy, physiology and pathologies of the respiratory system

### **Functions of the respiratory system:**

Oxygen supply to body tissues, carbon dioxide removal from body tissues.

### **Location, structure and function:**

Respiratory system (mouth, nose, nasal cavity, larynx, pharynx, epiglottis, trachea, primary bronchi, bronchioles, alveoli, lungs, pulmonary capillary network, pleural membranes, diaphragm, intercostal muscles), mechanism of inhalation and exhalation, gaseous exchange, composition of inspired and expired air, process of internal and external respiration, control of respiration (chemical, nervous), process of pulmonary circulation, relationship of respiratory system with other body systems (circulatory, nervous, muscular), growth and repair.

### **Pathologies (common and less common):**

Causes, signs and symptoms – asthma, bronchitis, bronchiolitis, chronic obstructive airways disease/chronic obstructive pulmonary disorder (COPD), cystic fibrosis, emphysema, fibrosis, hay fever, laryngitis, lung cancer, pertussis, pharyngitis, pleurisy, pneumonia, pneumothorax, rhinitis, sarcoidosis, sinusitis, tuberculosis, whooping cough.



## Learning outcome 8: Understand the anatomy, physiology and pathologies of the cardiovascular system

### Functions of the cardiovascular system:

Transportation (nutrients, gases, hormones, antibodies, waste products), heat regulation, protection and immunity, blood flow distribution, clotting.

**Location, structure and function:** Blood (plasma, erythrocytes, leucocytes, thrombocytes), blood vessels (arteries, arterioles, veins, venules, capillaries), heart (superior vena cava, inferior vena cava, right atrium, tricuspid valve, right ventricle, pulmonary valve, pulmonary artery, septum, pulmonary veins, left atrium, bicuspid valve, left ventricle, aorta, aortic arch, endocardium, myocardium, pericardium), cardiac cycle (diastole, atrial systole, ventricular systole), electrical conduction in the heart (sinoatrial node, atrioventricular node), type of circulation (pulmonary, systemic, portal, coronary), definition of heart rate, heart rate values, heart rate control (nervous system, hormonal), definition of blood pressure (systolic, diastolic), blood pressure measurements and classifications, blood pressure regulation, factors affecting blood pressure, for example, force of the heartbeat, volume of blood, blood flow resistance in the arteries, viscosity of the blood, elasticity of vessel walls, causes of blood pressure change, for example, diet, exercise, stress, medication.

**Location of blood vessels:** Arteries of the head and neck (innominate, common carotid, internal carotid, external carotid, facial, occipital, superficial temporal), veins of the head and neck (posterior external jugular, occipital, superficial temporal, maxillary, anterior facial, common facial,

internal jugular, external jugular), arteries of the body (coronary artery, ascending and descending aorta, left and right common carotid, left and right subclavian, intercostal, pulmonary, right hepatic, splenic, renal, superior mesenteric, right iliac, inferior mesenteric, left iliac, vertebral, axillary, brachial, left and right ulnar, left and right radial, left and right deep palmar arch, left and right superficial palmar arch, external iliac, left and right femoral, left and right popliteal, left and right anterior tibial, left and right posterior tibial, plantar arch, digital arteries), veins of the body (superior and inferior vena cava, pulmonary, right hepatic, hepatic portal, splenic, right renal, left and right iliac, left and right axillary, left and right brachial, left and right basilic, left and right cephalic, left and right subclavian, long saphenous, left and right short saphenous, dorsal venous arch, left and right femoral, left and right popliteal, left and right posterior tibial, left and right anterior tibial).

**Growth and repair:** Process of blood clotting (thrombocytes, thromboplastin, prothrombin, calcium, thrombin, fibrinogen, fibrin).

### Pathologies (common and less common):

Causes, signs and symptoms – anaemia, aneurysm, arteriosclerosis, atherosclerosis, bradycardia, cardiac arrhythmia, coronary thrombosis, deep vein thrombosis, heart disease, high cholesterol, hypertension, hypotension, intermittent claudication, myocardial infarction, palpitations, pulmonary embolism, tachycardia, varicose veins.

## Learning outcome 9: Understand the anatomy, physiology and pathologies of the lymphatic system

### **Functions of the lymphatic system:**

Transportation (excess fluid, foreign particles, fats), purification (waste and toxins), protection (antibodies for defence).

### **Location, structure and function:**

Lymph (leucocytes, lymphocytes, waste products), lymphatic capillaries, lymphatic vessels, lymphatic nodes (superficial and deep cervical, submandibular, axillary, supraclavicular, iliac, inguinal, popliteal), lymphatic ducts (thoracic duct, right lymphatic duct, cisterna chyli), lymphoid tissue (spleen, thymus, tonsils, appendix, Peyer's patches), immunity (antigens, antibodies, acquired immunity, natural immunity, allergy triggers and the body's response), relationship with other body systems (muscular, digestive, immune), growth and repair.

### **Pathologies (common and less common):**

Causes, signs and symptoms – cancer, cellulitis, fever, Hodgkin's disease, leukaemia, lymphoedema, myalgic encephalomyelitis, non-Hodgkin's lymphoma, oedema, rheumatoid arthritis.





## Learning outcome 10: Understand the anatomy, physiology and pathologies of the digestive system

### **Functions of the digestive system:**

Ingestion, mechanical and chemical breakdown of food, digestion, absorption of nutrients, defaecation.

**Location, structure and function:** Mouth, buccal cavity, lips, teeth, tongue, pharynx, epiglottis, oesophagus, salivary glands, stomach, cardiac sphincter, pyloric sphincter, oblique muscle layer, small intestine (duodenum, jejunum, ileum, villi), large intestine (ileocecal valve, caecum, ascending colon, transverse colon, descending colon, rectum, anus, anal sphincter), accessory digestive organs (gastric glands, pancreas, intestinal glands, liver, gall bladder), process of physical digestion (mastication, peristalsis, churning), process of chemical digestion (proteases, lipases, amylases), process of absorption of nutrients (proteins, peptones, polypeptides, amino acids, carbohydrates, monosaccharides, disaccharides, polysaccharides, fats, fatty acids, glycerol), relationship with other body systems (circulatory, endocrine, lymphatic, muscular, nervous), growth and repair.

### **Pathologies (common and less common):**

Causes, signs and symptoms – coeliac disease, colitis, colon cancer, constipation, Crohn's disease, diarrhoea, diverticulitis, diverticulosis, enteritis, gastritis, gall stones, heartburn, indigestion, inflamed gall bladder, irritable bowel syndrome (IBS), pernicious anaemia, ulcer, ulcerative colitis.

## Learning outcome 11: Understand the anatomy, physiology and pathologies of the urinary system

### **Functions of the urinary system:**

Distribution of intracellular and extracellular fluid, balance fluid intake with fluid output, general electrolyte composition and balance, maintain pH values of the body's fluid systems, regulation of blood pressure.

**Location, structure and function:** Kidneys (capsule, cortex, medulla, pyramids, calyces), nephron (afferent and efferent arterioles, glomerulus, glomerular (Bowman's) capsule, proximal coiled tubule, loop of Henle, distal coiled tubule, collecting duct), ureters, bladder, urethra, urine production (filtration, reabsorption, active secretion), factors affecting urine production (cold and hot weather, activity and inactivity, stress, water consumption), urine composition (urea, uric acid/ ammonia, salts, water), relationship with other body systems (circulatory, endocrine, skeletal, integumentary), growth and repair.

### **Pathologies (common and less common):**

Causes, signs and symptoms – bladder stones, cystitis, dysuria, enuresis, incontinence, kidney stones, nephritis, nephroblastoma, renal colic, renal failure, uraemia.



## Learning outcome 12: Understand the anatomy, physiology and pathologies of the reproductive system

### **Functions of the reproductive system:**

Production of sperm and ova, meiosis, mitosis, cytokinesis.

### **Location, structure and function:**

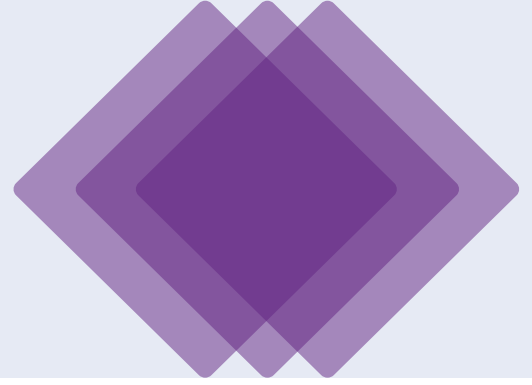
The female reproductive tract (ovum, ovary, fallopian tubes, uterus, cervix, vagina, labia, clitoris, vulva, vestibule and greater vestibular glands, mammary glands), function of female sex hormones, for example, oestrogen, progesterone, male reproductive tract (testes, scrotum, vas deferens, epididymis, seminal vesicles, prostate, urethra, penis), function of male sex hormones, for example, testosterone.

**Growth and repair:** Define female reproductive stages (puberty, pregnancy, menopause), effects of female puberty, menstrual cycle (menstruation, follicular phase, ovulation, luteal phase), stages of pregnancy (fertilisation, post-fertilisation, cell division, embryo formation, foetal development, parturition, lactation), effects of female menopause, for example, cessation of menses, mood swings, hot flashes, bone loss, atrophy of reproductive organs, male reproductive stages (puberty, menopause), effects of male puberty, effects of male menopause, for example, fatigue, weakness, depression, sexual dysfunction.

### **Pathologies (common and less**

**common):** Causes, signs and symptoms – amenorrhea, breast cancer, cervical cancer, dysmenorrhoea, endometriosis, impotence, infertility, mastitis, pelvic inflammatory disease (PID), pre-menstrual syndrome (PMS), polycystic ovarian syndrome (PCOS), prostate cancer, testicular cancer, sexually transmitted diseases, ovarian cysts.

# Notes



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# UV31300

## Provide body massage for complementary therapies

The aim of this unit is to provide you with the knowledge, understanding and practical skills required to carry out a full body massage for complementary therapies.

Level

**3**

Credit value

**19**

GLH

**112**

Observation(s)

**3**

External paper(s)

**0**



# Provide body massage for complementary therapies



## Learning outcomes

### On completion of this unit you will:

1. Be able to prepare for body massage treatment
2. Be able to provide body massage treatment
3. Be able to reflect upon 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 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. **Case studies**  
To achieve this unit you must carry out and document evidence for at least **30 treatments**. There must be a **minimum of two treatments for each of six clients**.
8. **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.

## Case studies

To achieve this unit you must carry out and document evidence for at least **30 treatments**.

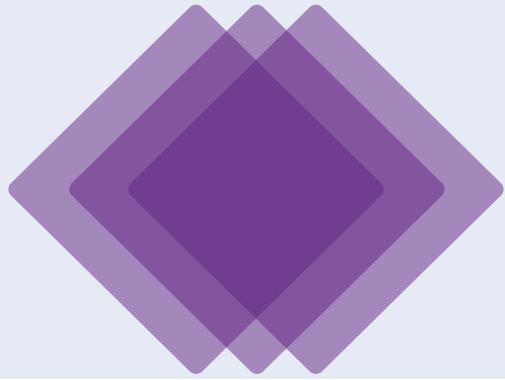
There must be a **minimum of two treatments for each of six clients**.

Your assessor will complete the table below when 30 treatments have been completed and are documented in your portfolio of evidence.

If you would like to apply for registration with the Complementary and Natural Healthcare Council (CNHC), you will need to undertake and evidence an additional 20 body massage case studies.

Date achieved	Assessor initials





# Observations

## Learning outcome 1

### Be able to prepare for body massage treatment

**You can:**

- a. Prepare self, client and work area in accordance with current legislation and working practice requirements
- b. Consult with clients to identify factors that may influence treatment objectives
- c. Provide clear recommendations to the client based on the outcome of the consultation
- d. Select materials 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

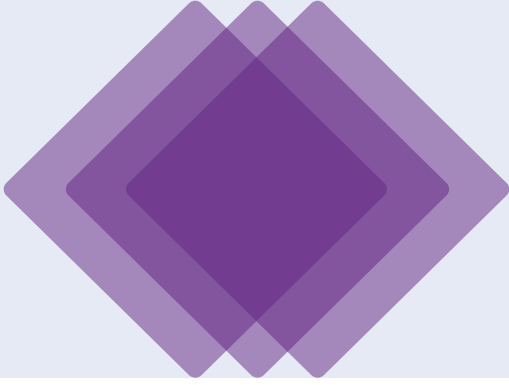
### Be able to provide body massage treatment

#### You can:

- a. Communicate and behave in a professional manner
- b. Position self and client throughout treatment to ensure privacy, comfort and wellbeing
- c. Use working methods that meet professional, legal and organisational requirements
- d. Identify skin types, characteristics, general body types and common postural faults
- e. Perform and adapt body massage treatment using materials, equipment and techniques correctly and safely to meet the needs of the client
- f. Locate underlying body structures during treatment
- g. Complete treatment to the satisfaction of the client in a commercially acceptable time
- h. Provide suitable aftercare and home care advice
- i. Record treatment accurately and store information securely in line with current legislation

\*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.

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# Range

\*You must practically demonstrate that you have:

Met all the objectives	Portfolio reference
Relaxation	
Reduction of muscle tension	
Uplift/stimulation	
Increased circulation	
Stress relief	
Improved skin condition	

Used all the massage techniques	Portfolio reference
Effleurage	
Petrissage	
Tapotement	
Friction	
Vibration	
Neuromuscular	
Passive joint movements	

\*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:**

<b>Treated all areas</b>	<b>Portfolio reference</b>
Back	
Abdomen	
Legs and feet	
Neck and shoulders (seated)	
Neck and shoulders (prone)	
Face	
Full body	

<b>Given all the aftercare advice</b>	<b>Portfolio reference</b>
Self-massage	
Relaxation	
Posture	
Breathing	
Products	
Further treatments	

\*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.

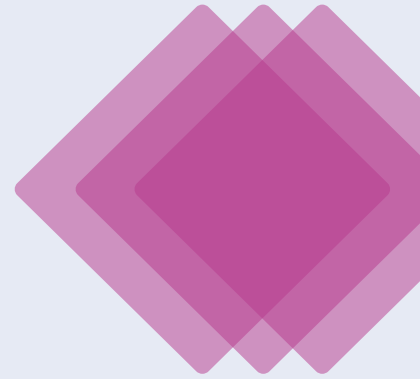
When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

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 prepare for body massage treatment

You can:	Portfolio reference/ Assessor initials*
e. Describe the requirements for preparing self, client and work area for body massage treatment	
f. Describe the environmental conditions suitable for body massage treatment	
g. Describe the objectives and possible benefits of body massage treatment	
h. Explain the contra-indications that may prevent or restrict body massage treatment	
i. Describe the influencing factors that need to be considered when carrying out a client consultation	
j. Explain the reasons why the client may be referred to a healthcare practitioner	
k. Describe the employer's and employee's health, safety and security responsibilities	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 2

### Be able to provide body massage treatment

You can:	Portfolio reference/ Assessor initials*
j. Evaluate the results of treatment	
k. Describe the history, philosophy and role of Swedish massage and other massage traditions	
l. Explain the uses of the classical massage movements and the possible psychological and physiological effects on the body systems	
m. Explain how body massage techniques can be adapted to suit the individual characteristics of a client	
n. Explain the uses of different media	
o. Describe safe handling and use of products, materials, tools and equipment	
p. Describe the importance of the correct maintenance and storage of products, materials, tools and equipment	
q. Describe the contra-actions that may occur during and following treatment and how to respond	
r. Explain the aftercare and home care advice that should be provided	
s. Describe the methods of evaluating effectiveness of treatment	

\*Assessor initials to be inserted if orally questioned.



### Learning outcome 3

## Be able to reflect upon body massage treatment

You can:	Portfolio reference/ Assessor initials*
a. Reflect on own attitudes, beliefs, interests, priorities and values in relation to personal growth as a massage therapist	
b. Evaluate own knowledge and practice of massage in relation to professional codes of conduct and current working practices	
c. Identify own strengths and weaknesses in order to best serve self and client	
d. Describe the basic elements of reflective practice	
e. Describe how own self-awareness impacts on personal and professional life	
f. Identify lifelong learning opportunities to plan for self-development	
g. Describe how to record evidence of own knowledge and practical experience	
h. Explain the importance of acting on own evaluation to improve body massage treatment	

\*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 prepare for body massage treatment

### **Preparation of a treatment environment:**

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, soft music, hygienic set up of treatment couch and trolley, for example, clean linen, couch roll, 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.

**Preparation of self:** Clean professional uniform, no jewellery (except a smooth wedding band), no piercings, hair neatly tied back (fringe secured), flat/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), no chewing (gum, sweets), nails (clean, short, polish/extension free, good condition and maintained), correct posture, protection/grounding.

**Preparation of client:** Greeting, consult with client, perform any necessary pre-treatment tests, establish treatment expectations, provide modesty robe, advise client on clothing/jewellery to remove/keep on, assist client into correct position, ensure client comfort, modesty and privacy, use of supports, sanitisation procedures.

**Consultation techniques:** Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, client information reference. Professional, active listening, body language, discussion, eye contact, positive/cheerful expression, feedback, non-verbal communication, visual aids, professional rapport, questioning (open/closed), silence, verbal (tone, pitch, speed), consultation form, signatures, record keeping, treatment planning/recommendations, establish expectations, treatment evaluation and review, visual observations (client), aftercare advice.

**Consultation records:** 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, presenting conditions, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests, current treatment regime, treatment requirements, client preferences and expectations, body and skin analysis, adaptations and modifications, recommendations, treatment plan including products/massage media, expected outcomes, alternative treatment options, client informed consent and signature), update record at the end of the treatment, update at each visit,

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

maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).

**Influencing factors:** For example, age, general health, presenting conditions, emotional/stress related conditions, body type (endomorph, ectomorph, mesomorph), muscle tone (good, poor), muscular over/under use, spasm and/or imbalance, cellulite, oedema, postural analysis, excessive hair, medication, lifestyle, contra-indications, skin (sensitivity, type, conditions), medical history, long-term illness, terminal illness, previous treatments (type, results, benefits, contra-actions), client preferences and expectations, cost, time, frequency.

**Recommendations:** Pre-treatment information on treatment process, expected physical sensations, contra-actions, outcomes, further treatments, fees and treatment options, adaptations and modifications, post-treatment advice/aftercare, lifestyle changes to maintain or improve health, for example, listen to your body, contact therapist with any concerns, drink water, avoid alcohol, avoid caffeine, healthy eating, light diet, rest, relaxation techniques, light exercise, fresh air, postural exercises, deep-breathing exercises, mobility exercises, suitable products to enhance effects of treatment.

**Objectives of massage:** Relaxation, stress relief, improved sense of wellbeing, pain reduction/relief, reduced muscle tension, increased energy levels/invigoration, postural improvement, lymphatic drainage, maintaining health, improvement of physical condition.

**Contra-actions and responses:** Erythema, aching/tenderness (pressure, technique adaptation), reaction to massage medium (remove product), headache (drink water, rest, fresh air), dizziness (rest, deep breathing), nausea (rest, deep breathing), flu-like symptoms (rest), changed sleep patterns/fatigue (rest, fresh air), thirst (drink water), heightened emotions (rest, relaxation, referral), increased urination (toxin release, drink water), increased defaecation (waste elimination).

**Action** – treatment adaptation, discussion/advice, first aid responses.

### **Contra-indications:**

**Examples of contra-indications that may prevent or restrict treatment –** Contagious skin disorders – bacterial (impetigo), viral (herpes simplex, herpes zoster), fungal (tinea corporis), infestation (scabies), allergies (skin), asthma, cancer (unless qualified with suitable continuous professional development training (CPD)), cardiovascular conditions (hypotension, hypertension, thrombosis), diarrhoea, vomiting, haemophilia, medical oedema, osteoporosis, fever, recent operations, thrombosis, psychosis, pregnancy, diabetes, severe varicose veins, recent head or neck injury, haemorrhage, meningitis, nervous system disorders, undiagnosed lumps, pain on medication, alcohol, cuts/abrasions, bruising, swelling, post-operative scar tissue, sunburn, hormonal implants, menstruation, hernia, recent fractures, neck problems, heavy meal, migraine.

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

### **Appropriate action for contra-indications**

– No treatment given, treatment adaptation, informed consent, referral to another practitioner.

**Informed consent:** Required for clients on prescribed medication, under the care of a medical practitioner, clients advised to consult with their doctor prior to treatment being given, client's signature to confirm that there is no medical objection to the treatment being given, and that they understand the information provided about the treatment process and effects and have had the opportunity to ask questions. If in any doubt avoid providing treatment, insurance requirements adhered to, full records kept, procedures for referral to health practitioners understood.

**Refer the client:** Follow referral procedures, when to refer (contraindications, cautions, contra-actions, when outside limits of qualification, knowledge or responsibility), referral to healthcare practitioners, selecting alternative or adapted treatments, obtaining client's signature as informed consent that there is no medical objection to the treatment being provided.

### **Employee and employer's health, safety and security responsibilities:**

#### **Management of health and safety at work:**

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to couch 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.

**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.

### **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, for example, non-hazardous, 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 body massage treatment (continued)

**Liability insurance:** Employers', public, professional indemnity.

**Reporting of injuries, diseases and dangerous occurrences regulations**

**(RIDDOR):** Accident book, reporting diseases, local byelaws, code of conduct, risk assessment.

**Health and safety legislation:** 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, Regulatory Reform (Fire Safety) Order, Local Government Miscellaneous Provisions Act, London Local Authorities Act – Massage and Special Treatments Licences.

**Employer responsibility:** Current and valid liability insurance (for example, employees, professional indemnity), display health and safety rules (covering staff, employees, clients), fire evacuation (provide regular training), accurate record keeping, monitoring.

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

**Risk:** Likelihood of a hazard happening, risk assessment (determine the level of risk, preventative measures, reduce a potentially harmful situation), judgement of work environment hazards (who, what, level of risk), interpret results, conclusions, record findings, regular reviews.

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

**Security (cash):** Staff training, point of sale, regular banking, in transit.

**Security (people):** Staff, clients, visitors, children, personal belongings, systems (security, emergency evacuation), storage, client records, business information.

**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 2: Be able to provide body massage treatment

### Communicate and behave in a professional manner:

#### 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.

**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, adhere to referral procedures, engage in and document Continuous Professional Development (CPD) to maintain best practice.

#### Therapist health and wellbeing:

Maintain correct posture when performing treatment, for example lunge/stride stance, 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, couch at correct working height, 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 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.



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

### **Position of client for comfort/modesty:**

Suitable supports (head, legs, arms), comfortable face cradle, correctly positioned to get maximum benefit from treatment, prevent injury, visual/verbal checks to maintain client comfort and relaxation, modesty maintained.

### **Perform body massage:**

Safe and hygienic working methods, ethical practice, professional codes of conduct, client care, consultation, benefits, contra-actions, contra-indications, treatment plan, approval signature, modification, adaptation, instructing/ assisting client, removal of clothing/ jewellery, client modesty, towel draping, suitable supports/covers, privacy, hygiene, sanitise client's feet, apply selected medium, perform body massage in commercially acceptable time, maintaining contact, client satisfaction, client comfort, response to client feedback/ requests, identifying imbalances/muscle tension, removal of massage medium (as appropriate), allow suitable post-treatment recovery time, providing water, giving/ receiving client feedback, treatment outcomes, review/update treatment plan, aftercare advice (treatment progression/ options), complete/accurate records, treatment evaluation (treatment outcomes, emotional responses, physical responses), feedback (visual, verbal, written), client involvement in own health and wellbeing, repeat business, reflective practice, legislation.

### **Commercially acceptable time:**

Consultation 15 minutes, 60 minutes full body massage, 30 minutes back massage, 75 minutes (to include face and scalp), 5 minutes aftercare and home care advice.

**Adaptation of treatment:** Based upon the outcome of the consultation, client requirements/diverse needs and the result of any relevant tests – choice of products/ massage media, massage techniques, pressure, speed, direction of strokes, rhythm, sequence/flow, coverage, client positioning, areas of concern, duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment, for example, lighting, heating, music.

**Massage techniques:** Effleurage, petrissage, tapotement, frictions, vibrations, neuromuscular, passive joint movements, muscle stretching.

**Physical characteristics:** Age, body type (endomorph, ectomorph, mesomorph), muscle tone, body fat (adipose tissue), bone health, medical conditions, skin type, sensitivity, irregularities, scar tissue, major life changes (for example, puberty, pregnancy, menopause), height, cellulite, oedema, postural analysis (scoliosis, kyphosis, lordosis), excess hair.

**Working methods:** According to local/ national legislation, safety, hygiene, ethical practice, professional codes of conduct, posture, stance, self/client preparation.

**Satisfaction of the client:** Agreed treatment plan, focus on areas of concern, commercially acceptable time, depth of pressure, comfort and dignity, towel draping, appropriate communication, physical comfort (warmth, lighting, music), effectiveness of treatment, evaluation of treatment, reflection, aftercare.

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

**Materials and equipment:** Disinfecting fluid, sterilising solution, sanitiser, massage mediums, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, blanket, additional support/props, for example, bolsters, 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 records and storage:**

Consultation form, informed consent, signed treatment plans, client notes, referral letters, records of treatment detail, aftercare advice, recommendations, evaluation, reflection, recorded and stored in accordance with current data protection legislation for example, UK GDPR, professional codes of ethics and practice, insurance requirements.

**Aftercare and home care advice:**

Post-treatment advice/recommendations, verbal and written, for immediate aftercare – water intake, rest, avoidance of activities that may cause contra-actions or reduce treatment benefits, for example, avoid stimulants, avoid heavy meal; suitable home treatments, postural awareness, lifestyle changes/improvements, for example stress management and relaxation techniques, deep breathing exercises, healthy eating and fluid intake, self-massage, further professional massage treatments and frequency, alternative treatment options, retail products, contra-actions and how to deal with them, healing process, referral processes/procedures, advice limits within scope of practice.

**History, philosophy and role of Swedish massage:**

Ancient civilisations, China, Egypt, India (Ayurvedic medicine), Greece and Romans, Per Henrik Ling, physiotherapy, massage therapy present day (to include national occupational standards and regulation), knowledge of other massage traditions (to include acupuncture, aromatherapy, physiotherapy, Indian head massage, infant and child massage, lymphatic drainage massage, Thai massage, Japanese shiatsu, stone therapy, neuromuscular techniques). The relationship of massage to other healthcare.

**Classical massage movements:**

Effleurage (superficial to deep, stroking, feathering, draining), petrissage (kneading, wringing, pulling, circling, knuckling, pressures), tapotement (hacking, cupping, beating, pummelling, tapping), frictions, vibrations (shaking, fine vibrations), passive joint movements, muscle stretching.





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

### Possible benefits of massage:

**Physiological effects** – increased circulation, warm tissues, stimulation of skin increasing cellular function, desquamation, increased sebaceous secretions, increased lymphatic flow, stimulate nerve endings, breakdown of fatty (adipose) tissue, relax tense muscles, improved range of movement and flexibility, loosen scar tissue, improved sleep, patterns, effects of massage on the body systems, (integumentary, skeletal, muscular, nervous, endocrine, respiratory, cardiovascular, lymphatic, immune, digestive, urinary, reproductive).

**Psychological effects** – relaxation, relief from tension, stress relief, sense of wellbeing, invigorating, uplifting.

**Massage mediums:** Use, application, origin of oil, cream, powder, essential oil pre-blend, natural wax.

**Skin types and characteristics:** For example, normal (balanced), dry, oily, combination, sensitive, mature.

**General body types:** Endomorph, ectomorph, mesomorph.

**Common postural faults:** Kyphosis, lordosis, scoliosis.

**Location of underlying body structures:** Muscles, bones, nerves, organs, blood vessels, lymph nodes.

**Treatment records:** Confidential, consultation form, signed treatment plans, referral letters, records of treatment detail, aftercare advice, recommendations, evaluation, reflection, insurance requirements, professional codes of ethics and practice, recorded and maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR).

**Treatment evaluation:** Monitor client wellbeing and skin reaction throughout, review body massage treatment (visual, verbal, written), discussion of treatment outcomes, document client reactions and feedback – emotional responses, physical responses, short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, client involvement in own health and wellbeing, client progression, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

### Learning outcome 3: Be able to reflect upon body massage treatment

**Reflect:** Own attitudes/beliefs/interests/priorities/values, reflection as a process, reflection in action, reflection on action, methods of reflection (reflective journals, peer review, mentoring feedback, case study work, reading logs, portfolio development).

**Reflection for personal growth:** Reflect upon training/professional incidents/experiences, analyse what has occurred/why it occurred/how it can be prevented or repeated, think about the strengths and weakness of your training/professional experiences, learn something from thinking/ analysing/writing, occurrences can be described and reflected upon followed by a solution or series of solutions emerging, learn from your reflection upon these incidents and experiences, develop your personal growth for the future.

**Elements of reflective practice:** Open mind, awareness, questioning, asking about others, choices, options and possibilities, comparing and contrasting results, in depth understanding, viewing practice from different perspectives, seeking/gaining feedback from others, resolving problems, identifying limitations.

**Impact of self-awareness:** Self-awareness (for example, attitude and beliefs, knowledge and understanding, practical skills, compare and contrast choices, understanding, rationale, adaptability, interpersonal skills, communication), impact on personal life (for example, relationships, satisfaction), impact on professional life for example, clients, colleagues, professionalism).

**Recording evidence:** Own knowledge and practical experience, written (for example, journals, experience logs, mentor feedback,

portfolio, case studies), video, audio records (own comments, mentor feedback, clients' comments), comply with data protection.

**Own knowledge and practice:** In relation to current codes of conduct and working practices, evaluate (compare with codes of conduct and recommended working practices, make informed judgements).

**Evaluation of self:** Self-evaluation forms, journals, tests, reviewing, assessing, revising, comparing own standards to industry standards, discussions, asking questions (what did I learn? how well did I learn it? what should I do next?), set new goals based on new knowledge.

**Strengths and limitations:** For example, Knowledge and understanding, working practices, practical skills, maintain strengths, remove limitations.

**Lifelong learning opportunities:** Continuous Professional Development (CPD), training courses, independent study, periodical reviewing, using knowledge to inform practice, development of personal skills, development of personal values, professional association membership, identifying progression pathways.

**Self-development:** Personal development plan (PDP), documentation, reflection, identify learning gap (where am I now? Where do I want to be?), establish goals (short, medium, long term), ongoing review and updates of plans and documentation, areas for improvement in practice, aims and objectives for practice, targets and associated timescales, CPD requirements, training and courses (title, dates), further work-based experience, opportunities for mentoring.

# UV31301

## Provide aromatherapy for complementary therapies

The aim of this unit is to develop your knowledge, understanding and practical skills in carrying out aromatherapy treatments, using the techniques of blending essential oils/essences and fixed carrier oils.

Level

**3**

Credit value

**21**

GLH

**112**

Observation(s)

**3**

External paper(s)

**0**



# Provide aromatherapy for complementary therapies



## Learning outcomes

### On completion of this unit you will:

1. Be able to prepare for aromatherapy treatment
2. Be able to provide aromatherapy treatment
3. Be able to reflect upon aromatherapy practice

## 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. **Case studies**  
You must carry out and document evidence for at least 60 treatments.
8. **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.

## Case studies

You must carry out and document evidence for at least 60 treatments consisting of the following:

- Aromatherapy massage – six clients must receive a minimum of six treatments (minimum of 36 treatments)
- Other methods of application – compresses, inhalations, blending of creams/lotions etc. (minimum of nine treatments)

Date achieved	Assessor initials



# Observations

## Learning outcome 1

### Be able to prepare for aromatherapy treatment

**You can:**

- a. Prepare self, client and work area in accordance with current legislation and working practice requirements
- b. Consult with clients to identify factors that may influence treatment objectives
- c. Provide clear recommendations to the client based on the outcome of the consultation
- d. Select materials 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 aromatherapy treatment

#### You can:

- a. Communicate and behave in a professional manner
- b. Position self and client throughout treatment to ensure privacy, comfort and wellbeing
- c. Use working methods that meet professional, legal and organisational requirements
- d. Carry out visual analysis
- e. Perform and adapt aromatherapy treatment using materials, equipment and techniques correctly and safely to meet the needs of the client
- f. Complete treatment to the satisfaction of the client in a commercially acceptable time
- g. Apply correct legislative labelling requirements on blends created for clients\*
- h. Provide suitable aftercare and home care advice in line with current legislation
- i. Record treatment accurately and store information securely in line with current legislation

\*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:

Met all the objectives	Portfolio reference
Relaxation	
Uplift/stimulation	
Balancing	
Stress relief	

Carried out all applications	Portfolio reference
Compresses	
Other media	
Inhalation/vaporisation	
Massage	
Immersion	

\*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 the fixed carrier oils and essential oils:**

<b>Fixed carrier oils</b>			
<b>Plant family</b>	<b>Common name</b>	<b>Botanical name</b>	<b>Portfolio reference</b>
Rosaceae	Almond**	Prunus communis L	
	Apricot Kernel	Prunus armeniaca L	
	Peach Kernel**	Prunus vulgaris Mill	
Fabaceae (Leguminosae)	Soya	Glycine max Merr	
	Peanut	Arachis hypogaea L	
Asteraceae (compositae)	Sunflower	Helianthus annuus L	
Vitaceae	Grapeseed**	Vitis vinifera L	
Oleaceae	Olive	Olea europaea L	
Lauraceae	Avocado**	Persea americana Mill	
Pedaliaceae	Sesame	Sesamum indicum L	
Linaceae	Linseed	Linum usitatissimum L	
Corylaceae	Hazel	Corals avellana L	
Juglandaceae	Walnut	Juglans regia L	
Proteaceae	Macadamia**	Macadamia ternifolia F. Muell	
Arecaceae	Coconut	Cocos nucifera L	
Onagraceae	Evening Primrose**	Oenothera biennis L	
Euphorbiaceae	Castor	Ricinus communis L	
Poaceae (Graminae)	Wheatgerm**	Triticum vulgare Vill	
Simmondsiaceae	Jojoba**	Simmondsia chinensis Schneid	

\*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.

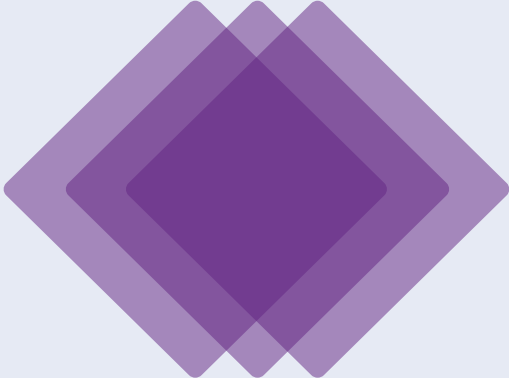
\*\*Items must be practically demonstrated without exception.

\*You must practically demonstrate that you have used the fixed carrier oils and essential oils:

Essential oils				
Plant family	Common name	Botanical name	Part of plant used	Portfolio reference
Lamiaceae (labiatae)	Lavender**	Lavandula angustifolia Mill	Flowers	
	Lavandin	Lavandula x intermedia Emeric ex Loisel	Flowers	
	Lavender, spike	Lavandula latifolia Medik	Flowers	
	Clary sage**	Salvia sclarea L	Herb	
	Marjoram**	Origanum majorana L	Herb	
	Rosemary**	Rosmarinus officinalis L	Herb	
	Thyme**	Thymus vulgaris L	Herb	
	Peppermint	Mentha x piperita L	Herb	
	Basil**	Ocimum basilicum L	Herb	
	Patchouli**	Pogostemon cablin Benth	Leaves	
Rutaceae	Neroli**	Citrus aurantium L	Flowers	
	Petitgrain**	Citrus aurantium L	Leaves	
	Orange, bitter	Citrus aurantium L	Fruit	
	Orange, sweet	Citrus sinensis (L.) Osbeck	Fruit	
	Bergamot**	Citrus bergamia Risso	Fruit	
	Lemon	Citrus limon (L.) Burm	Fruit	
	Mandarin	Citrus nobilis Lour	Fruit	
	Grapefruit	Citrus paradisi Macfad	Fruit	
Asteraceae (compositae)	Chamomile, Roman**	Chamaemelum nobile (L.) All	Flowers	
	Chamomile, German**	Matricaria recutita L	Flowers	

**\*You must practically demonstrate that you have used the fixed carrier oils and essential oils:**

Essential oils				
Plant family	Common name	Botanical name	Part of plant used	Portfolio reference
Myrtaceae	Eucalyptus**	Eucalyptus globulus labil	Leaves	
	Eucalyptus	Eucalyptus citriodora Hook	Leaves	
	Eucalyptus	Eucalyptus dives Schauer	Leaves	
	Eucalyptus	Eucalyptus smithii R.T. Baker	Leaves	
	Tea tree**	Melaleuca alternifolia Cheel	Leaves	
Geraniaceae	Geranium**	Pelargonium graveolens L'Her	Leaves	
Piperaceae	Pepper, black**	Piper nigrum L	Fruit	
Apiaceae (umbellifera)	Fennel**	Foeniculum vulgare Mill	Fruit	
Rosaceae	Rose, damask**	Rosa damascene Mill	Flowers	
	Rose, cabbage	Rosa x centifolia L	Flowers	
Oleaceae	Jasmine**	Jasminum grandiflorum L	Flowers	
Annonaceae	Ylang-ylang**	Cananga odorata (Lam.) Hook.f. and Thoms	Flowers	
Santalaceae	Sandalwood**	Santalum album L. Santalum spicatum (R.Br.) A.DC.)	Wood	
Burseraceae	Frankincense**	Boswellia sacra Flueck	Resin	
	Myrrh	Commiphora myrrha Engl	Resin	
Styracaceae	Benzoin**	Styrax benzoin Dryand	Balsam	
Zingiberaceae	Ginger**	Zingiber officinale Rosc	Rhizome	
Poaceae (graminae)	Lemongrass**	Cymbopogon citratus Stapf	Grass	
	Vetivert**	Vetiveria zizanioides Nash ex Small	Roots	
Pinaceae	Cedarwood, Atlas**	Cedrus atlantica Manetti	Wood	
Cupressaceae	Cypress**	Cupressus sempervirens L	Twigs	
	Juniper**	Juniperus communis L	Berry	



# Notes

Use this area for notes and diagrams.

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# 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.

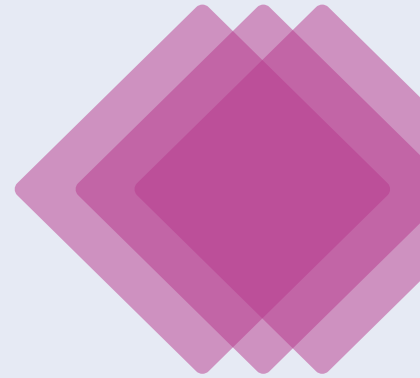
When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

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 prepare for aromatherapy treatment

You can:	Portfolio reference/ Assessor initials*
e. Describe the requirements for preparing self, client and work area for aromatherapy treatment	
f. Describe the environmental conditions suitable for aromatherapy treatment	
g. Describe the objectives and possible benefits of aromatherapy treatment	
h. Explain the contra-indications that may prevent or restrict aromatherapy treatment	
i. Describe the influencing factors that need to be considered when carrying out a client consultation	
j. Explain the reasons why the client may be referred to a healthcare practitioner	
k. Describe the employer's and employee's health, safety and security responsibilities	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 2

### Be able to provide aromatherapy treatment

You can:	Portfolio reference/ Assessor initials*
j. Evaluate the results of treatment	
k. Describe the history, philosophy and role of aromatherapy and other massage traditions	
l. Explain how aromatherapy techniques can be adapted to suit the individual characteristics of a client	
m. Explain the taxonomy, nomenclature, structure and function of plants in relation to the production of essences, fixed carrier oils and other media	
n. Identify methods of extraction and sourcing of essences and fixed carrier oils	
o. Identify significant chemical constituents of essences	
p. Describe percentage dilutions and blending techniques	
q. Describe the causes of degradation and spoilage of essential oils and methods of prevention	
r. Explain the uses, application and origin of essences, fixed oils and other media	
s. Describe the possible physiological and psychological effects of aromatherapy on the body systems	
t. Describe safe handling and use of products, materials, tools and equipment	
u. Describe the importance of the correct maintenance and storage of products, materials, tools and equipment	
v. Describe the contra-actions that may occur during and following treatment and how to respond	
w. Explain the aftercare and home care advice that should be provided in line with current legislation	
x. Describe the methods of evaluating effectiveness of treatment	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 3

### Be able to reflect upon aromatherapy practice

You can:	Portfolio reference/ Assessor initials*
a. Reflect on own attitudes, beliefs, interests, priorities and values in relation to personal growth as an aromatherapist	
b. Evaluate own knowledge and practice of aromatherapy in relation to professional codes of conduct and current working practices	
c. Identify own strengths and weaknesses in order to best serve self and client	
d. Describe the basic elements of reflective practice	
e. Describe how own self-awareness impacts on personal and professional life	
f. Identify lifelong learning opportunities to plan for self-development	
g. Describe how to record evidence of own knowledge and practical experience	
h. Explain the importance of acting on own evaluation to improve aromatherapy treatment	

\*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 prepare for aromatherapy treatment

### **Preparation of a treatment environment:**

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, soft music, hygienic set up of treatment couch and trolley, for example, clean linen, couch roll, 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.

**Preparation of self:** Clean professional uniform, no jewellery (except a smooth wedding band), no piercings, hair neatly tied back (fringe secured), flat/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), no chewing (gum, sweets), nails (clean, short, polish/extension free, good condition and maintained), correct posture, protection/grounding.

**Preparation of client:** Greeting, consult with client, perform any necessary pre-treatment tests, establish treatment expectations and oil requirements/preferences, provide modesty robe, advise client on clothing/jewellery to remove/keep on, assist client into correct position, ensure client comfort, modesty and privacy, use of supports, sanitisation procedures.

**Consultation techniques:** Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, client information reference. Professional, active listening, body language, discussion, eye contact, positive/cheerful expression, feedback, non-verbal communication, visual aids, professional rapport, questioning (open/closed), silence, verbal (tone, pitch, speed), consultation form, signatures, record keeping, treatment planning/recommendations, establish expectations, treatment evaluation and review, visual observations (client), aftercare advice.

**Consultation records:** 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, presenting conditions, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests/results, current treatment regime, treatment requirements, client preferences and expectations, body and skin analysis, adaptations and modifications, recommendations, treatment plan including products and essential and carrier oil blend, methods of use, expected outcomes,

## Learning outcome 1: Be able to prepare for aromatherapy treatment (continued)

alternative treatment options, signature of endorsement for blend(s), 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).

**Influencing factors:** For example, age, general health, body shape (endomorph, ectomorph, mesomorph), muscle tone (good, poor), cellulite, oedema, postural analysis, medication, lifestyle, skin (sensitivity, type, conditions) medical history, presenting conditions/symptoms, stress levels, previous treatments (type, results, benefits, contra-actions), client preferences and expectations, fixed carrier oil and essential oil availability/suitability, dilution ratios, time of day, cost, time, frequency. Where aromatherapy massage is appropriate, where aromatherapy may be used with caution/modifications, where aromatherapy massage is inappropriate (other methods of use may be advised), where aromatherapy is contra-indicated.

**Recommendations:** Pre-treatment information on treatment process, treatment type, oil choice, length of treatment, expected physical sensations, contra-actions, outcomes, further treatments, fees and treatment options, adaptations and modifications, post-treatment advice/aftercare, lifestyle changes to maintain or improve health, for example, avoid bath/shower/steam rooms/swimming/sunbathing for up to

24 hours, wait 10 minutes post-treatment before driving, listen to your body, contact therapist with any concerns, drink water, avoid stimulants, avoid heavy meal, rest, relaxation techniques, light exercise, healthy eating, light diet, fresh air, suitable products to enhance effects of treatment.

**Objectives of aromatherapy:** Promote homeostasis, deep relaxation, stress relief, pain relief, reduced muscle tension, increased energy levels, improved sense of wellbeing, stimulation, lymphatic drainage, maintain health, improves physical condition.

**Contra-actions and responses:** Erythema, aching/tenderness (pressure, technique adaptation), allergic reactions to essential oil/carrier oil and blend used (remove product), headache (drink water, rest, fresh air), dizziness (rest, deep breathing), nausea (rest, deep breathing), flu like symptoms (rest), changed sleep patterns/fatigue (rest, fresh air), thirst (drink water), heightened emotions (rest, relaxation, referral), increased urination (toxin release, drink water), increased defaecation (waste elimination), insomnia, hallucination, hyperactivity, change in appetite, respiratory reactions, change in mucous, oil (medication/substance reactivity), action (treatment adaptation, discussion/advice), first aid responses.

## Learning outcome 1: Be able to prepare for aromatherapy treatment (continued)

### Examples of contra-indications that may prevent or restrict treatment:

Contagious skin disorders – bacterial (impetigo), viral (herpes simplex, herpes zoster), fungal (tinea corporis), infestation (scabies), allergies (skin), asthma, cancer (unless qualified with suitable continuous professional development training (CPD), cardiovascular conditions (hypotension, hypertension, thrombosis), diarrhoea, vomiting, haemophilia, medical oedema, osteoporosis, fever, recent operations, thrombosis, psychosis, pregnancy (unless qualified with suitable CPD), diabetes, severe varicose veins, recent head or neck injury, haemorrhage, meningitis, nervous system disorders, undiagnosed lumps or pain, on medication, skin disorders – bacterial (boils, folliculitis), viral (warts, verrucae), fungal (tinea pedis), drugs/ alcohol, cuts/abrasions, bruising, swelling, post-operative scar tissue, sunburn, hormonal implants, menstruation, hernia, recent fractures, neck problems, heavy meal, migraine, (this list is not exhaustive). Informed consent is required if your client is under the care of a medical practitioner.

### Appropriate action for contraindications:

No treatment given, treatment adaptation, informed consent, referral to another practitioner.

**Other:** Contra-indications to the different uses of essential oils, such as in a diffuser, inhalation, in products; contra-indications to the use of essential oils on pets and other animals.

**Informed consent:** Required for clients on prescribed medication, under the care of a medical practitioner, clients advised to consult with their doctor prior to treatment being given, client's signature to confirm that there is no medical objection to the treatment being given, and that they understand the information provided about the treatment process and effects and have had the opportunity to ask questions. If in any doubt avoid providing treatment, insurance requirements adhered to, full records kept, procedures for referral to health practitioners understood.

**Refer the client:** Follow referral procedures, when to refer (contraindications, contra-actions, when outside limits of qualification, knowledge or responsibility), referral to healthcare practitioners selecting alternative or adapted treatments.

### Employee and employer's health, safety and security responsibilities:

#### Management of health and safety at work:

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to couch 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,



## Learning outcome 1: Be able to prepare for aromatherapy treatment (continued)

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.

**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.

### **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 dropper, pump, spatula 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, for example, non-hazardous, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturer's instructions.

**Liability insurance:** Employers', public, professional indemnity.

### **Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR):**

Accident book, reporting diseases, local by-laws, code of conduct, risk assessment.

**Health and safety legislation:** 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, Regulatory Reform (Fire Safety) Order, Local Government Miscellaneous Provisions Act, London Local Authorities Act – Massage and Special Treatments Licences. Current legislative controls and guidelines for the use of essential oils, fixed carrier oils and other media, blending and labelling of products and the implications for client safety – for example, General Product Safety Regulations (GPSR), Cosmetic Products Regulations.

## Learning outcome 1: Be able to prepare for aromatherapy treatment (continued)

**Employer's responsibility:** Current and valid liability insurance (for example, employees, professional indemnity), display health and safety rules (covering staff, employees, clients), fire evacuation (provide regular training), accurate record keeping, monitoring.

**Hazards:** Something with potential to cause harm requiring immediate attention, level of responsibility (report, nominated personnel, duty to recognise/deal with hazards). Hazards associated with essential oils – toxicity, irritation, sensitisation, carcinogenesis, phytoestrogens, interactions with prescription and self-medicated drugs and other substances, possible interactions between essential oils.

**Risk:** Likelihood of a hazard happening, risk assessment (determine the level of risk, preventative measures, reduce a potentially harmful situation), judgement of work environment hazards (who, what, level of risk), interpret results, conclusions, record findings, regular reviews.

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

**Security (cash):** Staff training, point of sale, regular banking, in transit.

**Security (people):** Staff, clients, visitors, children, personal belongings, systems (security, emergency evacuation), storage, client records, business information.

### **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 2: Be able to provide aromatherapy treatment

### Communicate and behave in a professional manner:

#### 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.

**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, adhere to referral procedures, engage in and document Continuous Professional Development (CPD) to maintain best practice.

#### Therapist health and wellbeing:

Maintain correct posture when performing treatment, for example lunge/stride stance, 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, couch at correct working height, 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 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.

#### Position of client for comfort/modesty:

Suitable supports (head, legs, arms), comfortable face cradle, correctly positioned to get maximum benefit from treatment, prevent injury, visual/verbal checks to maintain client comfort and relaxation, modesty maintained.

## Learning outcome 2: Be able to provide aromatherapy treatment (continued)

**Perform aromatherapy treatment:** Safe, hygienic working methods, ethical practice, professional codes of conduct, therapist grounding, client care, consultation, benefits, contra-actions, contra-indications, treatment plan, approval signature, modification, adaption, advising client on removal of clothing/jewellery, client modesty, towel draping, suitable supports/covers, privacy, hygiene, sanitise client's feet, essential oil/carrier oil selection, efficient and hygienic blending, treatment method, perform aromatherapy treatment in commercially acceptable time, maintaining contact, client satisfaction, client comfort, response to client feedback/requests for example in relation to pressure, identifying imbalances/muscle tension, allow suitable post-treatment recovery time, providing water, giving/receiving client feedback, treatment outcomes, review/update treatment plan (including essential/carrier oil selection/dilution), aftercare advice, treatment progression/options, complete/accurate records, treatment evaluation (treatment outcomes, emotional responses, physical responses), feedback (visual, verbal, written), client involvement in own health and wellbeing, repeat business, reflective practice, legislation.

**Commercially acceptable time:**

Consultation 15 minutes, 60 minutes full body aromatherapy massage, 30 minutes back massage, 75 minutes (to include face and scalp), 5 minutes aftercare and home care advice.

**Aromatherapy massage techniques:**

Effleurage, petrissage, vibrations, tapotement, passive movements, stretches, pressure point stimulus.

**Adaptation of treatment:** Based upon the outcome of the consultation, client requirements/diverse needs and the result of any relevant tests – choice of essential oils/carriers, dilution ratios, massage techniques, pressure, speed, direction of strokes, rhythm, sequence/flow, coverage, client positioning, areas of concern, treatment method (for example, massage, inhalation, compress, immersion), suitability of essential oil(s)/carrier oil(s), duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment, for example, lighting, heating, music.

**Physical characteristics:** Age, body type (endomorph, ectomorph, mesomorph), muscle tone, body fat (adipose tissue), bone health, medical conditions, skin type, sensitivity, scar tissue, major life changes (for example, pregnancy, menopause), height, cellulite, oedema, postural analysis (scoliosis, kyphosis, lordosis), excess hair.

**Skin types and characteristics:**

**Sensitive** – often pale skins, dry, colour easily, redness, react to products.

**Dehydrated** – normal sebaceous secretions but still flaky, tight.

**Mature** – loss of elasticity/lax elasticity, loose muscle tone, wrinkles.





## Learning outcome 2: Be able to provide aromatherapy treatment (continued)

**Normal (balanced)** – fine texture, no visible pores, smooth, supple, flexible.

**Oily** – shiny, slight thickening, sallow, coarse texture, enlarged pores.

**Dry** – lacks moisture, dry to touch, flakiness.

**Working methods:** According to local/national legislation, safety, hygiene, ethical practice, professional codes of conduct, posture, stance, self/client preparation.

**Satisfaction of the client:** Agreed treatment plan, agreed oil selection – signature of endorsement, focus on areas of concern, commercially acceptable time, depth of pressure, comfort and dignity, towel draping, appropriate communication, physical comfort (warmth, lighting, music), effectiveness of treatment, evaluation of treatment, reflection, aftercare.

**Labelling requirements:** Client's name, blended date, use-by date, ingredients (botanical names), dilutions, therapist contact details, directions for use, storage, precautions, applicable national legislation.

**Materials and equipment:** Disinfecting fluid, sterilising solution, sanitiser, fixed carrier oils, essential oils, essential oil boxes/carrying cases, dark glass bottles/jars, diffusers, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, blanket, additional support/props, for example, bolsters, robe, disposable slippers, tissues, cotton wool, spatulas, bowls, lined waste bin, products, tools and equipment for cleaning, disinfection, sanitisation, sterilisation as appropriate to treatment. Correct selection process, product use, hygiene procedures, storage procedures, regular checking of equipment.

### **Treatment records and storage:**

Consultation form, informed consent, signed treatment plans, client notes, referral letters, records of treatment details – essential/carrier oil selection, dilution, method of use, aftercare advice, recommendations, evaluation, reflection, recorded and stored in accordance with current data protection legislation for example, UK GDPR, professional codes of ethics and practice, insurance requirements.

**Aftercare advice:** Post-treatment advice/recommendations, verbal and written, for immediate aftercare – water intake, rest, avoidance of activities that may cause contra-actions or reduce treatment benefits, for example, wait 10mins post-treatment before driving, listen to your body, contact therapist with any concerns, avoid bath/shower/steam room/swimming/sunbathing for up to 24 hours, leave oils on for up to 8 hours; postural awareness, lifestyle changes/improvements, for example stress management and relaxation techniques, deep breathing exercises, healthy eating and fluid intake, avoid alcohol, caffeine and heavy meals, self-massage, further professional massage treatments and frequency, alternative treatment options, retail products, contra-actions and how to deal with them, healing process, referral processes/procedures, suitable guidelines for home use of essential/carrier oils, risks associated with self-treatment, specific oil information on potential toxicity, reactions, advice limits within scope of practice.

## Learning outcome 2: Be able to provide aromatherapy treatment (continued)

**Taxonomy, nomenclature, structure and function of plants:** Plant kingdom, binomial system, plant family, genus, species, chemotypes, variety, evolution, plant biology (formation, reproduction, biosynthesis), structure (angiosperm, gymnosperm, monocotyledon, dicotyledon, root, rhizome, stem, leaf, flower, fruit, seeds).

**Origins of essential oils/essences and fixed oils:** Country of origin, leaves, flowers, stems, twigs, bark, heartwood, resin, roots, rhizomes, fruit pulp, fruit peel, seeds.

**Characteristics of essential oils (essences):** Aromatic, volatile, powerful, oil soluble, alcohol soluble, lipophilic, hydrophilic, liquid, non-greasy, flammable.

**Methods of extraction of essential oils (essences):** Water/steam distillation, expression, solvent extraction, enfleurage/maceration, carbon dioxide extraction, hydro-diffusion/percolation. By-products of distillation – hydrosols.

**Methods of extraction (fixed carrier oils):** Pre-heating, passing through an expeller, virgin cold-pressed, solvent extraction, filtration, refinery.

**Chemical constituents:** Atom, molecule, organic, inorganic, isoprenes, terpenes, monoterpenes, diterpenes, sesquiterpenes, alcohols, aldehydes, esters, ketones, lactones, oxides, acids, ethers, furanocoumarins, oxides, phenols, absorption routes (via skin, air).

**Blending and dilutions:** Synergy, adaptogen, top note, middle note, base note, dilution ratios/percentages, maximum number of essential oils to be blended, safe

dosage use for babies, elderly, face, current legislation. Types of essential and carrier oils most likely to cause reactions.

**Degradation:** Adulteration, dilution, isolation, substitution, incorrect light exposure, heat exposure, air exposure, extended storage periods, degradation processes (hydrolysis, oxidation), synthetic oils.

**Storage:** Dark amber bottles, away from direct sunlight, correct temperature, away from children, tightly closed lids, correct storage period, correct use and dilution, quality testing, constituent testing. Protecting blend(s) from spoilage or loss, methods for prevention of cross-contamination of essential oils/carriers.

**Disposal:** The correct way to dispose of essential oils to prevent or minimise risk of toxicity and contamination of people, pets and the environment.

**Professional sources:** Growers, botanists, manufacturers, wholesale suppliers, therapists, retail suppliers, quality and safety of plant oils, botanical classification, methods of testing quality and chemical constituents, Material Safety Data Sheets (MSDS).

**History, philosophy and role of aromatherapy:** Origins of plant medicine and distillation, ancient, China, India, Greece, Egypt, the Romans, Middle East, Middle Ages, 19th century medicine, Industrial Revolution, Gattefosse, Valnet, Maury, the modern role of aromatherapy, regulation of the profession.



## Learning outcome 2: Be able to provide aromatherapy treatment (continued)

### **Knowledge of other massage traditions:**

Acupressure, physiotherapy, holistic massage, Ayurvedic massage, Indian head massage, lymphatic drainage massage, Thai massage, Japanese shiatsu, stone therapy, neuromuscular techniques.

### **Possible benefits of aromatherapy massage:**

**Physiological effects:** May increase circulation, warm tissues, may stimulate skin, may increase cellular function, may aid desquamation, may increase sebaceous secretions, may increase lymphatic flow, may stimulate nerve endings, relax tense muscles. Physiological absorption, oil absorption routes and how absorption may be enhanced or impeded.

**Psychological effects:** Relaxation, relief from tension, stress relief, sense of wellbeing, invigorating, effects on the body systems.

### **Possible therapeutic properties:**

Analgesic, adrenal cortex stimulant, anti-allergic, antibacterial/bactericidal, antidepressant, antifungal, anti-inflammatory, antimicrobial, antioxidant, antiseborrhoeic, antiseptic, antispasmodic, antitoxic, antiviral, aperitif, aphrodisiac, astringent, balsamic, carminative, cytophthalactic, cephalic, circulatory stimulant, deodorant, detoxifying, digestive, diuretic, emmenagogue, expectorant, febrifuge, haemostatic, hormone balancer, hypertensive, hypotensive, immunostimulant, insecticide, insect repellent, neuro-relaxant, neuro-toxic, oestrogen stimulant, rehydrating, relaxant, rubefacient, sedative, stimulant, tonic, uplifting, vulnerary.

**Olfactory system:** Nose, cilia, olfactory tract, olfactory membranes (contain smell sense cells), olfactory receptor cells, olfactory bulb, olfactory plexus, brain, limbic system, smell and taste, anosmia (impaired sense of smell).

**Other aromatherapy mediums:** Sources and advantages/disadvantages of wax/creams/lotions/gels/water/air/clay/hydrosols/hydrolats/shear butter/cocoa butter.

**Methods of use and application:** Baths/showers, compresses, creams, lotions, hydrolats, inhalations, masks, massage, shampoos, sprays, diffusers, neat application; protocols for blending, blending ratios, client requirements/suitability, equipment, preparation, safety procedures, frequency of use, contra-indications, home care usage guidelines.

**Treatment evaluation:** Monitor client wellbeing and reactions throughout, review aromatherapy treatment (visual, verbal, written), carrier oil, essential oils, dilution, treatment method, discussion of treatment outcomes, document client reactions and feedback – emotional responses, physical responses, short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, client involvement in own health and wellbeing, client progression, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

### Learning outcome 3: Be able to reflect upon aromatherapy practice

**Reflect:** Own attitudes, beliefs, interests, priorities and values, reflection as a process, reflection in action, reflection on action, methods of reflection (reflective journals, peer review, mentoring feedback, case study work, reading logs, portfolio development).

**Reflection for personal growth:** Reflect upon training/professional incidents/experiences, analyse what has occurred/why it occurred/how it can be prevented or repeated, think about the strengths and weakness of your training/professional experiences, learn something from thinking/analysing/writing, occurrences can be described and reflected upon followed by a solution or series of solutions emerging, learn from your reflection upon these incidents and experiences, develop your personal growth for the future.

**Elements of reflective practice:** Open mind, awareness, questioning, asking about others, choices/options/possibilities, comparing and contrasting results, in depth understanding, viewing practice from different perspectives, seeking/gaining feedback from others, resolving problems, identifying limitations.

**Impact of self-awareness:** Self-awareness (for example, attitude and beliefs, knowledge and understanding, practical skills, compare and contrast choices, understanding, rationale, adaptability, interpersonal skills, communication), impact on personal life (for example, relationships, satisfaction), impact on professional life (for example, clients, colleagues, professionalism).

**Recording evidence:** Own knowledge and practical experience, written (for example, journals, experience logs, mentor feedback, portfolio, case studies), video, audio records (own comments, mentor feedback, clients' comments), comply with data protection.

**Own knowledge and practice:** In relation to current codes of conduct and working practices, evaluate (compare with codes of conduct and recommended working practices, make informed judgements).

**Evaluation of self:** Self-evaluation forms, journals, tests, reviewing, assessing, revising, comparing own standards to industry standards, discussions, asking questions (what did I learn? how well did I learn it? what should I do next?), set new goals based on new knowledge.

**Strengths and limitations:** For example, Knowledge and understanding, working practices, practical skills, maintain strengths, remove limitations.



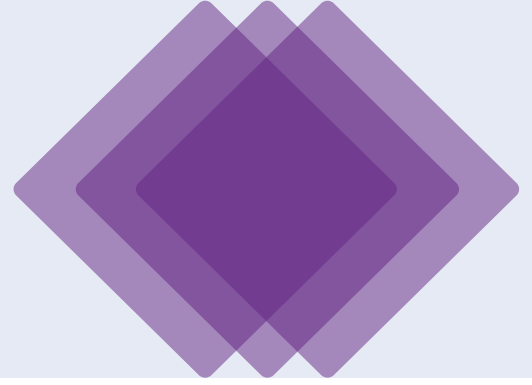
### Learning outcome 3: Be able to reflect upon aromatherapy practice (continued)

#### **Lifelong learning opportunities:**

Continuous Professional Development (CPD), training courses, independent study, periodical reviewing, using knowledge to inform practice, development of personal skills, development of personal values, professional association membership, identifying progression pathways.

**Self-development:** Personal development plan (PDP), documentation, reflection, identify learning gap (where am I now? Where do I want to be?), establish goals (short, medium, long term), ongoing review and updates of plans and documentation, areas for improvement in practice, aims and objectives for practice, targets and associated timescales, CPD requirements, training and courses (title, dates), further work-based experience, opportunities for mentoring

# Notes



Use this area for notes and diagrams.

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# UV31302

## Provide reflexology for complementary therapies

The aim of this unit is to provide you with the knowledge, understanding and skills required to carry out reflexology treatments.

Level

**3**

Credit value

**25**

GLH

**112**

Observation(s)

**3**

External paper(s)

**0**





# Provide reflexology for complementary therapies



## Learning outcomes

### On completion of this unit you will:

1. Be able to prepare for reflexology treatment
2. Be able to provide a reflexology treatment
3. Be able to reflect upon reflexology 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 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. **Case studies**  
You must carry out and document evidence for at least 100 treatments, which must be carried out on a minimum of four clients. There must be a minimum of six treatments for at least two clients.
8. **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.

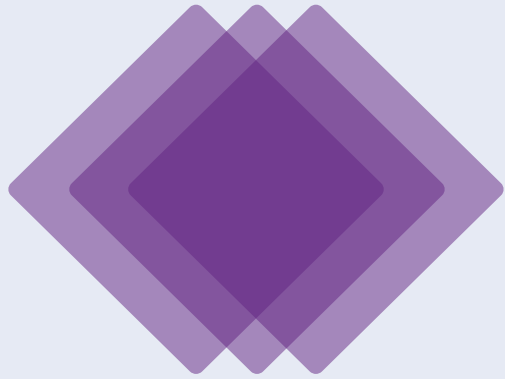
Your assessor will document the portfolio reference once a range has been competently achieved.

## Case studies

You must carry out and document evidence for at least 100 treatments, which must be carried out on a minimum of four clients.

There must be a minimum of six treatments for at least two clients.

Date achieved	Assessor initials



# Observations

## Learning outcome 1

### Be able to prepare for reflexology treatment

**You can:**

- a. Prepare self, client and work area in accordance with current legislation and working practice requirements
- b. Consult with clients to identify factors which may influence treatment objectives
- c. Provide clear recommendations to the client based on the outcome of the consultation
- d. Select materials 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

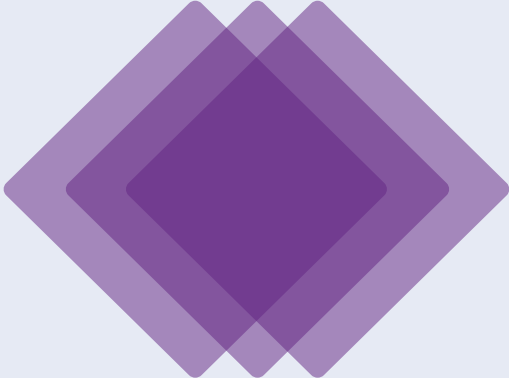
### Be able to provide a reflexology treatment

#### You can:

- a. Communicate and behave in a professional manner
- b. Position self and client throughout treatment to ensure privacy, comfort and wellbeing
- c. Use working methods that meet professional, legal and organisational requirements
- d. Carry out visual analysis of the feet
- e. Perform and adapt reflexology treatment using materials, equipment and techniques correctly and safely to meet the needs of the client
- f. Locate underlying body structures during treatment
- g. Locate reflex points on the hands and feet during treatment
- h. Locate zones, transfer lines and cross reflexes on hands and feet during treatment
- i. Complete treatment to the satisfaction of the client in a commercially acceptable time
- j. Provide suitable aftercare and home care advice
- k. Record treatment accurately and store information securely in line with current legislation

\*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.

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# Range

\*You must practically demonstrate that you have:

Met all the treatment objectives	Portfolio reference
Relaxation	
Uplift/stimulation	
Balancing	
Stress relief	

Carried out all types of assessment	Portfolio reference
Temperature	
Colour	
Skin texture	
Corns and calluses	
Nail conditions	
Foot characteristics	

Used all types of media	Portfolio reference
Oil	
Cream/lotion	
Powder	
Natural wax	

\*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:**

<b>Dealt with all types of systems</b>	<b>Portfolio reference</b>
Lymphatic	
Endocrine	
Digestive	
Urinary	
Respiratory	
Muscular and skeletal	
Nervous system	
Cardiovascular	
Reproductive	

<b>Treated all areas</b>	<b>Portfolio reference</b>
Hands	
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.

# 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.

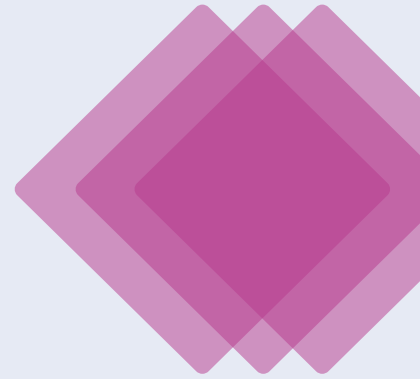
Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

\*This is not an exhaustive list.





# Knowledge



## Learning outcome 1

### Be able to prepare for reflexology treatment

You can:	Portfolio reference/ Assessor initials*
e. Describe the requirements for preparing self, client and work area for reflexology treatment	
f. Describe the environmental conditions suitable for reflexology treatment	
g. Describe the objectives and possible benefits of reflexology treatment	
h. Explain the contra-indications that may prevent or restrict reflexology treatment	
i. Describe the influencing factors that need to be considered when carrying out a client consultation	
j. Explain the reasons why the client may be referred to a healthcare practitioner	
k. Describe the employer's and employee's health, safety and security responsibilities	

\*Assessor initials to be inserted if orally questioned.



## Learning outcome 2

### Be able to provide a reflexology treatment

You can:	Portfolio reference/ Assessor initials*
l. Evaluate the results of treatment	
m. Describe the history, philosophy and role of reflexology	
n. Explain the principles of reflexology theory	
o. Explain how reflexology techniques can be adapted to suit the individual characteristics of a client	
p. Explain the principles of all reflexology techniques	
q. Describe the importance of the supporting hand	
r. Explain the uses of different media	
s. Describe safe handling and use of products, materials, tools and equipment	
t. Describe the importance of the correct maintenance and storage of products, materials, tools and equipment	
u. Describe the contra-actions that may occur during and following treatment, and how to respond	
v. Explain the aftercare and home care advice that should be provided	
w. Describe the methods of evaluating effectiveness of treatment	

\*Assessor initials to be inserted if orally questioned.

### Learning outcome 3

## Be able to reflect upon reflexology treatment

You can:	Portfolio reference/ Assessor initials*
a. Reflect on own attitudes, beliefs, interests, priorities and values in relation to personal growth as a reflexologist	
b. Evaluate own knowledge and practice of reflexology in relation to professional codes of conduct and current working practices	
c. Identify own strengths and weaknesses in order to best serve self and client	
d. Describe the basic elements of reflective practice	
e. Describe how own self-awareness impacts on personal and professional life	
f. Identify lifelong learning opportunities to plan for self-development	
g. Describe how to record evidence of own knowledge and practical experience	
h. Explain the importance of acting on own evaluation to improve reflexology treatment	

\*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 prepare for reflexology treatment

### **Preparation of a treatment environment:**

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, soft music, hygienic set up of treatment couch and trolley, for example, clean linen, couch roll, 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.

**Preparation of self:** Clean professional uniform, no jewellery (except a smooth wedding band), no piercings, hair neatly tied back (fringe secured), flat/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), no chewing (gum, sweets), nails (clean, short, polish/extension free, good condition and maintained), correct posture, protection/grounding.

**Preparation of client:** Greeting, consult with client, perform any necessary pre-treatment tests, establish treatment expectations and requirements/preferences, advise client on clothing/jewellery to remove/keep on, assist client into correct position, ensure client comfort, modesty and privacy, use of supports, sanitisation procedures.

**Consultation techniques:** Consultation environment (face to face or digital), client requirements, client satisfaction, client expectations and aftercare, informed consent and signatures, client information reference. Professional, active listening, body language, discussion, eye contact, positive/cheerful expression, feedback, non-verbal communication, visual aids, professional rapport, questioning (open/closed), silence, verbal (tone, pitch, speed), consultation form, signatures, record keeping, treatment planning/recommendations, establish expectations, treatment evaluation and review, visual observations (client), foot reading/observations, aftercare advice.

**Consultation records:** 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 – previous and ongoing health care, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, presenting conditions, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, skin sensitivity tests/results, current treatment programme, treatment requirements, client preferences and expectations, foot reading, adaptations and modifications, recommendations, treatment plan including products and foot charts, expected outcomes, alternative

## Learning outcome 1: Be able to prepare for reflexology treatment (continued)

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).

**Influencing factors:** For example, age, general health, medication, lifestyle, medical history, presenting conditions/symptoms, trauma, congenital disorders, infections, stress levels, previous treatments (type, results, benefits, contra-actions), client preferences and expectations, time of day, cost, treatment duration, frequency. Where reflexology is appropriate, where reflexology may be used with caution, where referral to another healthcare practitioner is appropriate, where reflexology is contra-indicated. Recognising when reflexology may or may not complement other treatments the client is receiving.

**Recommendations:** Pre-treatment information on treatment process, treatment effects, length of treatment, expected physical sensations, contra-actions, outcomes, further treatments, fees and treatment options, adaptations and modifications; post-treatment advice/aftercare, lifestyle changes to maintain or improve health, for example, listen to your body, contact reflexologist with any concerns, drink water, avoid alcohol, avoid caffeine, eat healthily, light diet, avoid heavy meal, rest, relaxation techniques, light exercise, fresh air, suitable products to enhance effects of treatment/for self-treatment.

**Objectives of reflexology:** Relaxation, stress relief, improved sense of wellbeing, pain relief, reduced physical tension, increased energy levels, stimulating and sedative effects, to maintain health, improved physical condition.

### Reactions and possible contra-actions to treatment:

**During treatment** – sense of wellbeing, relaxation, comfort, desire to sleep, sighing, laughing, yawning, crying, deep breathing, tingling, temperature change, thirst, nausea, tender reflex.

**After treatment** – increased energy, increased urination, increased defaecation, increased sweating, change in sleep patterns, headaches, dizziness, nausea, cold-like symptoms, cough, tiredness, relief of symptoms, the healing process.

**Examples of contra-indications that may prevent or restrict treatment:** Skeletal diseases/disorders/fractures, stroke, severe headaches/migraine, under the influence of alcohol or drugs, skin diseases/disorders, cardiovascular conditions (deep vein thrombosis), muscular diseases/disorders, nervous diseases/disorders, diabetes, epilepsy, cancer (unless qualified with suitable Continuous Professional Development (CPD)), receiving radiotherapy/chemotherapy, bloodborne diseases, disorders of hands/feet/nails, fever, infectious diseases/disorders, asthma, medicated high or low blood pressure, pregnancy (unless qualified with suitable CPD), allergies, cuts, bruises, abrasions, inflammation, recent scar tissue, sunburn, after a heavy meal (this list is not exhaustive). If your client is under the care of a medical practitioner informed consent is required.

## Learning outcome 1: Be able to prepare for reflexology treatment (continued)

### **Appropriate action for contraindications:**

No treatment given, treatment adaptation, informed consent, referral to another practitioner.

### **Examples of disorders of the hands/ feet/**

**nails:** Fungal (tinea pedis, tinea corporis, tinea unguium), viral (verrucae, warts), arthritis (gout, osteoarthritis, rheumatoid arthritis), general foot disorders (bursitis, talipes (club foot), pes planus (flat foot), foot drop, hammer toes, bone/heel spurs, high arch, hallux valgus, plantar fasciitis), nail disorders (Beau's lines, blue nails, curved or concave, discoloured nails, habit tic, koilonychia, leukonychia, onychocryptosis, onychogryphosis, onycholysis, onychomycosis, paronychia, pitting, ridges, white nails, yellow nails, skin disorders (calluses, corns, chilblains, heel fissures).

**Informed consent:** Required for clients on prescribed medication under the care of a medical practitioner, clients advised to consult with their doctor prior to treatment being given, client's signature to confirm that there is no medical objection to the treatment being given, and that they understand the information provided about the treatment process and effects and have had the opportunity to ask questions. If in any doubt avoid providing treatment, insurance requirements adhered to, full records kept, procedures for referral to health practitioners understood.

**Refer the client:** Follow referral procedures, when to refer (contra-indications, contra-actions, when outside limits of qualification, knowledge or responsibility, recognising signs and symptoms which may pose

a serious risk to clients and for which they should seek immediate medical help), the importance of not diagnosing medical conditions, referral to healthcare practitioners, selecting alternative or adapted treatments.

### **Employee and employer's health, safety and security responsibilities:**

#### **Management of health and safety at work:**

Clean, tidy, safe standards of working, remove spillages, report slippery surfaces, remove/report obstacles, clear access to couch 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.

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



## Learning outcome 1: Be able to prepare for reflexology treatment (continued)

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

### **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, for example, non-hazardous, mixed municipal, general and confidential, recyclable; environmental protection, single use items, dispose of all waste in accordance with manufacturer’s instructions.

**Liability insurance:** Employers’, public, professional indemnity.

**Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR):** Accident book, reporting diseases, local by-laws, code of conduct, risk assessment.

**Health and safety legislation:** 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, Regulatory Reform (Fire Safety) Order, Local Government Miscellaneous Provisions Act, London Local Authorities Act – Massage and Special Treatments Licences.

**Employer’s responsibility:** Current and valid liability insurance (for example, employees, professional indemnity), display health and safety rules (covering staff, employees, clients), fire evacuation (provide regular training), accurate record keeping, monitoring.

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

## Learning outcome 1: Be able to prepare for reflexology treatment (continued)

**Risk:** Likelihood of a hazard happening, risk assessment (determine the level of risk, preventative measures, reduce a potentially harmful situation), judgement of work environment hazards (who, what, level of risk), interpret results, conclusions, record findings, regular reviews.

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

**Security (cash):** Staff training, point of sale, regular banking, in transit.

**Security (people):** Staff, clients, visitors, children, personal belongings, systems (security, emergency evacuation), storage, client records, business information.

**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 2: Be able to provide a reflexology treatment

### Communicate and behave in a professional manner:

#### 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, for example, foot charts.

**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.

**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, adhere to referral procedures, engage in and document Continuous Professional Development (CPD) to maintain best practice.

#### Therapist health and wellbeing:

Maintain correct posture when performing treatment, for example sitting, lifting and carrying, use working methods to avoid work related injuries, for example, Repetitive Strain Injury (RSI), perform regular hand exercises, maintain correct seated posture, feet flat on floor, even weight distribution, couch at correct working height, 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 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.

## Learning outcome 2: Be able to provide a reflexology treatment (continued)

### **Position of client for comfort/modesty:**

Suitable supports (head, legs, feet and ankles), correctly positioned, semi-reclined, client's feet level with therapist's chest, to get maximum benefit from treatment, prevent injury, visual/verbal checks to maintain comfort and relaxation, modesty maintained.

**Perform reflexology treatment:** Safe and hygienic working methods, ethical practice, professional codes of conduct, therapist grounding, meet and greet client, consultation, explain history of reflexology, benefits, contra-actions, contra-indications, discuss treatment plan/adaptations, agree and sign treatment plan, advise client on removal of socks/shoes, maintain modesty, provide suitable supports/covers. Assist client into correct working position – semi-reclined and supported. Wash and sanitise hands, sanitise client's feet, read client's feet, record observations, greet the feet, apply selected medium, perform opening relaxation techniques, perform reflexology treatment on both feet using specified reflexology techniques in a commercially acceptable time, maintain contact throughout, check client satisfaction and comfort throughout, monitor sensations experienced by the client (verbal/non-verbal), recognise when reflexes should be treated with caution or may require additional attention, respond appropriately to client feedback/requests, note areas of imbalance/tender reflexes and record on foot chart, focus on specific 'reflexes' or secondary 'reflexes' as required.

Perform closing movements, wrap feet, allow suitable post-treatment recovery time, wash own hands, assist client off couch, assist with socks/shoes, offer client water, receive client feedback, encourage open discussion (emotional development), discuss treatment outcomes and give client feedback, review treatment plan, offer aftercare advice, confirm follow on treatment, show client out, complete records and foot charts.

**Reflexology techniques:** Foot holds/supports, greeting feet, opening/closing relaxation techniques (effleurage, palmar kneading, metatarsal kneading, foot rocking, ankle rotation, flexion/extension, toe rotations, spinal twist, solar plexus breathing), thumb/finger walking, pinpoint, rotation, hook in backup, rocking, correct pressure, continuity, posture.

**Commercially acceptable time:** First treatment 1 hour 30 minutes, following treatments 1 hour each (including 45 minutes of treatment and 15 minutes for aftercare advice and recording), extra treatment time may be required according to client requirements.



## Learning outcome 2: Be able to provide a reflexology treatment (continued)

**Adaptation of treatment:** Based upon the outcome of the consultation, client requirements/diverse needs and the result of any relevant tests/foot reading – reflexology techniques, reflexes requiring extra attention, pressure (recognising that sensations in the reflexes can be affected for example, by individual pain threshold, sensitivity, medication, exercise), sequence/flow, client positioning, duration of treatment, frequency of treatment, accommodating any restrictions/limitations, treatment environment, for example, lighting, heating, music.

**Physical characteristics:** Age, foot disorder, medical condition, minor ailment, major life changes for example, pregnancy, menopause.

**Working methods:** According to local/national legislation, safe working methods, hygienic working methods, ethical practice, professional codes of conduct, posture, client preparation.

**Satisfaction of the client:** Agreed treatment plan, focus on specific reflexes, commercially acceptable time, depth of pressure, appropriate communication, physical comfort (warmth, lighting, music), dignity, relaxation, effectiveness of treatment, evaluation of treatment, reflection, aftercare.

**Principles of reflexology:** Ancient healing art, holistic energy treatment, zone therapy, hands, feet, ears, reflex areas, reflex points, longitudinal zones, transverse zones, cross reflexes, mapping corresponding body parts onto hands/feet, foot charts, hand charts, therapeutic relationship.

**History of reflexology:** Reflex zone therapy, reflexology, China (traditional Chinese medicine), India (Ayurveda), Africa (Egypt, Tomb of Ankamahor), Sir Henry Head, Sir Charles Sherrington, Dr. William Fitzgerald, Edwin Bowers, Joseph Riley, Joseph Corvo, Eunice Ingham, Doreen Bayly, Hanne Marquardt, Dwight Byers, Laura Norman, present day pioneers.

**Reflexology theories:** Pain gate control, placebo effect, energy blockage theories, endorphin/enkephalin release theory, autonomic and somatic integration theory, therapeutic relationship, proprioceptive theory, electromagnetic theory, meridian theory, nerve impulse theory.

**Possible benefits of reflexology:** May improve physical conditions, may improve emotional wellbeing, increased energy levels, may clear energy pathways, may promote homeostasis, relaxation, stress relief, reduces tension, helps the body to heal itself, promotes efficient body system function. The relationship of reflexology to other complementary therapies and to allopathic medicine.

**Charts:** Location of mapped body reflex points, reflex areas, transverse zones, longitudinal zones, cross reflexes, hands, feet. Systems to include at a minimum lymphatic/endocrine/digestive/urinary/muscular/skeletal/respiratory/nervous/cardiovascular/reproductive.

## Learning outcome 2: Be able to provide a reflexology treatment (continued)

**Analysis/reading of feet/hands:** Use of palpation, observation and sense of smell to evaluate skin condition, hydration, and elasticity (for example, dry, dehydrated, sensitive, moist, young, mature), skin and nail colour and texture, (for example, white, flaking, hard, calloused), treatable skin conditions, contraindicated skin and nail conditions, skin temperature, characteristics of hands and feet- muscle tone and tension, range of movement and flexibility, foot arches, oedema, odour, pigmentation, shape.

**Functions of supporting hand:** Support, protect, leverage platform, maintain contact, reassurance, stretching, maintain pressure.

**Medium:** Carrier oils, natural wax, cream, lotion, cornflour, powder, no medium.

**Materials and equipment:** Disinfecting fluid, sterilising solution, sanitiser, treatment media, couch – adjustable, couch cover, couch roll, trolley, chair/stool – adjustable, towels, blanket, additional support/props, for example, bolsters, tissues, cotton wool, spatulas, bowls, lined waste bin, products, tools and equipment for cleaning, disinfection, sanitisation, sterilisation as appropriate to treatment. Correct selection process, product use, hygiene procedures, storage procedures.

**Treatment evaluation:** Monitor client wellbeing and reactions throughout, review reflexology treatment (visual, verbal, written), treatment and relaxation techniques, discussion of treatment outcomes, document client reactions and

feedback – emotional responses, physical responses, short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, client involvement in own health and wellbeing, client progression, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

**Treatment records:** Consultation form, informed consent, signed treatment plans, client notes, referral letters, records of treatment details – treatment techniques and media used, aftercare advice, recommendations, evaluation, reflection, recorded and stored in accordance with current data protection legislation for example, UK GDPR, professional codes of ethics and practice, insurance requirements.



## Learning outcome 2: Be able to provide a reflexology treatment (continued)

**Aftercare advice:** Post-treatment advice/ recommendations, verbal and written, for immediate aftercare – water intake, rest, avoidance of activities that may cause contra-actions or reduce treatment benefits, for example, listen to your body, contact therapist with any concerns; postural awareness, lifestyle changes/ improvements, for example stress management and relaxation techniques, deep breathing exercises, healthy eating and fluid intake, avoid stimulants and heavy meals, further professional reflexology treatments and frequency, alternative treatment options, retail products, contra-actions and how to deal with them, healing process, referral processes/procedures, suitable guidelines for self-treatment, risks associated with self-treatment, reactions, advice limits within scope of practice.

**Treatment evaluation:** Monitor client wellbeing and reactions throughout, review reflexology treatment (visual, verbal, written), treatment techniques and media, discussion of treatment outcomes, document client reactions and feedback – emotional responses, physical responses, short and long term effects and benefits, expectations, satisfaction, any reported contra-actions resulting from treatment, client involvement in own health and wellbeing, client progression, self-reflection/reflective practice, booking of further treatments, review of ongoing treatment plan and treatment options.

### Learning outcome 3: Be able to reflect upon reflexology treatment

**Reflect:** Own attitudes/beliefs/interests, priorities/values, reflection as a process, reflection in action, reflection on action, methods of reflection (reflective journals, peer review, mentoring feedback, case study work, reading logs, portfolio development).

**Reflection for personal growth:** Reflect upon training/professional incidents/experiences, analyse what has occurred/why it occurred/how it can be prevented or repeated, think about the strengths and weakness of your training/professional experiences, learn something from thinking/analysing/writing, occurrences can be described and reflected upon followed by a solution or series of solutions emerging, learn from your reflection upon these incidents and experiences, develop your personal growth for the future.

**Elements of reflective practice:** Open mind, awareness, questioning, asking about others, choices/options/possibilities, comparing and contrasting results, in depth understanding, viewing practice from different perspectives, seeking/gaining feedback from others, resolving problems, identifying limitations.

**Impact of self-awareness:** Self-awareness (for example, attitude and beliefs, knowledge and understanding, practical skills, compare and contrast choices, understanding, rationale, adaptability, interpersonal skills, communication), impact on personal life (for example, relationships, satisfaction), impact on professional life (for example, clients, colleagues, professionalism).

**Recording evidence:** Own knowledge and practical experience, written (for example, journals, experience logs, mentor feedback,

portfolio, case studies), video, audio records (own comments, mentor feedback, clients' comments), comply with data protection.

**Own knowledge and practice:** In relation to current codes of conduct and working practices, evaluate (compare with codes of conduct and recommended working practices, make informed judgements).

**Evaluation of self:** Self-evaluation forms, journals, tests, reviewing, assessing, revising, comparing own standards to industry standards, to having discussions, asking questions (what did I learn? how well did I learn it? what should I do next?), set new goals based on new knowledge.

**Strengths and limitations:** For example, knowledge and understanding, working practices, practical skills, maintain strengths, remove limitations.

**Lifelong learning opportunities:** Continuous Professional Development (CPD), training courses, independent study, periodical reviewing, using knowledge to inform practice, development of personal skills, development of personal values, professional association membership, identifying progression pathways.

**Self-development:** Personal development plan (PDP) documentation, reflection, identify learning gap (where am I now? Where do I want to be?), establish goals (short, medium, long term), on-going review and updates of plans and documentation, areas for improvement in practice, aims and objectives for practice, targets and associated timescales, CPD requirements, training and courses (title, dates), further work-based experience, opportunities for mentoring.