

London School of Massage

"Massage to a Higher level" ©



QCF Level 3 VTCT (ITEC) Diploma in Massage

UK Accreditation: QAN 603/4092/7

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Our Vision



*“To deliver the **best** training courses in a **fun** and **professional** environment through **highly passionate, caring** and **knowledgeable practitioners** who are experienced in their field”*



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About Your Lecturers

Bhavesh T. Joshi BSc. Ost Dip. TCM Acup. Ayurveda (Dip), NLP Director & Principal

Bhavesh qualified as an Osteopath from the British School of Osteopathy and has been practising and lecturing for over 23 years. He is the Principal of the London School of Massage which was set up in 1994. He was the Clinical Director and a Senior lecturer at the College of Osteopaths (2000) as well as holding the post of Senior Lecturer (Applied Anatomy) and Clinical Supervisor at the London School of Osteopathy (1995 - 2000). He has also worked for the British School of Osteopathy as a "Demonstrator in Anatomy", lecturing to Osteopathic students at the Royal College of Surgeons.

He is a qualified Assessor and Internal Verifier for the various examination boards as well as attaining his teacher training qualifications.



Bhavesh is also a qualified NLP Practitioner, Traditional Chinese Acupuncturist and has trained in Ayurvedic treatments and massage techniques in Central and South India.

He is a gifted teacher who has a knack of making subjects easy and understandable as well as helping individuals realise their full potential. He has a life aim of setting up an Ashram in India to help feed and educate poor communities.

He teaches, and is involved with most of the courses including, Anatomy, Physiology & Holistic Massage, Sports Injuries & Massage, BTEC Diploma courses, Advanced Bodywork, Indian Head Massage and Ayurvedic Massage.

Tony Sharkey ITEC, Reiki Master, Vodder MLD Holistic & Therapeutic Massage, Lymphatic Drainage Massage, Aromatherapy

Until 11 years ago Tony was a senior automotive executive who over the previous 20 years had lived and worked in Sweden, Denmark, Czech Republic and Italy.

A spinal injury led him to develop a huge interest in therapeutic massage therapies and after some reflection he decided to make a complete lifestyle change and dedicate the next phase of his life as a professional massage practitioner. He subsequently qualified in Holistic Massage, Aromatherapy, Vodder Decongestion Therapy, BTEC Therapeutic Massage, Deep Tissue Massage, Sport massage, Oncology Massage and Kinesio Taping.

Although content with his new way of life treating and supporting people with a wide range of emotional and physical problems he was keen to use his mentoring and presentation experience to bring the rewards of his skills and training to a wider audience. Over the last 8 years he has committed to sharing his belief in the added value and enhancement a qualified knowledge can bring to all forms and styles of massage therapy through tutoring to a professional level, exclusively at London School of Massage, as well as providing private personal tutoring to professional massage therapists.



Tony teaches our VTCT (ITEC) Anatomy Physiology and Massage, VTCT Aromatherapy, Lymphatic Drainage Massage, Advanced Therapeutic Massage and Cancer Massage courses.

Matthew Crolla (BSc Hons)

VTCT (ITEC) Trainer, Holistic, Sports 3 & 4, Deep Tissue, Stretch Massage, Onsite Chair Massage



In 2011 Matthew completed a self-led charity run down France and part way across Spain however during the event he received numerous injuries. This created an interest in therapy and rehabilitation and during his degree studying Outdoor Studies – Performance, he had the opportunity to complete a 6 month self-study on the biomechanics of gait analysis to assess and manage the injuries he had acquired.

After completing university he gained invaluable hands on experience working alongside personal trainers and chiropractors which inspired him to gain qualification in massage.

Upon completion of his ITEC and BTEC qualifications he began working at a physiotherapy and a chiropractic clinic where he worked with a wide variety of clients ranging from sporting injuries to degenerative diseases.

With a thirst for knowledge, a year later he completed his Sports Massage qualifications and applied for a Physiotherapy degree which he began in September 2016. Now, a qualified Physiotherapist working in the NHS, Matthew continues to be very passionate about health and preventative therapies as well as the holistic nature of the human body and its interactions which he aims to convey through his teaching style and approach.

Matthew teaches ITEC Holistic Massage, Stretch Massage, Deep Tissue Surface Anatomy and Palpation and Sports Massage.

Yogesh Dave BSc. ITEC

Holistic & Therapeutic Massage & Indian Head Massage



Yogesh initially trained and qualified to work within the Pharmaceutical Industry in the East Midlands region.

Always having an interest in the human body, he first went onto lecture to groups of students in Human Anatomy before studying the ITEC diploma in Anatomy, Physiology & Body Massage. Fired up by his thirst for knowledge he continued his studying with further training in ITEC Sports Massage and Injuries and ITEC Indian Head Massage Diploma.

He is a qualified Assessor and Internal Verifier for the various awarding bodies.

He runs his busy practice from his hometown in Knighton, Leicestershire. He teaches the diploma course in Anatomy, Physiology & Holistic Massage, Sports Injuries and Indian Head Massage.

Jan Szabo

ITEC Anatomy, Physiology, Pathology & Massage, Coach, Personal Trainer

After suffering a rather serious back injury in 2005, John decided to start studying Anatomy and Physiology to understand the body and how it works. Little did he know back then that it was a beginning of a lifelong journey...

Having gained ITEC Level 3 Diploma in Human Anatomy & Physiology, John carried on studying and qualified as a Holistic Massage Therapist (ITEC Level 3). Even though it was fulfilling, John felt he could do more to help his clients achieve their goals by actively involving them in the process. He decided to become a Fitness Coach/Personal Trainer to start with before progressing further to be a Movement Specialist. John thoroughly enjoys helping people move more effectively and efficiently through mindful and purposeful exercises to minimize the risk of injuries and improve the quality of life.

John admired his Anatomy and Physiology tutor and wished one day he could have the knowledge and perhaps passing it on to the next generation of students. This "inner calling" surfaced strongly in 2010 and John materialized it in 2012 when he completed the PTTLS course. Circumstances favoured him and he started delivering courses in Anatomy and Physiology, Massage and Personal Training. During the five years of teaching he also gained Level 3 Award in Assessing Vocationally Related Achievement and observed students taking exams in the above mentioned subject and Pilates too.

"Gaining Knowledge, is the First Step to Wisdom. Sharing it, is the First Step to Humanity..." - Unknown



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- Course updates & industry news

About Me & My Promise

Please share a little about yourself in the paragraph below.

My name is _____

About Me:

My good points are:

After the course I **will** (write down 3 goals you **will** achieve – college / clinic / outside):

1. _____ 2. _____
_____ 3. _____

My Promise to Myself

“I” promise that whilst “I” am on this course “I” will:

- ✓ Have **FUN**
- ✓ Participate in **ALL** class activities
- ✓ Work **CONSTANTLY** throughout the course and do at least 1 ½ hours of homework daily
- ✓ Stop cheating **MYSELF** and make no excuses in studying
- ✓ Get a **DISTINCTION** in my final result

Signed: _____

Date: _____

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Exam Details

The following section outlines the VTCT (ITEC) Exam components:

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VTCT (ITEC) Examinations Details

Anatomy, Physiology & Body Massage

The following comprises this VTCT (ITEC) Level 3 QCF course

Mandatory Units	VTCT (ITEC) & QCF Unit Number	Examination / Assessment
Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	iUCT38 L/617/4358	50 multiple choice question paper (55 minutes) Externally assessed
Provide Body Massage for Complementary Therapies	iUCT24 F/617/4339	<i>Practical Exam</i> 45 minute externally assessed practical examination <i>Write up of case studies:</i> 8 people x 2 treatments 20 further treatments
Principles and Practice of Complementary Therapies	iUCT21 H/617/4334	Home guided assignment
Business Practice for Complementary Therapies	iUCT34 H/617/4351	Home guided assignment

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Body Massage – Theory & Practice

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The Massage Routine

Start with your client lying face down - Prone Position

Clean YOUR HANDS and CLIENTS FEET using antibacterial wipes

!!!! GROUNDING FOR 3 BREATHS – TUNE YOUR BREATHING WITH THE CLIENTS !!!

LEG (only up to back of knee)

Gastrocnemius, Soleus

1. **Effleurage** × 3
2. **“Caterpillar”** - gentle pick and push along × 3
3. **Petrissage** - Thumb circles × 3 strips
4. **Wringing** - keep fingers together and squeeze at start of each stroke
5. **Kneading**
6. **Petrissage** - around Achilles tendon
7. **Stretch** - gentle stretch to calf muscles
8. **Calf Shake** - to loosen and relax the muscle

THIGH

Semitendinosus, Semimembranosus, Biceps Femoris

1. **Effleurage** - × 3
2. **“Caterpillar”**
3. **Petrissage:** Thumb circles x 3 strips
4. **Wringing** - keep fingers together and squeeze at start of each stroke
5. **Heel of Hand** - work on iliotibial tract (ITT)

WHOLE LOWER EXTREMITY

1. **Hacking** - up to knee and then thigh
2. **Pounding** - up to knee and then thigh
3. **Effleurage** - whole lower extremity

BACK

Erector Spinae, Trapezius, Latissimus Dorsi, Rhomboids, Levator Scapulae, Teres Major & Minor

1. **Effleurage** - double palm for efficiency → go right round shoulders and come back down again.
2. **Petrissage** - using Thumbs Circles (+ body weight) travel up towards head, either side of spine.
3. **Wringing** - primarily to the lower back
4. **Kneading** - use this technique on the opposite sides of the low back
5. **“Wax on Wax off”** - move to other side of body
6. **Kneading** - use this technique on the opposite sides of the low back
7. **Vibration** - use full contact of palm and gently apply a movement up whole back
8. **Hacking** - only on sides of low back - not on thorax or bony parts
9. **Cupping** - all over back

SHOULDERS

Deltoid, Upper Trapezius, Supraspinatus, Levator Scapula, Rhomboids, Teres Major & Minor

1. **Effleurage** - around the shoulders & deltoid muscles
2. **Petrissage** - upper fibres of trapezius
3. **Lift scapula** - work on medial scapula border muscles with thumb, reinforced with other hand
4. **“Wax on Wax off”** - move to other side of body
5. **Lift scapula** - work on medial scapula border muscles with thumb, reinforced with other hand
6. **“Fists”** - from top of table, on upper fibres of trapezius from base of neck to shoulders.

NECK

Cervical Erector Spinae, Splenius Capitis, Upper Trapezius

1. **“Caterpillar”** - single hand
2. **Petrissage** - work gently into the occipital muscles
3. **Effleurage** – whole back to end section

Clean your hands with antibacterial wipes and make sure they are dry

SCALP - no oil

Scalp Fascia

1. **“Combing”** - comb the hair with fingers
2. **“Shampoo”** - work into scalp as if shampooing hair
3. **“Scalp Flicks”** - pluck the scalp gently using all fingers quickly
4. **“Hair Grabs”** - grab hair in hand and gently move the scalp
5. **“Rain Drops”** – lightly tap the fingers over the head / (face)

Ask client to turn over onto their back - Supine Position

Clean your hands with antibacterial wipes and make sure they are dry

Begin to use oil

FACE - Use small amount of oil

Temporalis, Masseter, Obicularis Oculi & Oris

1. **Effleurage** - double thumb/palm for head × 3
2. **Petrissage**
↓
Use gentle circular motion to the temples × 3
↓
Eyebrows × 3
↓
Circle to zygoma → drain sinuses
3. **Press** - apply pressure to middle of the forehead (“Third Eye position)
4. **Gentle Mandible Presses**
5. **Effleurage under chin and front of neck** – let client know before hand
6. **End with holding thumbs at “third eye” position**

NECK

Sternocleidomastoid, Suboccipital Muscles, Cervical Erector Spinae

1. **Effleurage** - both shoulders simultaneously → under neck × 3
2. **“Train”** - from top of table work into the cervical muscles rhythmically
3. **Petrissage** – occipital muscles (small muscles at base of head)
4. **Effleurage** – turn head to side and use hand to massage side of neck. Repeat to other side x 3 on each side
5. **Neck Stretch** - stretch the lateral neck muscles; hold for 3 seconds each time × 3 on each side

HAND

1. **Effleurage (“Palms”)** - work on clients palm with your own
2. **Petrissage** - work into the inter-metacarpal spaces, both on the dorsal and palmer surfaces
3. **Wrist Passive Rotations** - gently rotate the hand at the wrist joint clockwise and then anticlockwise.
4. **Finger Pulls** - gently pull and stretch the fingers

FOREARM

Extensors & Flexors, Supinator, Pronator Teres

1. **Effleurage** - up to elbow – single hand movement
2. **“Caterpillars”** - work towards the elbow – single hand movement
3. **Petrissage** – single hand movement (supinate & pronate the forearm)

ARM

Deltoid, Biceps, Triceps, Brachialis, Coracobrachialis

1. **Effleurage** - work towards the shoulder – single hand movement
2. **“Caterpillars”** - work towards the shoulder – single hand movement
3. **Petrissage** - work on the anterior and lateral aspects of the arm – single hand movement

STOMACH

Rectus Abdominus, External + Internal Obliques

1. **Effleurage** - work gently in a clockwise direction
2. **Effleurage** - this time use spiral motions in a clockwise direction
3. **Kneading** – to sides of the stomach
4. **Ribs** - work into lower Intercostals with open fingers

Oil the Whole Lower Extremity

THIGH

Quadriceps & Adductor Muscles

1. **Effleurage** – using double palm
2. **“Caterpillar”** - gentle pick and push along × 3
3. **Petrissage** - Thumb Circles × 3
4. **Wringing** - keep fingers together and squeeze at start of each stroke

KNEE

Synovial Joint

1. **Effleurage** - work around patella. Do not press onto it directly!
2. **Petrissage** - work around patella

LEG

Tibialis Anterior, Peroneus Longus & Brevis, Medial Calf Muscles

1. **Effleurage** - lateral and medial aspects of the leg
2. **Petrissage** - work on anterior-lateral side of the leg (working on Tibialis Anterior, Peroneus Longus & Brevis muscles)
5. **Ankle Passive Rotations** - gently rotate the foot at the ankle joint clockwise and then anticlockwise.

Cover the Thigh & Leg leaving the foot exposed

FOOT

**** Let the client know you are about to work on the feet ****

1. **Introduction** - gentle foot pulls. Some people are very sensitive in this area.
2. **Effleurage** - sole of foot with heel of the hand
3. **Petrissage** - sole:
4. **Toe Tugs** - gently pull the toes individually
5. **Foot Pulls** – End

**COVER THE CLIENT WITH TOWELS & END BY
GROUNDING – 3 BREATHS**

⇒ OFFER WATER ONCE CLIENT IS SITTING

Massage Strokes Effects

You will find the following useful in describing the effects of the various massage strokes whilst carrying out a massage during the practical examination.

Always start with:

“..... it improves the circulation to the area bringing with it nutrients like oxygen and glucose and helps drainage by removing toxins like lactic acid and urea”.

Then for the specific strokes:

Effleurage (Palms):

- Light, superficial stroke
- Relaxing stroke
- Introductory stroke
- Gets the client used to your hands
- Linking stroke during a massage
- Helps DESQUAMATION – makes skin look “fresh”
- Helps LYMPHATIC DRAINAGE

Petrissage (Thumb Circles, Wringing, Kneading):

- Relaxing stroke
- Deeper stroke
- Reduces tension in tissues (esp. good for tight muscles)
- Reduces muscle ADHESIONS
- **NOT** good for LYMPHATIC DRAINAGE as the lymph vessels collapse on pressure
- Helps mobilise adipose (fat) tissue

Percussion / Tapotement (Hacking, Cupping & “Raindrops”, Pounding)

- Very stimulating strokes
- “Wake Up” stroke – both body & mind
- Used for a stimulating massage or towards the end of a session.

Specifically:

Hacking

- Helps tone muscle by stretching muscle stretch receptors – good for loose, flabby muscle

Cupping

- Creates a vacuum thereby creating a suction and causing blood towards the skin
- Helps free any phlegm in the chest and lungs

Vibration

- Loosens tight muscle
- Can be relaxing or stimulating depending upon how fast it is done

Friction

- Helps warm a small area thereby relieving pain
- Helps reduce scar tissue
- Helps improve the production of synovial fluid around joints

Passive Movements (done with client totally relaxed)

- Helps improve flexibility of joint
- Helps increase joint range of motion
- Helps circulate synovial fluid in joint

General Rules About Massage

PRIOR TO MASSAGING

Always carry out a consultation prior to massaging a client – full consultation on the first visit and updates on subsequent visits.

Do not massage if there are any contraindications and take appropriate action

Use full draping procedures

Assist the client onto the couch – if necessary.

Make sure your nails are cut short

WHILST MASSAGING

Keep the client covered fully except for the area you are working on.

The initial introduction of hands should be gently and through the towels first – “GROUNDING”

Try to keep contact with both your hands at all times - IF NOT BOTH THAN AT LEAST ONE.
VTCT (ITEC) Examiners are looking for this.

Try to get feedback verbal from the client from time to time by asking if the pressure is OK. You will also get feedback from the reaction of tissues as you are massaging.

Make sure your clients are comfortable at all times.

END OF THE MESSAGE

At the end of the massage cover the client and go through “GROUNDING” procedure.

If need be, let the client lay there for a few minutes so that they can gather themselves.

Assist the client into the sitting position using full draping procedures.

Help remove excess oil GENTLY dabbing paper towels to absorb the oil – do not rub!

Ask the client if they would like any water to drink.

Assist the client off the couch using full draping procedures.

Make sure that the client does not step onto the floor directly.

Types of Mediums used in Massage

In Massage a variety of lubricants are used to help with the free moving of hands. The lubricant is called the massage **MEDIUM** and there are principally three types:

- 1. Massage Oil**
- 2. Talcum Powder**
- 3. Massage Creams**

1. Massage Oil

- This is the commonest medium as it is smooth and light.
- They should be of vegetable or plant origin
- Lighter oils like grapeseed should be used to cover LARGER AREAS like the back
- Heavier oils like avocado are more useful for smaller areas.
- Mineral oils, such as baby oil should not be used as they dry the skin.

2. Talcum Powder

- Used for oily skin or on clients who dislike residues of oils
- Talc was traditionally used in Swedish Massage because it
- Prevents the hands from sliding over the body surface
- Allows deeper pressure

3. Massage Creams

- Better for small or delicate areas such as the face or dry skin
- Tend to be heavier and greasier than oils.
- Are absorbed faster and consequently require constant application

How much medium should be used

This is really dependent on the client. What is essential is that enough medium is used to allow the smooth movement of the hands. Make sure that an excessive amount is not used whereby the client is "drenched" in the massage medium.

Massage Medium Application

- Disperse the medium to be used in the hands first
- Rub the medium in the hands to warm it up
- Apply to the given area smoothly and evenly

Massage Oil Properties & Uses

Having good quality unrefined, cold pressed vegetable oil in our diet nourishes our skin from within as they are enriched with vitamins. They can also be applied to the skin through massage to smooth and soften. It is well worth buying the best quality oils available that are packaged in dark glass bottles. Exposure to light, heat and oxygen causes oils to go rancid and are potentially harmful. With oils packaged in plastic containers there is also the risk of the chemicals within the plastic being absorbed into the oil. Adding a few drops of wheatgerm oil to each bottle of massage oil will help prolong its shelf life and boost the oil's vitamin E content, which in turn benefits the skin.

☞ Sunflower oil

The light textured oil is especially suited to body massage oil blends, although some may find the faintly earthy smell off-putting. Sunflower oil is one of the cheapest natural moisturisers and can be combined with more expensive ingredients such as borage or evening primrose oil to boost its GLA essential fatty acid content.

☞ Grapeseed oil

Grapeseed oil is another favourite for massage as it is both lightweight and non-greasy. It can be used as massage oil for both the face and body, but does not contain as many nourishing nutrients as other plant oils. Grapeseed oil is usually only available as a refined cooking oil but it is economical to use and appeals to some because of its lack of smell. It can be combined with other plant oils to boost its vitamin and mineral levels.

☞ Wheatgerm oil

This dark and aromatic oil is extremely sticky when used on its own but makes a wonderful addition to any massage oil blend. The richest natural source of vitamin E, wheatgerm oil can be added to all oil blends to increase their shelf-life and delay rancidity. A few drops of wheatgerm oil can be used neat directly on to scar tissue, such as small burns, where it will greatly speed up the healing process. Wheatgerm oil can also be patted around the eye area as an inexpensive and effective night cream. This plant oil is especially good to use on the skin immediately after being out in the sun, to help fight damage caused by ultra-violet light.

☞ Almond oil

This oil is often used as a base oil for massage as it provides a good 'slip' over the skin and does not sulk in too quickly. Although useful for massage, some find it too greasy to use on the face and prefer to dilute it with a lighter oil. Unrefined almond oil is a useful source of vitamins and minerals and can also help to relieve the symptoms of itchy skin. The refined versions of almond oil sold by chemists do not contain high levels of nutrients. Almond oil makes an excellent hand and nail cream and can also be added to the bath to relieve dry skin.

Evening primrose oil

Because of its high levels of GLA evening primrose oil is also useful when added to most facial oil blends, especially those designed to treat dry or mature complexions.

Olive oil

Olive Oil is one of the most widely available of all oils and most supermarkets stock cold-pressed (unrefined) versions. Although a fairly sticky oil, olive oil is useful if your skin is severely dehydrated. Olive oil can be used neat on individual areas of dry skin and is gentle enough to treat children and babies. Naturally enriched with vitamin E and lecithin, olive oil is also an excellent treatment for chapped hands or for soothing sore and inflamed skin.

Avocado oil

This plant oil is a star performer in skincare. Easily absorbed by the skin, avocado oil is both revitalising and regenerating. Rich in vitamins and with traces of minerals, lecithin and essential fatty acids, this natural oil is an essential part of anti-ageing skincare. The best avocado oils are unrefined and still retain their sludgy green colour. They can be used neat on the face or body, added to the bath or blended with other oils to make facial massage blends.

Apricot Kernel oil

The light texture of this natural oil makes it a favourite for facial massage. Especially suited to dry, sensitive and mature skins, apricot kernel oil is also a useful source of vitamins and contains traces of minerals. Unrefined versions of this oil contain small amounts of the free-radical-fighting antioxidant, vitamin E. As it is more expensive than other oils, apricot kernel oil may be mixed with a cheaper oil, such as almond or sunflower oil, for a less costly blend.

Borage oil (Blue flowered plant)

Very rich in the essential fatty acid GLA (Gamma-Linolenic Acid), borage oil is a useful addition to many massage oil blends. Borage oil can be used neat on dry, scaly skin or patches of atopic eczema. It is also especially helpful when treating dull, devitalised or heavily lined skin.

Jobba oil

This plant oil is in fact a liquid wax and has a superbly light texture. It is similar in texture to the skin's own sebum and is one of the best oils to use on the face if your skin-type is combination, oily or prone to acne. Naturally rich in vitamin E, Jojoba oil has a longer shelf life than many other oils and is an excellent skincare ingredient.

Mixing Massage Oils

Although this course does not allow students to be able to use aromatherapy oils in your treatment (you need to study Aromatherapy), it does not limit you in being creative.

As you have seen, base vegetable oils have their own different properties and mixing of these will provide you with a wide range of base oil mixes which can be used on different skin types as well as conditions.



Sunflower 100%



Sunflower 90%
+
Wheatgerm 10%



Sunflower 90%
+
Evening Primrose 10%

“Be creative and go that one step further to be different then the practitioner down the road!”

Contraindications to Massage

Massage is a form of therapy that can be carried out on most people irrespective of height or size. However, before commencing a session it is crucial that you have eliminated the possibilities of any **CONTRAINDICATIONS** that may exist for a massage treatment.

Contraindication: A reason, symptom or situation that prevents a treatment being carried out.

The therapist must be careful to eliminate the possibilities of the existence of contraindications during **ALL** sessions of treatment.

The list below is not exhaustive, but it gives you a good starting point on contraindications.

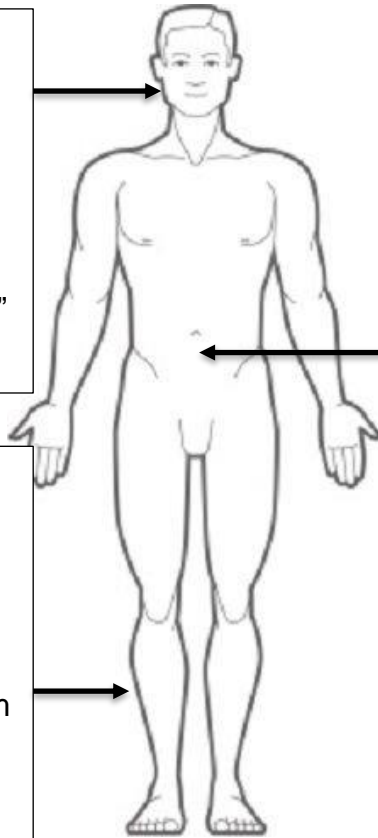
Total Contraindication	Localised Contraindication (specific to a given site on body)	Contraindications requiring medical approval
1. Fever	1. Skin Diseases - acne (face) - tinea corporis (body) - tinea pedis (foot)	1. Cardio-vascular conditions - high / low BP - heart condition - thrombosis
2. Contagious / Infectious disease – e.g. flu, measles	2. Undiagnosed lumps or bumps	2. Epilepsy – may trigger a fit
3. Under influence of drug / alcohol	3. Varicose veins	3. Diabetes – makes skin less sensitive
4. If you feel threatened	4. Sunburn	4. Osteoporosis
5. Diarrhoea or Vomiting	5. Cuts / Bruising / Abrasions	5. Asthma / Bronchitis
	6. Scar Tissue - 2 years after a major operation - 6 months for a small scar	6. Any condition being treated by another medical practitioner
	7. Area of undiagnosed pain	7. Bell's Palsy
	8. Inflammation	8. Recent Operation
	9. Pregnancy (after medical permission obtained on the abdomen)	9. Acute Rheumatism / arthritis
	10. Abdomen (first few days of menstruation depending on how client feels)	10. Cancer
	11. Hormonal implants	11. Trapped / Pinched Nerve
	12. Stomach - After a heavy meal	12. Inflamed nerves
	13. New / fresh tattoos Wait for approx. 6 weeks and until redness goes away	13. Gynaecological infections
	14. New body piercing	14. Prescribed Medication
	See the next page	15. Neurological conditions: - Multiple Sclerosis - Parkinson's Disease - Motor Neurone Disease
		16. Postural deformities
		17. Whiplash Injuries
		18. Pregnancy
		19. Nervous / Psychotic conditions

Localised Contraindications to a Given Area

Your examiner will expect you to recall at least five, **TOTAL, MEDICAL** or **LOCALISED** contraindications. Below is a list of specific contraindications to given areas. **Please know these well.**

Head & Face:

- Herpes Simplex (Cold Sore)
- Acne Vulgaris – spots
- Conjunctivitis – eye infection
- Impetigo – viral infection
- Broken nose
- Bruising around eye – “black eye”
- Sunburn



Stomach Area:

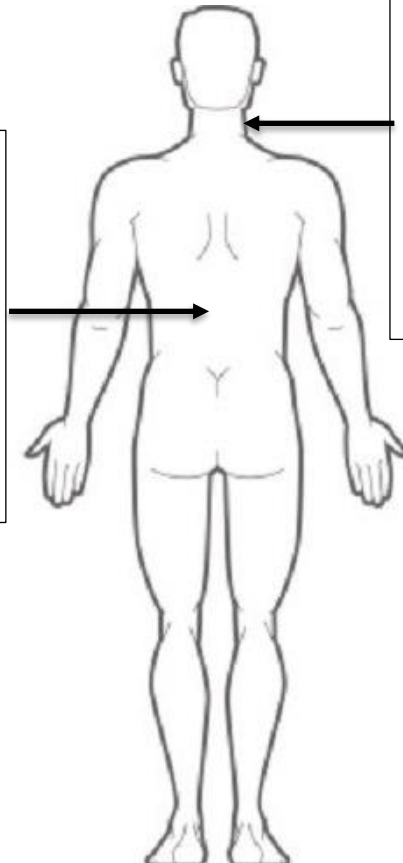
- Hernia
- After a heavy meal
- Shingles (Herpes Zoster)
- Sunburn
- Recent piercing
- Recent Tattoo

Leg & Foot:

- Tinea Pedis - Athletes Foot
- Verruca
- Varicose Veins
- Toe nail infection - Onychomycosis/ Tinea Unguium
- Recent fracture
- Sunburn

Low Back Area:

- Area of undiagnosed pain
- Lumps / bumps
- Shingles (Herpes Zoster)
- Sunburn
- Tinea Corporis (“Ringworm”)
- Recent piercing
- Recent Tattoo



Neck Area:

- Cervical Spondylitis
- Tinea Corporis (“Ringworm”)
- Undiagnosed neck pain
- Sunburn
- Enlarged lymph nodes
- Recent Tattoo

Contra-Actions for Massage

During or following a treatment the client may experience a contra-action or a 'healing crisis'. A contra-action is an unwanted or unexpected reaction that occurs either during or after treatment. This can range from simple reddening of skin from the applied treatment to a full allergic reaction to the oil, wax or other medium used. A contra-action could also cause the client to feel physically exhausted or express a sudden release of pent-up emotions.

Obviously if a contra-action occurs during treatment, treatment should be stopped immediately. If it happens after and is an adverse reaction it should be recorded for future reference, so the cause is not repeated. On an individual basis this can also include feeling hot or shivery as the blood pressure is affected by relaxation and stimulation, and also as the process of self-healing and detoxing occurs.

Many contra-action symptoms are completely normal and should subside within 24 hours, if not then medical assistance should be sought.

Typical contra-actions may include:

1. **Thirst or dryness of the mouth**
2. **Erythema** slight reddening of the skin as a result of surface stimulation
3. **Tiredness / Sleepiness** due to release of toxins encouraged by the treatment
4. **Light-headedness** due to the blood pressure being affected by relaxation and stimulation
5. **Muscular Aches / Cramps / Soreness / Pain** which are the nerve fibres responding to the deep work that has been undertaken
6. **Light bruising / Inflammation** due to heavier pressure during some deeper tissue treatments
7. **Frequent Urination** due to stimulation of the lymphatic system
8. **Flatulence** due to stimulation of the digestive system
9. **Increased Defaecation** due to stimulation of the digestive system
10. **Spots** may occur released toxins and hormones may surface through the skin, especially if you previously suppressed your skin condition
11. **Heightened Emotions** due to the positive release of deep-held feelings and emotions
12. **Sleep Pattern Changes** an increased state of relaxation could help improve or promote better sleep
13. **Cold-like Symptoms, Runny Nose or Nausea** due to stimulation of the lymphatic or digestive system

More positive reactions would be

1. **Improved mood**
2. **Increased flexibility / joint movement**
3. **Sleep improvements**
4. **Pain relief**

Effects of Stress on the various body Systems

System	Effect
Skeletal	<p>Muscle tension increases and causes</p> <ul style="list-style-type: none"> ▪ poor posture (hunched shoulders or clenched jaw). ▪ Tight muscles stiffen joints which reduces joint mobility.
Muscular	<p>Tight / tense muscles cause</p> <ul style="list-style-type: none"> ▪ poor posture and pain in that muscle.
Cardiovascular	<p>Stress causes the heart to beat faster, thus pumping more blood quickly. If unresolved, this can cause:</p> <ul style="list-style-type: none"> ▪ high blood pressure, ▪ coronary thrombosis ▪ heart attacks.
Nervous	<p>Emotions such as anxiety, fear etc. can affect the nervous system causing</p> <ul style="list-style-type: none"> ▪ increased heart rate, ▪ breathing difficulties, ▪ sleep disturbances, ▪ stomach problems. <p>All these are caused by the nervous system over-working in response to stress.</p>
Endocrine	<p>The adrenal medulla releases adrenalin and nor-adrenalin in response to stress. This causes:</p> <ul style="list-style-type: none"> ▪ faster heart rate, ▪ breathing, ▪ sweating, ▪ a glucose rush from the liver ▪ heightened senses. <p>Prolonged stress may cause amenorrhoea in women and low production of sperm in men.</p>
Digestive Tract	<p>Most common effect of stress on this system is</p> <ul style="list-style-type: none"> ▪ ulcers. <p>Anxiety and lack of relaxation causes overproduction of gastric juices. If there is no/very little food in the present, the juices start to attack the lining of the stomach – the stomach starts to digest itself!</p>
Respiratory	<p>Cause:</p> <ul style="list-style-type: none"> ▪ increase in breathing rate

Guidelines for Case Studies

The case studies form an important part of the overall assessment and award given by VTCT (ITEC). On the day of the practical exam, your case studies will be handed to the examiner who will take them and mark them.

The case studies will reflect how good a therapist you are by the considerations you give for each treatment.

The case studies (and assignments) are marked as “**PASS**” or “**FAIL**”. If you complete the case studies as required

It is preferred that you send all documents together electronically in a PDF format. You should send us the following:

1. Self-profile

2. iUCT24: Case Studies 8 x 2 Treatments = 16 treatments

- a. Client Declaration form – SAMPLE ONLY
- b. GP Approval for Contraindication form – SAMPLE ONLY

This is already included at the beginning of the 8 x 2 Templates, there is no need to submit it again

3. iUCT24: Case Studies 20 x 1 Treatments

- a. There is no Self Reflective Practice or CPD write up required for these Case Studies.
- b. You can use the same people that you use in your 8 x 2 Case Studies, but you must write new Consultation Forms and Profiles etc.

4. iUCT21: Complementary Therapies

5. iUCT34: Business Plan

If submitting a Paper file, please note:

- 1. Ensure the documents in your file are as per the order above
- 2. Separated with tab dividers
- 3. If you are handwriting, ensure you write in BLOCK capitals to ensure the Examiner can read your work. If it cannot be read, it will be rejected.

And remember don't plagiarise! Try to make your work as original as possible

What is Plagiarism?

Before you begin writing your Case Studies and other Assignments, please ensure you read this section on originality and **plagiarism** and ensure that the work you submit is your own, or correctly referenced.

Many people think of plagiarism as copying another's work or borrowing someone else's original ideas. Terms like "copying" and "borrowing" can sometimes disguise the seriousness of the offense.

However, according to various dictionary definitions to "plagiarise" means;

- to steal and pass off (the ideas or words of another) as one's own
- to use (another's production) without crediting the source
- to commit literary theft
- to present as new and original an idea or product derived from an existing source
- In other words, plagiarism is an act of fraud. It involves both stealing someone else's work and lying about it afterward.

The following is considered as plagiarism

- Cut/copy and pasted material (words, pictures, diagrams etc.) from the Web
- Copying the work of another student (past or present)
- Copying course material or lecture notes
- Copying material out of a textbook or journal

Most cases of plagiarism can be avoided by citing or referencing the sources of the information. Simply acknowledging that certain material has been borrowed and providing the reader with the information necessary to find that source is usually enough to prevent plagiarism.

All text on this page is not owned by the London School of Massage, it has been copied and modified from the following sources:

<http://www.plagiarism.org/plagiarism-101/what-is-plagiarism/>

<https://intranet.birmingham.ac.uk/as/studentservices/conduct/plagiarism/guidance-students.aspx>

There is no need for Formal / Harvard referencing, but ensure you include the links or book references for any section where you have borrowed images, text or tables.

Use “ “ quotes if you are using someone else's words in your own paragraphs, and provide the appropriate link or reference.

If evidence of plagiarism is found your work will be rejected. VTCT (ITEC) have strict policies on plagiarism, which could affect or invalidate your qualification.

Exam Enrolment and Submissions

Please find the following rules & conditions of your exam enrolment for your VTCT (ITEC) Exam.

1. It is a requirement of VTCT (ITEC) that Students must complete ALL completed Case Studies and Assignments before they can be enrolled on any VTCT (ITEC) Exam.
2. ALL Case Studies and Assignments must be approved and submitted 1-week before the scheduled exam
3. Students submitting their completed and approved Case Studies and Assignments within 7-days **but before** 3-days of the exam will be charged late fees to a maximum of £50.00 (Assignments = £25.00, Case Studies = £25.00)
4. If we have not received the completed and approved Case Studies and Assignments 3-days before the exam, your exam date may be postponed and have to reschedule a new exam date. You may still be charged late fees.

Training Days	Dead Line	Exam Week						VTCT (ITEC) Exam Day
Learning, Home Assignments and Case Studies	Day 7	Day 6	Day 5	Day 4	Day 3	Day 2	Day 1	
No Penalties		Late Fees up to £50				Exam Postponed		

If you **miss**, **reschedule** or are **postponed** from the Exam

1. The cost to be enrolled on the next available exam is £118.80, which includes VTCT (ITEC) and LSM Administration Fees. Please note that there are no guarantees you can be enrolled on the next exam, and may be enrolled on an exam at a later date in the year.
2. If you missed your scheduled exam through illness, then the cost of re-enrolment can be reduced to £45.00 with the submission of a formal Doctor's or Hospital Discharge Note. This note will be submitted to VTCT (ITEC) with your new enrolment request.
3. All Case Studies and Assignments must be completed and approved, and any outstanding payments paid, before you can be enrolled on the next exam.

Refresher Days

1. If you have missed or rescheduled your exam date, you may be required to purchase a Refresher Day to ensure you are prepared for the exam. This is at the discretion of your Course Tutor and based upon your scores during the Mock Exam, on the last day of the course.
2. If you missed the Mock Exam then it is mandatory that you arrange a Refresher Day at your own cost.
3. Refresher Days are available as half days at £65.00 or full days at £125.00 and you will be required to bring your own model to practice on.

London School of Massage



VTCT (ITEC): Anatomy, Physiology & Massage Diploma

Student Name:

Case Study No.:

Tutor Name:

This document is a template provided by the London School of Massage to assist with the completion of your case studies.

Self Profile

Anything and everything about you ...

- What you have done
- Where you work
- What are your Hobbies
- What interests you
- Your creative side
- How you feel about yourself
- Your family
- Your partner/children
- Pets

Your Picture

Insert a photo; it can be a portrait, family picture – anything as long as it contains you.

This will be the Examiners first impression of you.

You get the idea – anything that will describe you to the Examiner.

Remember, show your POSITIVE side, but also be honest and reflective

Why I am doing this course & what I hope to gain from it...

- New job / change in career
- Want to help people – do voluntary work for local community
- Course is a stepping stone to further your own education and development etc

1. Use Font Size 12
2. Use the supplied template to help understand what to include.
3. You don't have to use our template, you can create your own. Just keep it simple, effective and ensure you have included some of the content we've asked for.
4. Try to keep it to 1-page only
5. Your picture should reflect the real you, make it a picture you love, in an environment of your choice, it can include your family, friends, pets or just a nice selfie.
This will be the Examiners first impression of you.

Patient Declaration Form

I _____ (patient name) agree to being a case study for
_____ (your name) for a minimum of 2 sessions and
understand/agree to the following:

- That _____ (your name) is currently a student who is undergoing training in Anatomy, Physiology & Massage.
- My personal details will be kept on file
- All general and medical information provided by me for this case study is true to the best of my knowledge.

Signed: _____ Print Name: _____

Date: _____

You only need to show one BLANK FORM at the front of the file you are going to submit as a sample to demonstrate what you would do.

Please keep completed forms at home as this will comply with the Data Protection Act.

GP Confirmation for Contraindications

I _____ (patient name) confirm that I have seen my GP / Specialist who has given me their verbal / written permission that massage therapy does not form a contraindications for medical conditions below:

Signed: _____ Print Name: _____

Date: _____

You only need to show one BLANK FORM at the front of file you are going to submit as a sample to demonstrate what you would do.

Please keep originals at home as this will comply with the Data Protection Act.

Please complete using CAPITAL LETTERS (this section only)		Date:	
Name:		Birthdate:	
Address:	***** leave blank *****		
Tel No:	***** leave blank *****		
Occupation:			
GP Name:	***** leave blank *****	Tel No:	***** leave blank *****
Address:	***** leave blank *****		

Do you suffer from/or have any of the following?

Question		No	Yes	Action Taken (Practitioner Use Only)
CARDIOVASCULAR	Chest Pain?			
	Shortness of Breath?			
	Persistent Coughing?			
	Palpitations?			
DIGESTIVE	Constipation?			
	Diarrhoea?			
	Nausea?			
URINARY	Problems passing water (urination)?			
	Burning sensation on urination?			
	Changes in frequency of urination?			
REPRODUCTION	Changes in menstrual cycle?			
	Pregnant?			
	Menopausal?			
GENERAL HEALTH	Are you on any prescribed medication?			
	Any major illnesses?			
	Any major accidents?			
	Any major operations?			
	Anything else not mentioned?			

EATING HABITS:	
FLUID INTAKE:	
EXERCISE:	
WELL-BEING:	

REASON FOR TREATMENT	
REASON FOR VISIT	
AREAS OF TIGHTNESS/TENSION	

CONTRAINDICATIONS:	<input type="checkbox"/> None Localised to: _____ <input type="checkbox"/> Medical Approval Obtained
--------------------	---

Client Profile (Brief):

Blank area for Client Profile (Brief).

Home Stress Levels: 1 (Low) to 10 (High)

Choose 0 to 10

Work Stress Levels: 1 (Low) to 10 (High)

Choose 0 to 10

Overall Treatment Plan:

Blank area for Overall Treatment Plan.

TREATMENT 1

Case Study 1

Home Care Advice:

Blank area for Home Care Advice.

Client Feedback:

Blank area for Client Feedback.

Self Reflection:

Blank area for Self Reflection.

CPD Identified: (Continual Professional Development)

TREATMENT 2

Case Study 1

How was the Client after the last treatment?

Home Care Advice:

Client Feedback:

Self Reflection:

CPD Identified: (Continual Professional Development)

Please complete using CAPITAL LETTERS (this section only)		Date:	
Name:		Birthdate:	
Address:			
Tel No:			
Occupation:			
GP Name:		Tel No:	
Address:			

Do you suffer from/or have any of the following?

Question		No	Yes	Comments
CARDIOVASCULAR	Chest Pain?			
	Shortness of Breath?			
	Persistent Coughing?			
	Palpitations?			
DIGESTIVE	Constipation?			
	Diarrhoea?			
	Nausea?			
URINARY	Problems passing water (urination)?			
	Burning sensation on urination?			
	Changes in frequency of urination?			
REPRODUCTION	Changes in menstrual cycle?			
	Pregnant?			
	Menopausal?			
GENERAL HEALTH	Are you on any prescribed medication?			
	Any major illnesses?			
	Any major accidents?			
	Any major operations?			
	Anything else not mentioned?			

EATING HABITS:	
FLUID INTAKE:	
EXERCISE:	
WELL-BEING:	

REASON FOR VISIT	
AREAS OF TIGHTNESS/TENSION	

CONTRAINDICATIONS:	___ None Localised to: _____ Medical Approval Obtained _____
--------------------	--

Client Profile (Brief):

Case Study 1

Home Stress Levels: 1 (Low) to 10 (High)

Work Stress Levels: 1 (Low) to 10 (High)

Treatment Plan:

Home Care Advice:

Client Feedback:

BODY MASSAGE TREATMENTS

Example

Please complete using CAPITAL LETTERS (this section only)		Date:	00/00/00
Name:	E.M	Birthdate:	* / * / 81
Address:	***** leave blank *****		
Tel No:	***** leave blank *****		
Occupation:	Senior Manager		
GP Name:	***** leave blank *****	Tel No:	***** leave blank *****
Address:	***** leave blank *****		

Do you suffer from/or have any of the following?

Question		No	Yes	Comments / Notes
CARDIOVASCULAR	Chest Pain?	X		
	Shortness of Breath?	X		
	Persistent Coughing?	X		
	Palpitations?	X		
DIGESTIVE	Constipation?	X		
	Diarrhoea?	X		
	Nausea?	X		
URINARY	Problems passing water (urination)?	X		
	Burning sensation on urination?	X		
	Changes in frequency of urination?	X		
REPRODUCTION	Changes in menstrual cycle?	X		
	Pregnant?	X		
	Menopausal?	X		
GENERAL HEALTH	Are you on any prescribed medication?	X		
	Any major illnesses?	X		
	Any major accidents?	X		
	Any major operations?		X	Had hernia operation 2-years ago
	Anything else not mentioned?	X		

EATING HABITS:	Try to eat healthily but have a sweet tooth, could eat more greens
FLUID INTAKE:	Usually drink approximately 1-litre a day
EXERCISE:	None, other than walking to work and up/down stairs at home
WELL-BEING:	Feel great in myself, looking forward to feeling better after the massage
REASON FOR VISIT	Relax with the intention of improving my shoulders and lower back
AREAS OF TIGHTNESS/TENSION	Shoulders / Lower Back
CONTRAINDICATIONS:	X None Localised to: _____ Medical Approval Obtained
CLIENTS INITIALS (Not Signature) To confirm details are true.	EM.

Client Profile (Brief):

Minimum 200 words

Give a description of the client **Age, Gender, Occupation** – has been working as a car mechanic for the last three years as an apprentice. The work is enjoyable, but heavy on occasions etc.

Hobbies, Weekend activity, what do they do for fun or to relax?

Relationship status – has been married for 2 years and has one year old daughter etc.

Personality – bubbly character, very positive, reserved, self-concerned, stressed unhappy etc.

General Health – generally good, but has been run down this year due to hectic life style and new job promotion which has meant Include any other aspects of the clients make up which can give the examiner a good impression of the patient.

Body type - Large body frame, but not overweight, slim and petite figure etc. You may wish to include observations around whether their body type is mesomorph, ectomorph or endomorph (refer to your coursework folder for 'body types').

Skin Type – mature, young, combination, dry, oily, dehydrated

This is not about prying or asking deep probing questions, but trying to build a simple, very general picture of the client, to help you understand them a little more. Their responses in this section can help provide insight into potential causes of stress, tension or aches and pains. This can then help you provide more general suggestions in the Home Care Advice section.

Some Clients are reluctant to provide answers to questions, this is fine – it takes time to build trust and rapport – just try your best.

Home Stress Levels: 1 (Low) to 10 (High)	4
--	---

Work Stress Levels: 1 (Low) to 10 (High)	7
--	---

Overall Treatment Plan:

Minimum 150 words

Think of the treatment plan in 3 ways ...

- 1) What you are planning to do for your first treatment
- 2) What you actually did during your first treatment, based on your discoveries as you massaged your client.
- 3) How many subsequent treatments you wish the Client to consider taking to maximise the effects of treatment

Always use anatomical names and descriptions to demonstrate and help improve your knowledge of A&P.

Use the technical terms for massage strokes.

Discuss any relevant local / GP approval contra-indications and how you will adapt the treatment.

You may wish to include any observations/details given by the client with regards to postural faults/issues, for example, any signs of poor muscle tone, kyphosis, lordosis, scoliosis (please refer to your coursework folder for 'postural issues/faults').

Example: *After consulting with the client, we decided for the first treatment we would work on the upper shoulders; trapezius and deltoids, but focusing on cervical erector and splenius capitus. During the treatment I noticed that the erector spinae was quite tight, with several knots – so provided some additional petrissage. For the future it was decided that the treatment would consist of 1 massage every five days and that the emphasis would be on the same areas which have become prone to stress e.g. tightness across the posterior shoulder and across the upper fibres of the trapezius as well as the cervical erector spinae.*

Home Care Advice:

Minimum 150 words

It's important to know that you are not qualified to give specific advice for health and well-being, unless of course you do have a formal qualification in that area. Think of this in 2 x ways

You must give **generic suggestions or general considerations** on;

- Good diet, 5/6-a-day, plenty of veggies, ease back on processed foods and sugars, saturated fats etc. This information is readily available on the internet, in health food shops, at your local gym or even the Doctor's surgery.
- Drinking enough water, easing back on caffeinated or fizzy drinks, reducing alcohol intake,
- Moderate or general exercise.
- Sleep patterns, getting rest periods.
- Relaxation techniques.
- More frequent massages.
- Self-massage techniques.
- Generally helping clients to identify options to improve their health and wellbeing.

You **must** advise your client to:

- Drink water after the treatment to help encourage hydration and to assist in flushing out waste/toxins;
- Sit up slowly and carefully after the treatment in order to prevent light headedness;
- Avoid stimulants – alcohol, non-prescription drugs, tea and coffee for at least 12 hours

Consider giving **specific suggestions** to your client based on their lifestyle and everything you have learned about them in their Client Profile. For example:

- Mr Smith works in an office all day, 6-days a week, sitting at a desk. This suggests that the largest proportion of his week is very sedentary. You may suggest that he finds opportunities to stretch his legs, walk around, take stairs not elevators, and get off the tube/bus stop earlier so he can walk further. Alternatively you could suggest desk-based exercises to help him stretch etc.
- Mrs Jones is a stay-at-home mom with 3 x kids... encourage her to try and find 15-mins whilst the kids are napping, at playschool etc., to meditate or simply deep breath whilst disengaging the cogs. Or maybe she could take 15-mins for a soak in bath with her favourite bubble bath. Sometimes it's just reminding people they are allowed 'me time'.

Longer term plans for further sessions/rebooking. Or other professional input - you could refer them to a specialist, such as a fitness coach, dietician, motivational coach, psychotherapist, osteopath etc. should the client wish to get more help in a particular area. You may also consider referrals to other statutory and voluntary services such as citizen's advice bureau. This is why understanding the referral process is an advantage, and also having the contact details of these specialists handy. Or, alternatively asking your Client if you can refer them to a specialist, to have the specialist contact them.

Keep your advice simple and never diagnose, always refer to a specialist when in doubt.

Client Feedback:

Minimum 100 words

Sometimes your clients simply say "that was really nice" or "very relaxing, and they don't know what else to say."

Try to ask them how a particular move felt, or what a 'named' areas felt like when massaged (eg. Shoulders or lower leg). Did they feel any immediate relief from any previously mentioned aches or pains? How was the pressure throughout the massage, could it have been more or less in a particular area? Did they feel warm enough or did they feel secure enough with the draping. Did they feel drowsy, light-headed, or thirsty, need the toilet etc. Please refer to the **Contra-actions** section for more conditions your client may experience during the treatment.

You could also ask them about the temperature/lighting of the room during massage. Were they disturbed by any ambient noises? Did they like the music you played during the massage, would they have preferred a different choice of music?

You could make it more metaphysical if your client is so inclined, ask them if they experienced any dreams or day dreams whilst they slept or dozed. Did they see any colours or could they feel the heat/energy emanating from your hands. Did they notice any cold spots or energy dips during the massage?

Encourage them to be honest and open about their experience. Positive, negative and challenging feedback should always be recorded. This is a learning exercise and can really help to fine-tune your practice, identify CPD areas and what your clients will want from treatments once you are qualified.

Self Reflection (for 8 x 2 case studies only):

Minimum 120 words

Be self-critical – talk about ...

- All the good things you did, which parts of the treatment did you enjoy, which parts you didn't
- Areas of the massage routine where you can improve during the treatment and in the future.
- Could you improve the ambience of the treatment room?
- Did you handle the draping ok, were there any mistakes?
- Did you remember your client care?
- Did you feel hot or cold, were you wearing the right shoes, uniform?
- A critique on your techniques of the different massage strokes.
- Were you able to succinctly articulate the benefits of the treatment, why conditions are contraindicated, advise on the best course of action for the treatment plan and your home-care advice and the importance of specialist input where necessary?
- Your observations of your client's psychological and physiological reactions i.e. contra-actions during and after their treatment (please refer to your course folder for 'contra-actions').
- Client treatment progression.

Don't rely on this list, express yourself and share your own experience. This is a reflective, learning task.

CPD Identified: (Continual Professional Development – for 8 x 2 case studies only)

Minimum 120 words

This section is about you only, not your client. CPD is about you investing in your professional development, this can be considered as the following ...

Formal CPD – this is financial/time investment in additional training to extend or refresh your existing skills. Formal CPD tends to earn more CPD points.

Informal CPD – this can be researching a condition or contraindication that you have no knowledge of. It can also be writing articles or white papers on services, treatments, conditions or anything else. It could also be Case Studies for your treatments. Informal CPD activity tends to earn less CPD points.

You will discover the need for formal or informal CPD as you engage with and provide treatments for your clients. E.g...

- Many of your clients will want more, or deeper pressure – but your Level 3 course doesn't provide this training, so you would want to *“invest in a deep tissue or an Advanced Therapeutic Massage training course, to give you the skills to provide deep tissue massage” (This would be formal CPD)*
- Some of your clients may have cellulite, oedema or other conditions which have impaired the lymphatic system, therefore you may want to invest in a Manual Lymphatic Drainage course (This would be formal CPD)
- It could be that your Clients arrive straight from work or the gym, and they've not had time to shower, so you may want to *“learn how to create an oil blended with essential oils to help combat body odour or bacteria on the skin, so investing in an Aromatherapy course would be beneficial” (This would be CPD)*
- Your client may tell you that they have a condition that you are unaware of, in which case you would *“research the condition to find out all that you can, and then write a report on it – for future reference” (This would be informal CPD)*

There are many other variations and reasons why you would want to re-invest or refresh your training. For many companies or associations keeping an up-to-date CPD log is essential.

How was the Client after the last treatment?

Client comments following last treatment – e.g.: Felt very tired after last treatment when client got home but had a very good nights sleep. For almost three days after felt extremely relaxed and felt as if he was able to cope with stresses a lot better, especially at work.

Noticed they urinated more, felt less tense in particular muscles/areas.

Please note any contra-actions that clients noticed up 72 hours after treatment. Refer to your coursework folder for more information on contra-actions.

Home Care Advice:

This is based on your previous advice. Ask them, have they had chance to adopt any of your suggestions? If yes, how was it, do they feel any benefits? If not, not a problem either but remind them of the HCA goals or suggestions you discussed previously. It could be that you repeat yourself in this area, or you may have additional suggestions based on your latest discussion/treatment.

Client Feedback:

Follow the same information and prompts as the Client Feedback for Treatment 1.

Self Reflection:

Follow the same information and prompts as the Self-reflection for Treatment 1

CPD Identified: (Continual Professional Development)

Follow the same information and prompts as the CPD for Treatment 1. This may be repeated or you may have discovered new reasons for CPD.

N.B. Your CPD should be different for each client.

First Aid (for Information Only)

All clinics should have a First Aid box.

This box should contain (there may be slight variations between boxes and books):

- Crepe bandage
- Gauze bandages
- Triangular bandage
- Cotton wool
- Sterile gauze pads
- Adhesive plaster
- Distil water
- Disposable gloves

Accident Book

An Accident book is a book, which is used to record any injuries sustained to employees whilst at work within an organisation. It is a legal requirement.

It should contain the following headings:

- **Name of casualty**
- **Date & time of accident**
- **Nature of Injury**
- **How**
- **Where**
- **Action taken/ First Aid given**
- **Witnesses to accident**
- **Signed by First Aider**

It is important since as an employer it is your duty to provide proper care for persons working for you. The book is useful since it records the event of the injury and the action you took as an employer. This would be very useful should disputes arise and should a case ever go to court.



<p>Dizziness</p> <p style="text-align: center;">↓</p> <p>Fainting</p>	<p>This is brief loss of consciousness by temporary reduction of blood flow to the brain.</p> <p>Treatment:</p> <ul style="list-style-type: none"> ▪ If the casualty is still breathing, lay them supine and raise their legs to improve venous return. ▪ Loosen tight clothing particularly around the neck, chest and waist ▪ If the casualty loses total consciousness place them in the recovery position.
<p>Burns/scalds</p>	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ Place the injured part under cold running water. ▪ Remove rings, bracelets etc. and place a sterile dressing on it to cover the wound.
<p>Epileptic fit</p>	<p>Treatment: Do nothing except –</p> <ul style="list-style-type: none"> ▪ Protect the person from any dangers ▪ Stay with casualty until the person has recovered and can go home ▪ Advise the casualty to see a doctor
<p>Bleeding</p>	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ Apply direct pressure over cut/bleed with a sterile gauze if possible If bleeding from a varicose vein, lay casualty on back, remove constrictions and elevate leg. Arrange for them to be taken to hospital.
<p>Nose Bleed</p>	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ Sit casualty down with head forward and loosen tight clothing ▪ Advise casualty to breathe through the mouth and pinch soft part of nose ▪ Tell casualty to spit out any blood in mouth – swallowed blood may cause nausea ▪ Release the pressure after 10 minutes. ▪ If the bleeding has not stopped, continue for another 10 minutes.
<p>Hysteria / Hyperventilation (Hysterical over breathing)</p>	<p>Treatment: <i>Do not try to restrain the casualty</i></p> <ul style="list-style-type: none"> ▪ Reassure the patient in a sympathetic manner ▪ Escort the casualty to a quiet area ▪ Stay with casualty until the person has recovered and can go home ▪ Advise the casualty to see a doctor
<p>Heart Attack</p>	<p><i>Treatment while awaiting medical assistance</i></p> <p>Conscious casualty</p> <ul style="list-style-type: none"> ▪ Place person in a half-sitting position with shoulders supported and knees bent ▪ Do not let the casualty move unnecessarily ▪ Loosen any constricting clothing – around neck etc. <p>Unconscious casualty – still breathing</p> <ul style="list-style-type: none"> ▪ Place in the recovery position <p>Unconscious casualty – breathing stopped</p> <ul style="list-style-type: none"> ▪ Begin Cardio-Pulmonary Resuscitation (CPR)

Unconsciousness	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ An unconscious person must not be left lying on his or her back because of the risk of choking. ▪ With the patient lying straight on the floor, place the arm nearest to you at right angles to the body, elbow bent and with the palm of the hand uppermost. ▪ Bring the arm furthest from you across the chest and hold the palm of the hand outwards against the nearer cheek ▪ Grasp the leg above the knee and roll the patient towards you. ▪ See accompanying sheet.
Heat exhaustion	<p>The patient may have a headache and feel very tired and dizzy. The breathing may be fast and the pulse rapid. Cramp in the lower limbs is not uncommon.</p> <p>Treatment:</p> <ul style="list-style-type: none"> ▪ Lay the patient down in a cool place, provide sips of water and seek medical help.
Twisted Ankle	<p>Treatment: (R. I. C. E)</p> <ul style="list-style-type: none"> ▪ Rest the injured area ▪ Ice / cool the area with a cold pack/ice ▪ Compress the area by applying a gently elastic bandage / tubigrip ▪ Elevate the injured area
Asthma attack	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ Put the patient in a sitting position with arms resting in front of them. ▪ Make sure that all clothing is loose and keep the patient warm. ▪ Rest the arms elevated onto a chair so that the accessory muscles of respiration can be used. ▪ Allow the patient to take his or her own medication if it is available.
Diabetic Coma	<p>Symptoms of diabetic “attack”</p> <ul style="list-style-type: none"> ▪ Faint, dizzy and light headedness ▪ Confused, disorientated and appears drunk ▪ Shallow breathing ▪ Limbs tremble ▪ Level of responsiveness deteriorates with time <p>Treatment:</p> <ul style="list-style-type: none"> ▪ If the patient is conscious and capable of swallowing, immediately give them sugar. ▪ If the patient is unconscious and in a diabetic coma, call for removal to hospital.

Insect Sting	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ Remove sting with a tweezers ▪ Do not squeeze the poison sac, as this will force poison into the blood ▪ To relieve the pain, apply a cold compress ▪ If pain and swelling persist, advise the casualty to seek medical advice. ▪ Some individuals are hypersensitive to insect bites and over react to the poison. This is known as anaphylactic shock and results in difficulty in breathing and swelling in the air passages. This is a medical emergency – do not wait.
Migraine / Headaches	<p>Treatment:</p> <ul style="list-style-type: none"> ▪ Place a cold compress on the casualty's forehead. ▪ If practical, advise the casualty to lie down in a dark room. ▪ If the headaches persists, or if there is nausea, vomiting, stiff neck, disturbed vision, and gradual loss of consciousness, seek medical help.
Electric Shock	<p>Treatment:</p> <p>First - remove the danger of being electrocuted yourself – i.e. remove danger</p> <p>Unconscious casualty – breathing:</p> <ul style="list-style-type: none"> ▪ Lay in recovery position ▪ Treat any burns <p>Unconscious casualty – not breathing:</p> <ul style="list-style-type: none"> ▪ Start CPR immediately ▪ Treat any burns if you have assistance

HYGIENE & INFECTION

Infections are spread by touch, food and water, droplets in the air, and through cuts, grazes and any other incisions in the skin, such as an injection by a needle. Although it is almost impossible to create an environment that is completely sterile, you can reduce the risk of infection by avoiding treatment of people who have obvious infections.

Infections are primarily caused by:

Type of infection	Characteristics	How it spreads	Examples
Viral Size: very small	Caused by viruses, micro-organisms smaller than bacteria	Virus reproduces inside the human cell	Common cold Cold sore (<i>Herpes simplex</i>) Chicken pox (<i>Herpes zoster</i>) Wart (<i>verrucae</i>) Hepatitis A and B HIV
Bacterial Size: medium	Caused by bacteria, single-celled micro-organisms	Bacteria reproduce at the site of infection	Skin infections like impetigo (<i>Staphylococcus aureus</i>) Throat infections (<i>Staphylococcus pyogens</i>) Food poisoning (<i>Salmonella</i>)
Fungal Size: large	Caused by parasitic growth; includes moulds, rusts, yeasts and mushrooms	Fungus is reproduced by spores	Ringworm (<i>Tinea pedis, capitis or corporis</i>) Thrush (<i>Candida albicans</i>)

Hygiene is the science of health, clean conduct and methods.

Disinfection: is the process that reduces the number of microorganisms to a level where infection is unlikely to take place. Disinfectants are used to clean items e.g. massage couch and are not meant for use on skin.

Chemicals that are appropriate for disinfecting utensils are:

- Alcohol. Ethyl 70%
- Alcohol, isopropyl 70%
- Sodium hypochloride 1%

Sterilisation

Sterilisation is the method of cleaning which destroys all bacteria and their spores as well as viruses.

There are various methods of sterilisation which are effective to varying degrees:

Sterilisation methods

There are three main methods of sterilising equipment:

1. **Radiation** - ultra violet (UV)
2. **Heat** - hot air, hot bead/glass bead, boiling, autoclave
3. **Chemical** - chemicals include:
 - 2% glutaraldehyde,
 - 6% hydrogen peroxide,
 - peracetic acid,
 - chlorine compounds,
 - alcohols,
 - iodophors,
 - phenolics.

Cleaning penetration equipment prior to sterilisation

1. **Rinse the equipment in cold water** to remove any blood or serum. (Using hot water may cause substances to coagulate and adhere to the instrument thereby preventing complete sterilisation.)



2 **Wash** the equipment using hot water and soap or detergent.



3 **Rinse** the equipment thoroughly in hot water (greater than 70°C) and allow to dry.



4 **Sterilise** the equipment using an approved steriliser (see below).



5 **Store** under cover in a clean, dry and dust-free environment.

Method	What it can be used for	Advantages	Disadvantages
UV cabinet - UV rays are emitted from a special bulb in a cabinet	Storing already clean objects after they have been sterilised in an autoclave or chemical solution e.g. tweezers, manicure Items.	Stores instruments in a clean environment	UV rays only travel in straight lines. Instruments must be turned so all surfaces are cleansed. Any debris, oil or dust on the object prevents the UV from working
Hot air oven	Penetrates water-soluble materials (e.g. grease and oil) and can be used for glassware, instruments or containers.	Less corrosive to metals and sharp instruments than steam	Loading and packing must be done very carefully Takes 2-4 hours
Hot bead/glass bead cabinet - objects are placed in a container of small glass beads which are heated to high temperatures	Small metal objects that cannot be damaged by heat, e.g. forceps, tweezers, etc.	Safe, and reasonably fast	Only suitable for small items. May cause metal instruments to discolour and distort
Boiling - for five minutes after boiling point reached	Most useful for laundry and other cloth items, such as towels and headbands.	Fast Most forms of bacteria are destroyed after five minutes of boiling	Some spores and viruses may not be destroyed by boiling
Autoclave (steam cabinet) - produces steam under pressure in enclosed cabinet	'High risk' metal instruments: tweezers, etc. Decontamination of reusable supplies and infectious waste.	Fast Can destroy all micro-organisms and spores. Most dependable form of sterilisation.	Loading and packing is critical. Damages heat-sensitive items. Maintenance and quality control are essential More expensive
Chemical sterilisation - (min 70% alcohol) wash and then soak instruments in solution. Dry and store in clean environment.	Most objects, including those that are intolerant to heat, including tweezers, forceps, pedicure equipment, scissors.	Easy to obtain Inexpensive	Risk of spillage Cheaper solutions (including bleach) may cause items to discolour or corrode Must change fluid regularly

HYGIENE TERMINOLOGY

As a general guide ...

- a. A '**Cide**' substance will kill
- b. A '**Stat**' substance will slow down the growth
- c. An **antiseptic** can usually be used on the skin
- d. A **disinfectant** is usually too strong for the skin

Chemicals can be used - following the manufacturer's instructions - to immerse items, wipe, spray and squirt surfaces and often have a pleasant odour as well.

Glossary of terms

HYGIENE:	Science of health, clean conduct and methods
BACTERICIDE:	Substance that kills bacteria
BACTERIOSTAT:	Substance that inhibits the growth of bacteria
FUNGICIDE:	Destroys fungi
FUNGISTAT:	Inhibits the growth of fungi
SEPTIC:	Infected
ASEPTIC:	Free from microorganisms
ANTISEPTIC:	Prevents the growth of bacteria (can be a 'stat' or a 'cide', usually a 'stat'). Can usually be used on the skin.
DISINFECTANT:	Substance that destroys bacteria (usually a 'cide'). Not suitable for use on the skin.
PATHOGENIC:	Disease causing organism
NON-PATHOGENIC:	Harmless organism
TOXINS:	Poisons produced by pathogen
ANTIBIOTIC:	Drugs used to destroy pathogenic bacteria in humans
STERILIZATION:	The total removal or destruction of all living micro-organisms (virtually impossible to create in a clinic environment)
CROSS INFECTION:	An infection that passes from one person to another person or one part of the body to another part
COMMENSALS:	Friendly bacteria which usually reside within / on the body

London School of Massage



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Exam & Important Information

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Things to Remember – Exam Day

It is our wish that you gain the highest marks possible during the exam, and we hope that's your wish too. Please read the following guidelines to help you prepare for your exam day.

- **Model** for exam
 - You cannot use a student who is taking their exam on the same day as you.
 - LSM cannot provide a model
- **Clip Board** (for the Consultation Form)
- **Consultation Form** with client medical history **completed and signed**
- **Uniform** (strictly no branding/markings or logos)
This uniform is compulsory and cannot be changed
 - Black Polo T Shirt (not low-cut)
 - Black trousers (not skin-tight, no leggings, not flared, **NOT** DENIM)
 - Black plimsolls (no bare skin, if laced, they must be well tucked in)
 - Black socks or tights (to hide any bare skin on the feet)
 - Black Head Band or Sweat Band (if you perspire easily)
- **Personal Presentation**
 - Hair
 - off the shoulders, in a bun, **no** hair should touch the collar/shoulders
 - **no** wispy bits, it should be all slicked back and tucked in
 - dreadlocks, weaves or extra long hair must be kept in a hair net/bag
 - Minimal make-up
 - Short, well manicured nails, **strictly** no varnish or false nails
 - No jewellery (un-removable jewellery must be taped over)
- Antibacterial wipes (with a closable lid)
- Slippers/Flip-flops for your client/model
- Couch cover / Bed Sheet with Face Hole (Navy blue or Black) (Remove all labels)
- 2 x Towels to cover client/model (100 x 150cm, Navy blue or Black) (Remove labels)
- 1 x Towel to cover the face cradle (approx. 75 x 40cm, Navy blue or Black) (Remove labels)
- **Be effective and show you care**
 - Make sure you demonstrate **effectiveness and intent** in all techniques
 - Look like you care, don't look blank or bored and don't look at what the others are doing ... they may be doing it incorrectly.
 - Remember to ask your clients if the pressure is ok at least 3 times during the massage, or at the places your Tutor has instructed you to. Or, if the Examiner is within earshot of your massage table.

Things to Remember – Exam Day



Sample Exam Questions

1	Which of the following can be found in the epidermis?		1	
A	Elastin	B	Melanocytes	B
C	Lymph vessels	D	Sweat glands	
2	What is the action of the biceps femoris?		2	
A	To extend the hip and flex the knee	B	To flex the hip and abduct the leg	A
C	To flex the arm	D	To flex the hip and extend the knee	
3	What is mitosis?		3	
A	The covering around the cell	B	The protection against UV light	D
C	The elimination of toxins from the skin	D	The multiplication of cells	
4	What is the common name for the zygomatic bone?		4	
A	The jaw bone	B	The cheek bone	B
C	The forehead	D	The skull	
5	What is the main function of hormones?		5	
A	To maintain homeostasis	B	To maintain blood pressure	A
C	To maintain metabolism	D	To maintain respiration	
6	What is the function of venules?		6	
A	To carry deoxygenated blood from the capillaries to the larger veins	B	To carry oxygenated blood from the capillaries to the larger veins	A
C	To carry deoxygenated blood from the larger veins to the capillaries	D	To carry oxygenated blood from the larger veins to the capillaries	
7	How is lymph finally drained back into the bloodstream?		7	
A	Through the lymphatic capillaries	B	Through the spleen	D
C	Through the lymphatic nodes	D	Through the lymphatic ducts	
8	What is neuralgia?		8	
A	Shooting pains along the course of a nerve	B	Pain down the back and outside of the thigh	A
C	Disease of the basal ganglia	D	Paralysis or weakness of one side of the face	
9	What does lipase digest?		9	
A	Carbohydrates	B	Glucose	C
C	Fats	D	Starch	
10	What are the functions of the trachea?		10	
A	To moisten and warm the air	B	To collect foreign matter or bacteria by the goblet secretory cells	B
C	To allow exchange of gases to take place	D	To act as a passageway between the larynx and pharynx	

Model Answers to VTCT (ITEC) Practical Questions

Samples of the types of oral questions that could be asked		Response
1	What risks should be considered when preparing the massage environment?	<ul style="list-style-type: none"> • Hygiene – clean towels • use of disposable couch paper • disinfect the couch after each treatment • no trailing wires • good ventilation • good temperature
2	Why is it necessary to do a thorough consultation before massage?	<ul style="list-style-type: none"> • Be able to create rapport with the client • Allows you to find out about client and client about you • Client can find out more about the treatment • Client can advise problem areas they have • We can find out about their medical history • Find out about contraindications
3	When doing a consultation, if you discovered a client was very nervous what would you do?	<ul style="list-style-type: none"> • Reassure client as to what you were doing • Ensure that they still felt comfortable • Make sure that I addressed all their queries and worries • If needed, provide alternative treatments or advise alternative therapy / therapist
4	How would you store client confidential information after the consultation and treatment?	<ul style="list-style-type: none"> • In a locked cabinet to which I only had access • In a password protected PC to which there was very limited access by others • Keep in mind the Data Protection Act.
5	What are the general contraindications to massage?	See your notes
6	What are the specific contraindications to that area?	See your notes – provide 5 specific localised contraindications for each area: Face, Back, Stomach, Leg & Foot
7	What is the benefit of that movement?	See your notes
8	What are the contraindications to that movement?	See your notes
9	What muscles are you working over?	See your notes
10	How can you detect a tense/tired muscle? What has caused this tension?	Tense Muscle: Feels tight, tough, painful and loss of ability to stretch. Might have tight knots What has caused the tension? Relate this to the history of a client i.e. think of an activity that would involve overusing that muscle
11	Why is a good knowledge of anatomy and physiology relevant to massage?	<ul style="list-style-type: none"> • Allows you to appreciate the human body • Allows you to know what area and tissues you are working on • Give you a better idea if there was something wrong • Can make you more specific with the massage
12	What are the effects of massage?	See your notes
13	Where is the problem area on this client's back? What muscles are involved?	Remember your muscle names for all parts of the body you are massaging.
14	What movements would you perform to alleviate this tension?	Relate this to the action of the massage strokes. See your notes.

15	How would you approach a client with a lumbar back pain?	<ul style="list-style-type: none"> • Carefully help them on and off the couch • Place a pillow under their stomach to reduce the lumbar lordosis (arch in the back) • Place a bolster under the ankles to relax the hamstring muscles and therefore any stress on the back. • Not leave them prone for more than 20 - 25 minutes • Keep checking with the client that the pressures provided with the massage are OK
16	How would you adapt your pressure to suit an elderly client?	Keep the pressure a little lighter, but get regular feedback from them. Develop pressures gradually and find out what the client feels comfortable with
17	What would you do if a client: Fainted? Had a nosebleed? Felt sick? Felt dizzy during a massage?	<p>Fainted – keep client supine (on their back) and raise their legs to assist venous return. Make sure they are still breathing. Call for help.</p> <p>Nose bleed – get THEM to hold just under bridge of nose for 10 mins, then check. If still bleeding hold for another 10 mins. Check again. If it is still bleeding, get them to seek medical advise</p> <p>Felt sick – stop the massage. Sit client up and provide a bucket should they need to vomit. Once they feel better, allow them to go home or seek medical attention if symptoms persist.</p> <p>Felt dizzy during a massage – stop the massage and let them remain in a horizontal position with the legs raised up to aid venous return. Do not let them get up until they feel better.</p>
18	How does client feedback after a session help the on-going treatment plan?	<ul style="list-style-type: none"> • Allows me to know if the treatment is effective • Allows me to know if the client is satisfied with the treatment • Allows me to know if I need to make changes to my treatment plan
19	How would you store your treatment consumables safely?	<p>Oils – closed bottles, away from direct sunlight, room temperature</p> <p>Couch Paper – clean cupboard way from water / damp and in a hygienic area</p>
20	How does reflective practice help your development as a massage therapist?	<ul style="list-style-type: none"> • Allows me to self-evaluate how I am performing • It will allow me to improve my future treatments by noting things which I have done well as well as areas where I can improve

Marking Criteria

iUCT24 – Provide body massage for complementary therapies

Once all aspects of the mandatory units have been completed, learners will be expected to complete an internal practical assessment. This will be undertaken by the internal assessor using the internal assessment forms. These must be handed to the external examiner on the day of the final external practical examination.

Practical Examination sequence – approximately 45 minutes

- Consultation must be carried out prior to the examination
- Clients should be on the couch ready for the examination
- 45 minute body massage treatment covering all areas of the body to include:
 - One arm
 - One leg (front and back)
 - Abdomen
 - Back
 - Chest
 - Neck
 - Face
 - Scalp
- To be completed in whichever order the learner has been taught
- Only one limb is required to be massaged in the examination, repetition on the opposite side is not required
- Clients should be helped off the couch
- Oral questions may be asked at any time during the examination
- Consultation forms must be filled in by each learner and made available for the external examiner to check. These should be reviewed and completed at the end of the treatment and will be taken away by the examiner
- Learners will be expected to demonstrate excellent hygiene and client care throughout as well as competence in their relevant skills
- The examiner may reduce the treatment timings, as the examination is a demonstration of the learner's professionalism and their accomplished technique
- Approximate time allocated for changeover of practical examination groups – 15 minutes

Learners must achieve a minimum of 3 marks for appearance and 3 marks for client care in order to pass the practical examination.

Learners must be able to demonstrate the following:

Appearance – 5 marks (0.5 marks each)

1. Clean, ironed, professional uniform
2. Clean, neat hair, tied back/up if long and off the collar and face
3. Short, clean, well-manicured nails with no varnish and clean hands
4. Clean, sensible full flat shoes, socks should be worn
5. Tights are an appropriate colour for the uniform, if wearing a skirt
6. No jewellery - with the exception of a wedding band and 1 pair of small stud earrings (religious jewellery must be taped)
7. No body or breath odour
8. No chewing gum or sucking sweets

9. No visible underskirts/underwear
10. Skirts to the knee, trousers cropped no higher than calf/trousers not trailing on the floor

Client care – 5 marks (1 mark each)

1. Greeted and introduced self to the client
2. Assisted the client off the couch
3. Explained the treatment procedure to the client
4. Ensured the client's comfort/modesty throughout
5. Maintained a positive and professional approach to the client throughout

Hygiene and sterilisation – 10 marks (2 marks each)

1. Wiped equipment over with sanitiser before, during and after use as appropriate
2. Sanitised hands before, during and after treatment as appropriate
3. Disposed of cotton wool, tissues, paper roll and general waste hygienically and appropriately 4. Sanitised client's feet
5. Ensured the client's footwear was stowed under the couch and that the client did not walk around barefoot

Pressure – 10 marks (2 marks each)

1. Established the client's preference regarding pressure of massage
2. Adapted the pressure to suit the client
3. Adapted the pressure to suit the area
4. Adapted the pressure to suit the movement
5. Moved the skin appropriately according to the movement applied

Effleurage – 10 marks (2 marks each)

1. Assessed areas to be treated for contra-indications
2. Maintained maximum contact with their hands and ensured the skin 'rippled' ahead of their fingers
3. Ensured the entire area was treated with effleurage
4. Applied the strokes with the direction of the blood flow
5. Maintained a slow and constant speed

Petrissage (kneading/frictions) – 20 marks (4 marks each)

1. Assessed areas to be treated for contra-indications
2. Performed movements displaying flexibility of the hands and wrists
3. Ensured the entire area was treated with petrissage
4. Manipulated the skin and muscles appropriately
5. Performed the movements in a rhythmical manner

Percussion – 15 marks (3 marks each)

1. Assessed areas to be treated for contra-indications
2. Performed movements displaying flexibility of the hands and wrists
3. Ensured the entire area was treated with percussion
4. Brought about an appropriate skin reaction
5. Performed the movements in a rhythmical manner, fast and audible when appropriate

Passive – 5 marks (2.5 marks each)

1. Supported the joint appropriately
2. Ensured each joint was taken through an appropriate range of movement

Continuity of massage – 10 marks (2 marks each)

1. Maintained contact during massage of each area
2. Demonstrated the use of effleurage to link movements
3. Performed the movements in a flowing, logical sequence and covered areas treated thoroughly
4. Demonstrated all classical movements, in the absence of contra-indications
5. Completed the massage in a commercially acceptable time

Posture – 10 marks (2 marks each)

1. Demonstrated appropriate standing/sitting position suitable for each area
2. Demonstrated correct working position of shoulders
3. Demonstrated correct working position of elbows
4. Demonstrated flexibility of knees and transference of weight
5. Demonstrated flexibility/correct working position of back (stance)

Sample oral questions

1. Why is it necessary to do a thorough consultation before massage?
2. When doing a consultation, if you discovered a client was very nervous what would you do?
3. What are the general contra-indications to massage?
4. What is the benefit of that movement?
5. What are the contra-indications to that movement?
6. What muscles are you working over?
7. How can you detect a tense/tired muscle? What has caused this tension?
8. What are the physiological effects of massage?
9. What are the psychological effects of massage?
10. Where is the problem area on the client's back? What muscles are involved?
11. How would you adapt your pressure to suit an elderly client?
12. How does client feedback after a session help the ongoing treatment plan?
13. How would you store your treatment consumables safely?
14. How does reflective practice help your development as a massage therapist?

Pre-examination Assessment Form

iUCT24 – Provide body massage for complementary therapies																
Centre name:		Minimum 3 each			Sub –Total	Hygiene & Sterilisation	Pressure	Effleurage	Petrissage	Percussion	Passive	Continuity of Massage	Posture	FINAL MARK	Treatment Evidence	Learners must achieve a minimum of 3 marks for appearance and 3 marks for client care in order to pass the practical examination
		Appearance	Client Care													
Centre ID number:																
Booking reference:																
Lecturer signature:																
Learner name	Student no.	5	5		10	10	10	20	15	5	10	10	100	P/R	Comment	
1																
2																
3																
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