

# **CORE CURRICULUM**

  

# **FOR SPORTS THERAPY**

published August 2019 by  
The Complementary and Natural Healthcare Council (CNHC)

**Contents**

Introduction .....page 3

Overall aims of the course.....page 3

Learning outcomes and competencies to be achieved.....page 3

Overall ratio of theory and practice .....page 6

Assessor and Internal Quality Assurance required for regulated qualifications..... .page 6

(Equivalent) Minimum level at which qualifications must be achieved .....page 6

Hours of study ..... page 6-7

Credit Value .....page 7

Case Study requirements.....page 7

Details of assessment process.....page 7

Accreditation of Prior and Experiential Learning (APEL) ..... page 7-8

Appendix A. Examples of guided learning and total qualification time .... page 8-9

## Introduction

1.	The content of this core curriculum provides a minimum standard for safe and competent practice. It incorporates the National Occupational Standards (NOS) for Sports Therapy – CNH1, CNH2, CNH20, CNH21, CNH22, A334, D523, D524, D525, D526, D527, D528, D529, D530, D531 and D532. There is overlap in CNH20/CNH21/CNH22 with the requirements of CNH1 and CNH2.				
2.	Given the significant number of NOS for Sports Therapy, the majority of which are seven pages in length, this document contains only the details of the Overview for each NOS, with a hyperlink to the full documents. The NOS have been grouped together related to their subject. Users of each standard will need to ensure that practice reflects up to date information and policies.				
3.	Achievement of the educational and professional outcomes in this Core Curriculum act as the measure for eligibility to apply for registration with the Complementary and Natural Healthcare Council (CNHC).				
4.	It will be the responsibility of those Professional Associations who verify applications for CNHC registration to:				
	<table border="0"> <tr> <td>a)</td> <td>ensure that the Core Curriculum is circulated to all training providers with whom they have a working relationship, so that it can be used as the basis for the design and delivery of their courses</td> </tr> <tr> <td>b)</td> <td>accept that accountability for accrediting courses and verifying applications for CNHC registration lies with the Professional Association.</td> </tr> </table>	a)	ensure that the Core Curriculum is circulated to all training providers with whom they have a working relationship, so that it can be used as the basis for the design and delivery of their courses	b)	accept that accountability for accrediting courses and verifying applications for CNHC registration lies with the Professional Association.
a)	ensure that the Core Curriculum is circulated to all training providers with whom they have a working relationship, so that it can be used as the basis for the design and delivery of their courses				
b)	accept that accountability for accrediting courses and verifying applications for CNHC registration lies with the Professional Association.				

### 1 OVERALL AIMS OF THE COURSE

To ensure that those who complete the course are safe and competent to practise Sports Therapy as autonomous healthcare practitioners

### 2 LEARNING OUTCOMES AND COMPETENCIES TO BE ACHIEVED

#### 2A

#### [CNH1 Explore and establish the client's needs for complementary and natural healthcare](#)

##### Overview

All forms of complementary and natural healthcare rely on exploring and establishing the client's needs and expectations. This may take place at the outset, but also during the on-going delivery of complementary and natural healthcare.

This allows the practitioner to consider whether it is appropriate to offer the service to the client, the type of service that should be offered and any required modifications to that service.

#### 2B

#### [CNH2 Develop and agree plans for complementary and natural healthcare with clients](#)

##### Overview

It is important that the planning of complementary and natural healthcare takes place through discussion and agreement with the client and relevant others (e.g. carers).

This standard is about developing and agreeing plans that meet the client's needs. Such plans may be subject to change as the service proceeds.

#### 2C

#### [A334 Apply accepted standards and continuously develop own practice](#)

##### Overview

Practitioners who use their skills to assist clients to prevent and/or manage injuries in sport and active recreation must work to accepted standards. They should also ensure that they establish and maintain

relationships with their clients that assist performance and/or recovery and that they continuously reflect on and seek to develop their practice by keeping up with developments in the field.

## **2D**

### **CNH20 Plan, apply and evaluate massage methods**

#### **Overview**

This standard is about preparing for and applying the following massage methods to non-pathological tissue:

- effleurage
- petrissage
- tapôtement
- vibration

Massage applies to all relevant areas of the body.

### **CNHC 21 Plan, apply and evaluate massage methods to prevent and manage injury**

#### **Overview**

This standard is about preparing for and applying the following massage methods:

- effleurage
- petrissage
- tapôtement
- vibration
- compressions
- friction
- passive stretching

Massage may be applied in the following contexts:

- injury management – post acute phase
- injury prevention
- pre-existing conditions/disease processes (therapeutic and remedial).

### **CNH22 Plan, apply and evaluate complex massage/soft tissue methods**

#### **Overview**

This standard is about preparing for and applying the following massage/soft tissue methods:

- friction
- connective tissue massage
- proprioceptive neuromuscular facilitation
- positional release/strain counter strain techniques
- effleurage
- petrissage
- muscle energy techniques
- myofascial techniques
  
- neuromuscular techniques/trigger point therapy
- soft tissue release
- tapotement
- vibration
- compressions
- passive stretching

Massage may be applied in the following contexts:

- injury management post-acute phase
- injury prevention
- problem solving (non-injury presentations)
- pre-existing conditions/disease processes (therapeutic and remedial).

## **2E**

### **D523 Apply taping and strapping for general support in a sport and activity context**

#### **Overview**

This unit is about applying taping and strapping to an area of the body to provide general support to the joint or related soft tissue and allows limited restriction in all ranges of movement.

Taping and strapping may be applied in the following contexts

1. injury prevention
2. training
3. pre, inter and post competition

#### **D524 Apply taping and strapping following injury to limit specific movement in a sport and activity context**

##### **Overview**

This unit is about applying taping and strapping to provide support to part/s of a joint or related soft tissue with the aim of restricting movement in specific plane/s to protect the affected tissue and facilitate a return to activity following injury or biomechanical dysfunction.

Taping and strapping may be applied in the following contexts

1. protection of injury
2. injury prevention
3. training
4. pre, inter and post competition

#### **D525 Apply taping and strapping to influence movement patterns and proprioception in a sport/activity context**

##### **Overview**

This unit is about applying taping and strapping to an area of the body to influence proprioception whilst promoting normal posture and movement patterns.

Taping and strapping may be applied in the following contexts

1. Influencing movement patterns and proprioception
2. Protection of injury
3. injury prevention
4. training
5. pre, inter and post competition

## **2F**

#### **D526 Apply magnetic therapies to clients in a sport and activity context**

##### **Overview**

This unit is about applying magnetic therapies to an area of the body.

Magnetic therapies include

1. static magnet therapy
2. pulse magnetic therapy

#### **D530 Apply electrical stimulation techniques to clients in a sport and activity context**

##### **Overview**

This unit is about applying electrical stimulation techniques to an area of the body to maintain fitness or prevent/ manage injuries.

Electrical stimulation techniques include:

1. TENS/H wave
2. interferential
3. NMES
4. micro current
5. Faradism
6. Galvanism
7. combination therapy

#### **D531 Apply repair stimulator techniques to clients in a sport and activity context**

##### **Overview**

This unit is about applying repair stimulator techniques to an area of the body to maintain fitness or prevent/ manage injuries.

Repair stimulator techniques include:

1. ultrasound

2. long wave ultrasound
3. low intensity pulsed ultrasound (LIPUS)
4. light therapy
5. combination therapy

#### **D532 Apply advanced repair stimulator techniques to clients in a sport and activity context**

##### **Overview**

This unit is about applying advanced repair stimulator techniques to an area of the body to maintain fitness or prevent/ manage injuries.

Advanced repair stimulator techniques include:

1. laser therapy
2. pulse shortwave
3. pulse microwave

#### **2G**

#### **D527 Apply basic cold techniques to clients in a sport and activity context**

##### **Overview**

This unit is about applying basic cold techniques to an area of the body to maintain fitness or prevent/ maintain injuries

Cold techniques include

1. cold applications
2. ice cube massage.

#### **D528 Apply hot and cold techniques to clients in a sport and activity context**

##### **Overview**

This unit is about applying hot and cold techniques to an area of the body to maintain fitness or prevent/manage injuries.

Hot and cold techniques include:

1. ice
2. ice jackets
3. cryo cuffs
4. infra-red
5. hot packs
6. heat pads

#### **D529 Apply advanced hot and cold techniques to clients in a sport and activity context**

##### **Overview**

This unit is about applying advanced hot and cold techniques to an area of the body to maintain fitness or prevent/manage injuries

Advanced hot and cold techniques include:

1. cold water immersion
2. continuous shortwave
3. continuous microwave

#### **3 OVERALL RATIO OF THEORY AND PRACTICE**

Theory 61% / Practical 39%

#### **4 ASSESSOR AND INTERNAL QUALITY ASSURANCE (IQA) REQUIREMENTS FOR THE REGULATED QUALIFICATIONS FRAMEWORK (RQF) COMPETENCE QUALIFICATIONS**

Not applicable because there are no regulated qualifications for Sports Therapy

#### **5 THE MINIMUM (OR EQUIVALENT) LEVEL AT WHICH QUALIFICATIONS LEADING TO CNHC REGISTRATION MUST BE ACHIEVED AGAINST THE REGULATED QUALIFICATIONS FRAMEWORKS ACROSS THE UK**

The minimum level of qualification required is equivalent to 5 (England and Wales); 6 (Northern Ireland); 8 (Scotland) on the UK Qualification Comparison Chart.

#### **6 HOURS OF STUDY**

6.1	Total Qualification Time. <b>558</b>
-----	--------------------------------------

	This is the number of notional hours that represents an estimate of the total amount of time that could reasonably be expected to be required in order for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification. This total includes the number of hours of Guided Learning as set out below.
6.2	<p><b>Guided Learning hours. 270</b></p> <p>This is the activity of a Learner in being taught or instructed by – or otherwise participating in education or training under the <u>Immediate Guidance or Supervision</u> of – a lecturer, supervisor, or tutor. The breakdown of the Guided Learning Hours is as follows</p> <p>CNH1 – 5 hours          CNH2 – 5 hours          CNH20, 21 and 22 - 164 hours          D523, 524, 525 – 30 hours          D526, 530, 531, 532 – 36 hours          D527, 528 – 30 hours</p>
6.3	Immediate Guidance or Learning can be
	<p>a) with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor, or</p> <p>b) remotely by means of simultaneous electronic communication</p>
	<b>Of the total of 270 Guided Learning Hours, a minimum of 270 hours must be with the simultaneous physical presence of the Learner and the lecturer, supervisor or tutor.</b>
<b>7 CREDIT VALUE</b>	
7.1	55
<b>8 CASE STUDY REQUIREMENTS</b>	
8.1	<p>50 hours of case studies to be completed on a minimum of 10 different individuals. The treatments should be observed by an occupationally competent person. The case study requirements are included in the Total Qualification Time. The case studies should be fully documented to include:</p> <ul style="list-style-type: none"> <li>• Full medical history</li> <li>• Treatment plan, to include contra-actions</li> <li>• Informed Consent must be obtained</li> <li>• Record of treatment including outcome and after-care</li> <li>• Critical reflection of treatment</li> </ul>
<b>9 DETAILS OF THE ASSESSMENT PROCESS</b>	
9.1	Case studies as above <b>plus</b>
	One summative practical skills assessment and one summative written examination.
9.2	The above should all evidence clear understanding of learning outcomes outlined in this document. Assessment should be by the tutor with a sample of the overall submissions having been additionally assessed by an independent assessor. Training providers must be able to provide evidence of this if required.
<b>10 DETAILS OF AN ACCREDITATION OF PRIOR LEARNING AND EXPERIENCE (APEL) PROCESS FOR APPLICANTS FOR CNHC REGISTRATION WHO HAVE NOT COMPLETED A COURSE THAT OF ITSELF MEETS CNHC REQUIREMENTS AND WHO WOULD BE RESPONSIBLE FOR IT</b>	
10.1	<p>The APEL process would be the responsibility of professional associations who verify applications for CNHC registration from Sports Therapy practitioners who have not completed a training course that of itself meets the requirements of the National Occupational Standards and this core curriculum. These applicants must provide the following information and evidence:</p> <ul style="list-style-type: none"> <li>• evidence of at least three years' practice as a Sports Therapist</li> </ul>

- all Sports Therapy qualifications, in chronological order, with details of course content, including any clinical practice
- details of all CPD undertaken since qualifying as a Sports Therapist
- career summary and statement of practice, describing current practice and services provided (including volunteering, if relevant), and how their practice has developed over the years they have been in practice.

## Appendix A

### What Activities Count Towards Guided Learning Hours (GLH) and Total Qualification Time (TQT)?

The following table provides examples of what activities count towards both GL (hours) and TQT:

Type of Activity	GL (hours)	TQT
Classroom based learning supervised by the lecturer, supervisor or tutor whether on a 1 to 1 or group basis	✓	✓
Invigilated or supervised examinations or final assessments	✓	✓
Research project where the learner carries out independent research and produces a report without supervision	x	✓
Classroom based induction to a qualification as required in the specification	✓	✓
Skills practice at place of learning or workplace where the learner is responsible for generating their own evidence of practice, eg. a statement confirming attendance from a suitable attendant adult, generally not the lecturer or tutor	x	✓
Skills practice carried out in simulated conditions where the learner is observed and assessed at the same time as the simulation is taking place	✓	✓
Face to face meetings with the lecturer, supervisor or tutor or other prearranged teaching session, eg. telephone/webcam contact, internet messaging, ie. conversation in real time	✓	✓
Work based practice observed by employer, tutor, or other witness more qualified than the learner	✓	✓
Portfolio assessment where the learner collates evidence of competence and understanding unsupervised by the lecturer, supervisor or tutor	x	✓



E-assessment where the learner has their knowledge and understanding assessed unsupervised where they can access online e-assessment at any time	x	✓
E-assessment where the learner is supervised by the lecturer, supervisor or tutor in real time	✓	✓
Watching a pre-recorded podcast or webinar	x	✓