Soft Tissue Therapy Formative Ax

Students Name:Akintola Okiki Assessors Name: Elliot Cockrell

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| **PERFORMANCE CRITERIA** | | **✓** | **?** | **🗶** | **Feedback** | | |
| **General Observations** | | | | | | | |
| Self-presentation (inc hygiene, health & safety, appearance, plinth height) | | **✓** |  |  |  | | |
| Communication – written & verbal | |  | **?** |  |  | | |
| Handling skills & patient positioning | | **✓** |  |  |  | | |
| **Observation** | |  |  |  |  | | |
| Static – did they observe your posture before they started the massage | | **✓** |  |  |  | | |
| **Treatment** | | | | | | | |
| Did they ask about any contraindications prior to treatment? | | **✓** |  |  |  | | |
| Did they palpate the area of concern prior to application of treatment? | | **✓** |  |  |  | | |
| Did they check for any allergies prior to treatment? | | **✓** |  |  |  | | |
| Did they explain what they were proposing to do? | | **✓** |  |  |  | | |
| Did they ask for your consent prior to starting the treatment? | | **✓** |  |  |  | | |
| Did they reassess your reason for treatment after the treatment? | |  |  | **🗶** |  | | |
| Did they perform any other treatment other than massage?  Was it appropriate?  Was it performed correctly?  Was it explained appropriately? | |  |  | **🗶** |  | | |
| **Follow-up** | | | | | | | |
| Did they explain what they had found, if anything? | | **✓** |  |  |  | | |
| Did they provide you with aftercare advice? | |  |  | **🗶** |  | | |
| Did they lower the couch to allow you to get off? | | **✓** |  |  |  | | |
| Did they ask if you had any further questions? | | **✓** |  |  |  | | |
| Reassessment ✓ ? 🗶  Assessor: Cearer rational Date: 28/7/2019  Comments | | | | | | | |
| P / F | Student’s Signature  MMAO | | | | | Assessor’s Signature  ECRC | Date: 29/7/2019 |