

City & Guilds Level 3 Diplomas in Complementary Therapies (7607)



Qualification handbook

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Level 3 Diplomas in Complementary Therapies (7607)

Qualification handbook

Diploma in Complementary Therapies (7607-31)

600/5072/X

Diploma in Massage (7607-32)

600/4969/8

Diploma in Aromatherapy (7607-33)

600/5092/5

Diploma in Reflexology (7607-34)

600/5088/3

Certificate in Anatomy, Physiology and Pathology for Complementary Therapies (7607-83)

600/4950/9

Certificate in Principles and Practices for Complementary Therapies (7607-83)

600/5093/7

Certificate in Massage for Complementary Therapy (7607-83)

600/5094/9

Certificate in Aromatherapy for Complementary Therapies (7607-83)

600/5095/0

Certificate in Reflexology for Complementary Therapies (7607-83)

600/5096/2

Version and date	Change detail	Section
1.1 Aug 2012	Amendment – Centre requirements + Assessment	Centre requirements Assessment
1.2 Sep 2012	Further amendment to Centre requirements and Assessment	Centre requirements Assessment
1.3 Feb 2013	Additional guidance for learners regarding the test for Unit 303	The structure of the qualifications/rules of combination
1.4 April 2013	Proxy unit info removed from Certificate in Anatomy and Physiology as not applicable to this pathway	The structure of the qualifications/rules of combination
1.5 September 2013	Added detail clarifying A&P requirements for -83 POS qualifications	The structure of the qualifications/rules of combination
1.6 October 2013	Added detail re new aromatherapy blending legislation	Unit 301 & 305 (range and guidance)
1.7 September 2015	References to AAPA (Aromatherapy & Allied Practitioners Association) have been changed to Complementary Health Professionals, in line with the organisation's name change	Throughout the document
2.0 March 2021	Changed City & Guilds address. References to the Aromatherapy Council removed. Duplicated paragraphs regarding Contra-indications (prevent treatment/restrict treatment) sections merged. Massage movements accepted	Unit 305 (Outcomes 1 and 2) Unit 305 (Outcome 1) Unit 305 (Outcome 2)
2.1 Feb 2022	Addition of TQT	About the qualifications

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1 About this document

This document contains the information that centres need to offer the following qualifications:

Level 3 Diploma in Complementary Therapies

City & Guilds qualification number 7607-31

Accreditation number 600/5072/X

Level 3 Diploma in Massage

City & Guilds qualification number 7607-32

Accreditation number 600/4969/8

Level 3 Diploma in Aromatherapy

City & Guilds qualification number 7607-33

Accreditation number 600/5092/5

Level 3 Diploma in Reflexology

City & Guilds qualification number 7607-34

Accreditation number 600/5088/3

Level 3 Certificate in Anatomy, Physiology and Pathology for Complementary Therapies

City & Guilds qualification number 7607-83

Accreditation number 600/4950/9

Level 3 Certificate in Principles and Practices for Complementary Therapies

City & Guilds qualification number 7607-83

Accreditation number 600/5093/7

Level 3 Certificate in Massage for Complementary Therapies

City & Guilds qualification number 7607-83

Accreditation number 600/5094/9

Level 3 Certificate in Aromatherapy for Complementary Therapies

City & Guilds qualification number 7607-83

Accreditation number 600/5095/0

Level 3 Certificate in Reflexology for Complementary Therapies

City & Guilds qualification number 7607-83

Accreditation number 600/5096/2

2 About the qualifications

2.1 Aim of the qualifications

These Level 3 qualifications are vocational qualifications which focus on the development of the underlying principles and practical skills required in the complementary therapies sector. They are designed to deliver occupational capability at Level 3.

They have been designed by City & Guilds to:

- meet the needs of candidates who want to practice as a Level 3 therapist in the complementary therapies sector
- provide a background understanding of the complementary therapies sector and the practical skills and knowledge required at Level 3
- provide an awareness of the range of jobs and work settings in the sector
- enable candidates to make an informed assessment of their own aptitude for work in this sector and to make informed decisions about progression routes and careers; returning to work, career development options or possible career change
- allow candidates to learn, develop and practice the skills required for progression onto a professional complementary therapies qualification or employment and/or career progression in the complementary and alternative therapies sector
- introduce candidates to the discipline of the working environment and to encourage mature attitudes to the community in general
- encourage candidates to value continued learning and remain in the learning process
- provide valuable accreditation of skills and/or knowledge for learners
- be a stand alone qualification, accredited as part of the QCF at Level 3 and eligible for funding.

2 About the qualifications

2.2 The structure of the qualifications/rules of combination

City & Guilds Level 3 Diploma in Complementary Therapies

Credit value: 103

TQT: 1030

This is a professional qualification which will allow membership into the following organisations: Complementary Health Professionals, the General Council for Massage Therapy (GCMT) and the International Federation of Reflexologists (IFR). The suite of units included in this qualification is shown below. To achieve full certification, candidates must complete:

- all **six** mandatory units
- **one** multiple choice online test

520 guided learning hours are recommended for completion of this qualification.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
301	Principles and Practice of Complementary Therapies	Mandatory	30	13
302	Business Practice for Complementary Therapies	Mandatory	60	12
303*	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	Mandatory	94	13
304	Provide Body Massage for Complementary Therapies	Mandatory	112	19
305	Provide Aromatherapy for Complementary Therapies	Mandatory	112	21
306	Provide Reflexology for Complementary Therapies	Mandatory	112	25
307	Healthy Eating and Wellbeing for the Complementary Therapy Client	Elective	30	6

External assessment

*Unit 303 Anatomy, Physiology and Pathology (E-volve online test). Learners who have previously taken this test within another qualification or an equivalent unit with another organisation may be exempt from taking the test. On production of a valid certificate of an equivalent unit, please claim for proxy unit 803.

City & Guilds Level 3 Diploma in Massage

Credit value: 57

The suite of units included in this qualification is shown below. To achieve full certification, candidates must complete:

- all **four** mandatory units
- **one** multiple choice online test.

296 guided learning hours are recommended for completion of this qualification

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
301	Principles and Practice of Complementary Therapies	Mandatory	30	13
302	Business Practice for Complementary Therapies	Mandatory	60	12
303*	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	Mandatory	94	13
304	Provide Body Massage for Complementary Therapies	Mandatory	112	19
307	Healthy Eating and Wellbeing for the Complementary Therapy Client	Elective	30	6

External assessment

*Unit 303 Anatomy, Physiology and Pathology (E-volve online test). Learners who have previously taken this test within another qualification or an equivalent unit with another organisation may be exempt from taking the test. On production of a valid certificate of an equivalent unit, please claim for proxy unit 803.

City & Guilds Level 3 Diploma in Aromatherapy

Credit value: 59

The suite of units included in this qualification is shown below. To achieve full certification, candidates must complete:

- all **four** mandatory units
- **one** multiple choice online test

296 guided learning hours are recommended for completion of this qualification.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
301	Principles and Practice of Complementary Therapies	Mandatory	30	13
302	Business Practice for Complementary Therapies	Mandatory	60	12
303*	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	Mandatory	94	13

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
305	Provide Aromatherapy for Complementary Therapies	Mandatory	112	21
307	Healthy Eating and Wellbeing for the Complementary Therapy Client	Elective	30	6

External assessment

*Unit 303 Anatomy, Physiology and Pathology (E-volve online test). Learners who have previously taken this test within another qualification or an equivalent unit with another organisation may be exempt from taking the test. On production of a valid certificate of an equivalent unit, please claim for proxy unit 803.

City & Guilds Level 3 Diploma in Reflexology

Credit value: 63

The suite of units included in this qualification is shown below. To achieve full certification, candidates must complete:

- all **four** mandatory units
- **one** multiple choice online test

296 guided learning hours are recommended for completion of this qualification.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
301	Principles and Practice of Complementary Therapies	Mandatory	30	13
302	Business Practice for Complementary Therapies	Mandatory	60	12
303*	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	Mandatory	94	13
306	Provide Reflexology for Complementary Therapies	Mandatory	112	25
307	Healthy Eating and Wellbeing for the Complementary Therapy Client	Elective	30	6

External assessment

*Unit 303 Anatomy, Physiology and Pathology (E-volve online test). Learners who have previously taken this test within another qualification or an equivalent unit with another organisation may be exempt from taking the test. On production of a valid certificate of an equivalent unit, please claim for proxy unit 803.

City & Guilds Level 3 Certificate in Anatomy, Physiology and Pathology for Complementary Therapies Credit value: 13

The unit included in this qualification is shown below. To achieve full certification, candidates must complete the one unit and **one** multiple choice online test.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
303*	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	Mandatory	94	13

City & Guilds Level 3 Certificate in Principles and Practices for Complementary Therapies Credit value: 13

The unit included in this qualification is shown below.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
301	Principles and Practice of Complementary Therapies	Mandatory	30	13

NB - All learners taking -83 single unit certificates will need to have either an existing Anatomy & Physiology qualification or take the City & Guilds Level 3 Certificate in Anatomy, Physiology and Pathology.

City & Guilds Level 3 Certificate in Massage for Complementary Therapies Credit value: 19

The unit included in this qualification is shown below.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
304	Provide Body Massage for Complementary Therapies	Mandatory	112	19

NB - All learners taking -83 single unit certificates will need to have either an existing Anatomy & Physiology qualification or take the City & Guilds Level 3 Certificate in Anatomy, Physiology and Pathology.

City & Guilds Level 3 Certificate in Aromatherapy for Complementary Therapies

Credit value: 21

The unit included in this qualification is shown below.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
305	Provide Aromatherapy for Complementary Therapies	Mandatory	112	21

NB - All learners taking -83 single unit certificates will need to have either an existing Anatomy & Physiology qualification or take the City & Guilds Level 3 Certificate in Anatomy, Physiology and Pathology.

City & Guilds Level 3 Certificate in Reflexology for Complementary Therapies

Credit value: 25

The unit included in this qualification is shown below.

Unit number	Unit title	Mandatory/optional for full qualification	Guided learning hours	Credit value
306	Provide Reflexology for Complementary Therapies	Mandatory	112	25

NB - All learners taking -83 single unit certificates will need to have either an existing Anatomy & Physiology qualification or take the City & Guilds Level 3 Certificate in Anatomy, Physiology and Pathology.

Certificates of unit credit

Certificates of unit credit (CUC) will be issued to candidates for each successfully completed unit, even if the full qualification is not attempted.

Candidates who do complete a full qualification will receive, in addition to their full diploma, a CUC for each unit achieved.

2 About the qualifications

2.3 Relevant sources of information

Related publications

City & Guilds also provides the following documents specifically for these qualifications:

Publication	Available from
Assignment Guide	Centre resources section of the City & Guilds website

There are other City & Guilds documents which contain general information on City & Guilds qualifications:

- *Centre Manual* - This is an essential document on how to gain approval and lists all of our policies. This replaces '*Providing City & Guilds Qualifications and Ensuring Quality*' encompassing all of the information in one document and includes a new centre contract.

For relevant publications and reading lists please refer to the core curriculum for more details. These can be found with Complementary Health Professionals, the International Federation of Reflexologists (IFR) and the General Council for Massage Therapy (GCMT) and in the links below.

http://www.cnhc.org.uk/index.cfm?page_id=47&sid=1

<http://www.gcmt.org.uk/Home/StandardsDocumentsDownloads/tabid/69/tid/5/Default.aspx>

<http://www.intfedreflexologists.org>

For the latest updates on our publications and details of how to obtain them and other City & Guilds resources, please refer to the City & Guilds website.

3 Candidate entry and progression

Candidate entry requirements

There are no formal entry requirements for learners wishing to undertake these qualifications. Learners who have successfully completed a Level 2 Beauty Therapy qualification would be suitable for this qualification. Please note it is recommended that candidates have completed or have made arrangements to attend a first aid course.

For funding regulatory purposes, candidates should not be entered for a qualification of the same type, level and content as that of a qualification they already hold.

Progression

The mandatory units within these qualifications provide generic service skills, so that the successful candidate would be well prepared for a variety of service sector careers and the integrated healthcare sector.

On completion of one of the qualifications, candidates may progress onto another qualification from the suite of complementary therapies qualifications, into employment or onto the following City & Guilds qualifications:

- City & Guilds Level 4 Diploma in Management Practice and Advanced Techniques in the Hair and Beauty Sector (5450)

4 Centre requirements

4.1 Obtaining centre and qualification approval

Only approved organisations can offer City & Guilds qualifications. Organisations approved by City & Guilds are referred to as **centres**.

Centres must meet a set of quality criteria including:

- provision of adequate resources, both physical and human
- clear management information systems
- effective assessment and quality assurance procedures including candidate support and reliable recording systems.

An organisation that has not previously offered City & Guilds qualifications must apply for approval to become a centre. This is known as the **centre approval process (CAP)**. Centres also need approval to offer a specific qualification. This is known as the **qualification approval process (QAP)**. In order to offer this qualification, organisations which are not already City & Guilds centres must apply for centre and qualification approval at the same time. Existing City & Guilds centres will only need to apply for qualification approval for these particular qualifications.

Full details of the procedures and forms for applying for centre and qualification approval are given in *Centre Manual* which is downloadable from the City & Guilds website.

Assessments must not be undertaken until qualification approval has been obtained.

If your Centre is already approved to offer the Level 3 qualifications in Complementary Therapies (7564) you will receive automatic approval for the new equivalent Level 3 qualifications in Complementary Therapies (7607).

City & Guilds reserves the right to withdraw qualification or centre approval for reasons of debt, malpractice or non-compliance with City & Guilds' policies, regulations, requirements, procedures and guidelines, or for any reason that may be detrimental to the maintenance of authentic, reliable and valid qualifications or that may prejudice the name of City & Guilds.

Further details of the reasons for suspension and withdrawal of approval, procedures and timescales, are contained in *Centre Manual*.

4 Centre requirements

4.2 Resource requirements

Physical resources

Centres must have access to the range of services, professional products, tools, materials and equipment in the centre or workplace to ensure candidates have the opportunity to cover all of the practical activities.

The equipment must meet industry standards and be capable of being used under normal working conditions.

Realistic learning environment requirements (RLE)

All City & Guilds VRQs must be assessed in facilities that meet acceptable, current industry standards for the specific qualification area. Example resource lists for each qualification area are being developed.

Centres must ensure that access to the range of services or treatments and required professional products, tools, materials and equipment is maintained in the centre and / or workplace to meet the qualification needs and enable candidates' to cover all of the required practical activities.

The learning and assessment setting should incorporate a real, or simulated but realistic learning environment. These facilities must provide candidates with experience of working in and under realistic commercial conditions during assessment.

The learning environment must meet any bye-laws, legislation or legal authority requirements that would affect a similar commercial establishment as well as meeting the requirements of a vocational education establishment.

For the purpose of City & Guilds VRQs **clients** are defined as people seeking the service or treatment being assessed, which can include friends, peers, models and family members. There is no requirement for these clients to pay.

A suitable, controlled area for testing must be provided and arrangements must be made for the secure storage of assessment materials and records. Acceptable facilities for Evolve online testing must be maintained where the VRQ requires online testing of knowledge and understanding

Human resources

To meet the quality assurance criteria for this qualification, the centre must ensure that the following internal roles are undertaken.

- Assessor (primary assessor)
- Independent Assessor (secondary assessor)
- QAC (Quality Assurance Coordinator)

Staff delivering the qualifications

Centre staff may undertake more than one role eg tutor and assessor or quality assurance coordinator, but must never quality assure their own assessments.

Staff delivering this qualification must be able to demonstrate that they meet the following occupational expertise requirements and the regulatory requirements of delivery.

Requirements for assessors and quality assurance coordinators

- Verifiable and relevant current industry experience and competence of the occupational working area at or above the level being assessed, experience and competence could be evidenced by:
 - curriculum vitae and references
 - possession of a relevant vocational qualification
 - membership of a relevant professional association
 - continuing professional development (CPD)
- only assess in their acknowledged area of occupational competence
- have an in-depth knowledge of the NOS and relevant core curriculum
- participate in training activities for their continued professional development
- and good practice to hold, or are working towards, Learning and Development unit A1; or hold units D32 and D33 and assess to A1 standard; or the new TAQA qualifications and a teaching qualification.

Internal quality assurers (IQAs – previously called IVs) and assessors must have verifiable and relevant **current** industry experience and competence of the occupational working area at or above the level being assessed, and evidence of the quality of **occupational experience** to ensure the credibility of the assessment judgements. Newly qualified hairdressers, barbers, therapists, make-up artists and nail technicians must have gained significant post qualification commercial experience before commencing these roles. For the avoidance of doubt, those who have no occupational experience cannot assess these VRQs. Appropriate evidence will include CVs, References, Qualification Certificates, CPD records, Product Evidence, Video Evidence. This list is not exhaustive and other relevant methods may be considered. Please contact your Qualification Consultant for guidance.

- i. Staff must only assess or quality assure in their acknowledged area of occupational competence.
- ii. Staff must participate in relevant training activities for their continued professional development (see CPD requirements).

Assessors and quality assurers of VRQs must be competent and experienced in making accurate assessment decisions; it is therefore highly recommended that the assessor and quality assurance qualification have been obtained or that they are being worked towards. It is highly recommended that new VRQ assessors work towards or hold either the Learning and Development unit A1 or the relevant TAQA unit.

Assessors (Primary assessors)

Each candidate should be allocated at least one assessor who is occupationally competent. This person will be known as the candidate's primary assessor.

Please note: Centre staff may undertake more than one role eg tutor and assessor but must never quality assure their own assessments.

Independent assessors (Secondary assessors)

The centre must select an independent assessor who is independent of the candidates. The independent assessor must be occupationally competent and meet the requirements of an assessor as defined in the staff delivering the qualification section. The independent assessor can be a member of the team and does not have to be an external assessor who is not part of the teaching team.

Continuous professional development (CPD) in VRQs

For City & Guilds VRQs centre staff must continue to meet the requirements for occupational expertise for the specific qualification(s) they assess or quality assure.

Assessors and quality assurers must be able to demonstrate how they keep their technical skills and knowledge up-to-date and to the occupational level in which they are assessing and/or quality assuring

Continuing Professional Development (CPD) must take place throughout the careers of assessors and quality assurers

This **must** include the completion of a minimum number of **30** hours CPD in each twelve month period using activities approved for CPD which do not have to be consecutive. (see below).

The CPD requirement must be carried out on **one or a combination of** the types of activities listed below. **No activity will carry a 'double hours' allowance.**

- 'hands on' delivery of relevant services/treatments to fee paying clients in a commercial salon that can be shown to develop individual skill and knowledge levels
- undertaking technical training that develops new and/or updates existing skills and/or knowledge levels
- further relevant qualifications.

The following activities **will not** count towards CPD:

- reading the trade press and books
- listening to tapes and watching DVDs .

Individuals must provide relevant and suitable evidence that CPD has taken place within each 12 month period to be measured from 1 September - 31 August.

Calculating CPD hours

- a) CPD for existing assessors and quality assurers is measured within each 12 month period, taken from 1 September – 31 August each year.
- b) CPD hours for new assessors and quality assurers shall be measured from the date their duties commence.
- c) Assessors and quality assurers who take leave from assessment or quality assurance duties during any twelve month period will be able to collect CPD pro rata.
- d) The CPD hours for part time assessors and quality assurers will be calculated pro rata based on a nominal 37 hour week. **However, a minimum of 5 hours CPD in any twelve month period must be carried out by all part time assessors and quality assurers.**

For example, an assessor contracted for 7 hours/week : $7 \div 37 \times 100 =$ approx. 20% of a full time assessor. $20\% \times 30$ hours = 6 hours CPD in any 12 month period.

- e) A nominal time of 30 hours per technical unit achieved has been set, regardless of the unit.

- f) If you are an assessor **and** quality assurer, you only have to do the minimum of 30 hours CPD, **not** 60 hours.

4 Centre requirements

4.3 Administration, registration and certification

Regulations for the conduct of examinations

Regulations for the conduct of examinations for online and written examinations are given in *Centre Manual*. Centres should ensure they are familiar with all requirements prior to offering assessments.

Retaining assessment records

Centres must retain copies of candidate assessment records for at least three years after certification.

Notification of results

After completion of assessment, candidates will receive, via their centre, a 'notification of candidate results', giving details of how they performed. It is not a certificate of achievement.

Certificates of unit credit (CUCs)

A certificate of unit credit records the successful completion of a unit. Centres can apply to City & Guilds for CUCs at any time after candidates have achieved a unit. They do not need to wait until the full programme of study has been completed.

Full certificates

Full certificates are only issued to candidates who have met the full requirements of the qualification[s], as described in section 2.2 The structure of the qualification/Rules of combination.

4 Centre requirements

4.4 Quality assurance

Internal quality assurance

Approved centres must have effective quality assurance systems to ensure optimum delivery and assessment of qualifications.

Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance, and City & Guilds is responsible for external quality assurance.

Full details and guidance on the internal and external quality assurance requirements and procedures are provided in *Centre Manual*. This document also explains the tasks, activities and responsibilities of quality assurance staff.

In order to fully support candidates, centres are required to retain copies of candidates' assessment records for three years after certification.

National standards and rigorous quality assurance are maintained by use of:

- City & Guilds online examinations
- City & Guilds set and marked written examinations
- City & Guilds assignments, marked by the centre according to externally set marking criteria
- internal (centre) quality assurance
- City & Guilds external verification.

To meet the quality assurance criteria for these qualifications, the centre must ensure that the following internal roles are undertaken:

- quality assurance co-ordinator
- primary assessor
- secondary assessors
- examinations secretary
- invigilator.

5 Course design and delivery

Recommended delivery strategies

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualifications before designing a course programme.

In particular, staff should consider the skills and knowledge related to the National Occupational Standards.

Provided that the requirements for the qualification are met, centres may design courses or programmes of study in any way that they feel best meets the needs and capabilities of their learners. Centres may wish to include topics as part of the course programme, which will not be assessed through the qualifications.

Relationship to other qualifications and wider curriculum

City & Guilds recommends centres address the wider curriculum, when designing and delivering the course. Centres should also consider links to the National Occupational Standards, Functional/Core Skills and other related qualifications.

The following relationship tables are provided to assist centres with the design and delivery of the qualifications:

- relationship to National Occupational Standards can be found in Appendix 1 of this handbook
- signposting functional/core skills and citizenship/PSHE for the qualifications can be found in Appendix 3 of this handbook
- opportunities to address social, moral, spiritual and cultural issues during the delivery of the qualifications have been identified, and can be found in Appendix 4 of the handbook.

Health and safety

The requirement to follow safe working practices is an integral part of all City & Guilds qualifications and assessments, and it is the responsibility of centres to ensure that all relevant health and safety requirements are in place before candidates start practical assessments.

Should a candidate fail to follow health and safety practice and procedures during an assessment (for example, practical assessment, assignment) the assessment must be stopped and the candidate advised of the reasons why. The candidate should be informed that they have failed the assessment. Candidates may retake the assessment at a later date, at the discretion of the centre. In any cases of doubt, guidance should be sought from the Qualifications Consultant.

Data protection and confidentiality

Centres offering these qualifications may need to provide City & Guilds with personal data for staff and candidates. Guidance on data protection and the obligations of City & Guilds and centres are explained in the *Centre Manual*.

Initial assessment and induction

Centres will need to make an initial assessment of each candidate prior to the start of their programme to ensure they are entered for an appropriate type and level of qualification.

The initial assessment should identify any specific training needs the candidate has, and the support and guidance they may require when working towards their qualifications.

City & Guilds recommends that centres provide an induction programme to ensure the candidate fully understands the requirements of the qualifications they will work towards, their responsibilities as a candidate, and the responsibilities of the centre. It may be helpful to record the information on a learning contract.

Further guidance about initial assessment and induction, as well as a learning contract that centres may use, are available in the *Centre Manual*.

Equal opportunities

It is a requirement of centre approval that centres have an equal opportunities policy (see *Centre Manual*).

The regulatory authorities require City & Guilds to monitor centres to ensure that equal opportunity policies are being followed.

The City & Guilds equal opportunities policy is set out on the City & Guilds website, in *Centre Manual*, and is also available from the City & Guilds Customer Relations department.

Access to assessment

City & Guilds' guidance and regulations on access to assessment are designed to facilitate access to assessments and qualifications for candidates who are eligible for adjustments to assessment arrangements. Access arrangements are designed to allow attainment to be demonstrated. For further information, please see *Access to assessment and qualifications*, available on the City & Guilds website.

Appeals

Centres must have their own, auditable, appeals procedure that must be explained to candidates during their induction. Appeals must be fully documented by the quality assurance co-ordinator and made available to the Qualifications Consultant or City & Guilds.

Further information on appeals is given in the *Centre Manual*. There is also appeals information for centres and learners on the City & Guilds website or available from the Customer Relations department.

6 Assessment

6.1 Summary of assessment requirements

For these qualifications, candidates will be required to complete the following assessments:

- Practical observations and Viva - assessed at centre by an independent assessor
- E-volve multiple choice knowledge tests
- Assignments covering practical assessments and knowledge related tasks
- Case Studies

Online multiple choice test

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Duration: 2 hours

Outcome number	Outcome	No. of questions	%
01	Understand the organisation of the body	3	3.75
02	Understand the anatomy, physiology and pathologies of the skin, hair and nails	8	10
03	Understand the anatomy, physiology and pathologies of the skeletal system	9	11.25
04	Understand the anatomy, physiology and pathologies of the muscular system	9	11.25
05	Understand the anatomy, physiology and pathologies of the nervous system	9	11.25
06	Understand the anatomy, physiology and pathologies of the endocrine system	8	10
07	Understand the anatomy, physiology and pathologies of the respiratory system	6	7.5
08	Understand the anatomy, physiology and pathologies of the cardiovascular system	8	10
09	Understand the anatomy, physiology and pathologies of the lymphatic system	6	7.5
10	Understand the anatomy, physiology and pathologies of the digestive system	6	7.5
11	Understand the anatomy, physiology and pathologies of the urinary system	4	5
12	Understand the anatomy, physiology and pathologies of the reproductive system	4	5
Total		80	100

Sample questions for the Anatomy, Physiology and Pathology online test are provided in the Assessment Pack.

6 Assessment

6.2 About assessment

Grading and marking

Assessments will be graded pass, merit or distinction.

Detailed marking and grading criteria are provided in the Marking and Grading Criteria section of each assignment (see assessment pack).

Assignments are externally set, and internally marked and graded.

Regulations for the conduct of examinations

Regulations for the conduct of examinations for online and written examinations are given in the *Centre Manual (scheme) approval*. Centres should ensure they are familiar with all requirements prior to offering assessments.

Glossary of terms & Guidance notes

Technical training - external and internal workshops and training sessions can be used..

Commercial salon - this is defined as a salon where the majority of stylists/therapists are already qualified and the main function of the salon is **not** training and assessment. If a training salon in a centre is closed and reopened as a commercial salon eg during holiday periods, then this is an acceptable location for CPD to be undertaken

Qualification work - the aim of this option is to encourage assessors and quality assurers to gain new knowledge and skills. Work undertaken for this option must lead to a formally assessed and accredited qualification

30 hours can be claimed on the achievement of any technical unit qualification in any one CPD year.

7 Units

Structure of units

The units in the qualifications are written in a standard format and comprise of the following:

- title
- unit reference
- rationale, aim and any entry requirements
- list of learning outcomes for the unit
- statement of guided learning hours
- connections with other qualifications, eg NOS, Core Curriculum, Functional Skills
- assessment details
- learning outcomes and assessment criteria split into practical skills and underpinning knowledge.

City & Guilds unit number	Unit title	UAN
Unit 301	Principles and Practice of Complementary Therapies	A/503/7776
Unit 302	Business Practice for Complementary Therapies	L/503/7779
Unit 303	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	R/503/7640
Unit 304	Provide Body Massage for Complementary Therapies	D/503/7740
Unit 305	Provide Aromatherapy for Complementary Therapies	T/503/7744
Unit 306	Provide Reflexology for Complementary Therapies	K/503/7725
Unit 307	Healthy Eating and Wellbeing for the Complementary Therapy Client	J/503/7747

Level: 3

Credit value: 13

Unit aims

The aim of this unit is to provide the learner with the knowledge and skills to work effectively, safely and legally within the complementary and integrated healthcare sector.

The skills developed by the learner include: Communication skills, written skills, research skills, accountability.

The knowledge acquired by the learner will enable them to understand and explain how to work within the law, work safely, identify the different aspects of a range of complementary therapies and their organisations, be accountable, work ethically and morally.

Entry requirements

Learners undertaking this unit should understand how to behave professionally and how to work safely in a clinic and clinical environment.

Learning outcomes

There are **three** outcomes to this unit. The candidate will:

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

Guided learning hours

It is recommended that **30** guided learning hours are allocated for this unit. This may be on a full or part time basis.

Details of the relationship between the unit and relevant national occupational standards

The unit maps to the Core Curriculum for Reflexology, Aromatherapy and Body Massage and is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health SSC.

Connections with other qualifications

This unit contributes towards the knowledge and understanding required for the following qualifications:

- 7607-31 Level 3 Diploma in Complementary Therapies
- 7607-32 Level 3 Diploma in Massage
- 7607-33 Level 3 Diploma in Aromatherapy
- 7607-34 Level 3 Diploma in Reflexology
- 7607-83 Level 3 Certificate in Principles and Practice for Complementary Therapies

Functional Skills

This unit contributes towards the functional skills in the following areas:

- English Level 3

Assessment

This unit will be assessed by:

- Assignment covering underpinning knowledge

Unit 301 Principles and Practice of Complementary Therapies

Outcome 1 Understand the key historical factors and theoretical background for Complementary Therapies

Underpinning knowledge

The candidate can:

- 1 examine the **history and origins of complementary therapies**
- 2 identify commonly available **complementary therapies**
- 3 evaluate the **theory of techniques** used in commonly available **complementary therapies (CAM disciplines)**

Range

History and origins of complementary therapies

Body massage, aromatherapy and reflexology.

Body massage – history and development (China, India, Japan, The Greeks/Romans, Europe, America) 15/16/17/18th century, society of trained Masseuses, Institute of massage & remedial exercise, Per Henrik Ling, Physiotherapy – Massage movements, physical effects and psychological effects.

Aromatherapy – history and development (Egyptians, The Greeks/Romans, Persia, China/India, Europe) the great plague, gattefosse, Valnet, Maury, Tisserand, uses of essentials oils, physical effects and benefit.

Reflexology – Early Egyptians 2330BC wall carving Egyptians tomb/ scrolls, Chinese/Japanese medicine systems, Sir Henry Head, Sir Charles Sherrington, Dr William Fitzgerald, Edwin Bowers, Joseph Riley, Joseph Riley, Joseph Corvo, Eunice Ingham, Dwight Byers, Doreen Bayly, Renee Tanner, Hanne Marquardt, Inga Dougen, reflex points, zones and their relationship to body systems, physical/psychological effects and benefits.

Complementary therapies (CAM disciplines)

Ayurveda, Acupuncture, Alexander Technique, Aromatherapy, Bach Flower Remedies, Body work (traditional massage therapies), Bowen Technique, Chiropractic, Healing (spiritual and natural), Counselling Herbalism, Homeopathy, Hypnotherapy, Iridology, Kinesiology, Manual Lymph Drainage (Vodder), Neurolinguistic Programming (NLP), Neuroskeletal Re-alignment Therapy, Osteopathy, Physiotherapy, Reiki, Reflexology, Remedial and Therapeutic Massage, Therapeutic Touch, Shiatsu, Traditional Chinese Medicine.

Theory of techniques (CAM disciplines)

Holism, holistic health, balance, harmony, physical/social/economic and environmental factors – lack of sleep/fresh air/exercise, processed foods, pollution, lack of natural light, stress – the importance of the treatment of the whole person in relation to holistic health.

Unit 301 Principles and Practice of Complementary Therapies

Outcome 2 Understand the main influences on working within Complementary Therapies industry

Underpinning knowledge

The candidate can:

- 1 summarise the **legal obligations** of working with clients and the general public
- 2 explain the **codes of practice and ethics** relating to complementary therapies
- 3 analyse the roles of **professional organisations** relating to complementary therapies
- 4 evaluate the process of registration and **regulation of complementary therapies**

Range

Legal obligations & legislation

Disclosure, insurance, treatment of minors, treatment of those with special needs or disabilities, codes of ethics, medical ethics, moral and ethical conduct, licensing, voluntary registration, codes of conduct, consent, taxation responsibilities, business records, local authority licensing, National laws, local bye laws, record keeping, taxable expenses, personal pensions, tax returns, national insurance contributions, PAYE, VAT.

The health & safety at work act 1974, management of health & safety at work regulations 1999, health & safety (first aid) regulations 1981, personal protective equipment at work regulations 1992, provision and use of work equipment regulations 1998, COSHH 2002, RIDDOR 1995, environmental protection act 1990, work place regulations (health, safety & welfare) 1992, electricity at work regulations 1989, fire precautions act 1971, fire precautions (workplace) regulations 1997, manual handling operations regulations 1992, employers liability act 1969, working times regulations 1998, general products safety regulations 2005, cosmetic products (safety) regulations 2008, supply of goods & services act 1982, sale & supply of goods act 1994, consumer protection act 1987, trades description act 1972, local government (miscellaneous provisions) act 1982, data protection act 1998, social services act 1970, race relations act 1976, disability discrimination act 2005, sex discrimination act 1986, ECHR (human rights) act 1998, mental health act 2007.

European Cosmetics Regulation (EC) Regulation No. 1223/2009

Codes of practice and ethics

Refer to the lead bodies, for aromatherapy the Aromatherapy Council, for reflexology the Reflexology Forum and for massage the GCMT.

Professional organisations

Complementary and Natural Healthcare Council (CNHC), General Council for Massage Therapy (GCMT), Reflexology Forum (RF), Complementary Health Professionals, International Federation of Reflexologists (IFR), Complementary Therapists Association (CTHA), Federation of Holistic Therapists (FHT).

Regulation of complementary therapies

Criminal Records Bureau (CRB), General Osteopathy Council (GOsC), General Chiropractic Council (GCC), General Medical Council (GMC), Health Professions Council (HPC), Nursing and Midwifery Council (NMC), National Occupational Standards (NOS), National Qualifications, importance of state registration, responsibilities and requirements for state registration, CPD.

Guidance Addendum – September 2013

The new European Cosmetics Regulation (EC) Regulation No. 1223/2009 entered into force on 11th January 2010 and was implemented from 11th July 2013. Candidates should be aware of this regulation and its impact on aromatherapy consultations.

Unit 301 Principles and practice of Complementary Therapies

Outcome 3 Understand the key aspects of good clinical practice

Underpinning knowledge

The candidate can:

- 1 identify the **information** required for assessment and treatment planning
- 2 explain how to accurately **record information, store records and ensure confidentiality**
- 3 evaluate appropriate **referral procedures and protocols** to use with clients and others involved in integrated healthcare
- 4 identify **effective communication skills** when dealing with clients and colleagues in maintaining good practice

Range

Information

Contact details, physical details (age, weight, height), medical history, known contra-indications, lifestyle information, client's treatment aims and objectives, agree confidential treatment plan, client consent to treatment, client signature and date.

Record information, store records and ensure confidentiality

Data Protection Act, confidentiality, other staff, making and storing case notes, patient access to their own notes, disclosure of confidential information, methods of recording information and storing information (written, electronically), codes of conduct, disclosure of information to others, professionalism.

Exceptions to client confidentiality

The exceptions to the general rule of client confidentiality are that the therapist may disclose information to a third party relating to a client

- if the therapist believes it to be in the client's interest to disclose information to another health professional
- if the therapist believes that disclosure to someone other than another health professional is essential for the sake of the client's health
- if disclosure is required by statute
- if the therapist is directed to disclose the information by any official having a legal power to order disclosure
- if, upon seeking the advice of their regulatory body, the therapist is advised that disclosure should be made in the public interest.

In each case where disclosure is made by a therapist in accordance with an exception to the general rule of confidentiality, the therapist shall;

- inform the client before disclosure takes place
- so far as is reasonably practicable make clear to the patient the extent of the information to be disclosed, the reason for the disclosure, and the likely consequence of disclosure, where to do so is appropriate
- disclose only such information as is relevant; ensure so far as possible that the person to whom disclosure is made undertakes to hold the information on the same terms as those to which the therapist is subject and
- record in writing the reasons for such disclosure.

Referral procedures and protocols

Etiquette, methods of referral, research local practitioners, working with limits of own responsibility and qualifications, professionalism, know when to refer a client to an outside team/practitioner (GP/counsellor/ CAM therapist).

Effective communication skills

Verbal: questioning techniques, language used, tone of voice.

Non-verbal: listening techniques, body language, eye contact, facial expressions.

Use of: visual aids, client records

Barriers to effective communication, building a rapport and maintaining a professional relationship with clients, ensuring correct information is obtained, allow client time to answer and ask questions, ensure confidentiality.

Level: 3

Credit value: 12

Unit aims

The aim of this unit is to provide the learner with the knowledge and skills to set up, maintain and market a business in the complementary therapy industry. The learner will also be able to apply and undertake research and communicate effectively with clients and other healthcare professionals.

The skills developed by the learner include: communication skills, organisation skills, business skills, written skills, marketing skills, numerical skills, observation skills, research skills, goal setting.

The knowledge acquired by the learner will enable them to understand and explain referral procedures, develop a business plan, understand limitation, and use research to enhance professional practice, set up, maintain and market a business.

Entry requirements

Learners undertaking this unit should understand how to behave professionally and how to work safely in a clinical environment.

Learning outcomes

There are **three** outcomes to this unit. The candidate will:

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

Guided learning hours

It is recommended that **60** guided learning hours are allocated for this unit. This may be on a full or part time basis.

Details of the relationship between the unit and relevant national occupational standards

The unit maps to the Core Curriculum for Reflexology, Aromatherapy and Body Massage and is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health SSC.

Connections with other qualifications

This unit contributes towards the knowledge and understanding required for the following qualifications:

- 7607-31 Level 3 Diploma in Complementary Therapies
- 7607-32 Level 3 Diploma in Body Massage
- 7607-33 Level 3 Diploma in Aromatherapy
- 7607-34 Level 3 Diploma in Reflexology

Functional Skills

This unit contributes towards the functional skills in the following areas:

- English Level 3

Assessment

This unit will be assessed by:

- Assignment covering underpinning knowledge

Unit 302 Business Practice for Complementary Therapies

Outcome 1 Understand the key business criteria required for complementary therapies

Underpinning knowledge

The candidate can:

- 1 explain the **legal requirements of running a business**
- 2 explain how **marketing and public relations** are used in businesses
- 3 describe the **employment opportunities** within complementary therapies industry
- 4 explain how to **promote** complementary therapies

Range

Legal requirements of running a business

The health & safety at work act 1974, management of health & safety at work regulations 1999, health & safety (first aid) regulations 1981, personal protective equipment at work regulations 1992, provision and use of work equipment regulations 1998, COSHH 2002, RIDDOR 1995, environmental protection act 1990, work place regulations (health, safety & welfare) 1992, electricity at work regulations 1989, fire precautions act 1971, fire precautions (workplace) regulations 1997, manual handling operations regulations 1992, employers liability act 1969, working times regulations 1998, general products safety regulations 2005, cosmetic products (safety) regulations 2008, supply of goods & services act 1982, sale & supply of goods act 1994, consumer protection act 1987, trades description act 1972, local government (miscellaneous provisions) act 1982, data protection act 1998, social services act 1970, race relations act 1976, disability discrimination act 2005, sex discrimination act 1986, ECHR (human rights) act 1998, mental health act 2007. Any other local, national or European legislation as noted in NOS and core curriculum.

Marketing and public relations

Advertising, public relations, referrals, word of mouth, promotional materials, endorsement, networking, market research, open day, charity events, products and services.

Employment opportunities

Self employed, mobile, working from home, renting a room, owning own clinic, working with the NHS, voluntary, charitable, employed (spas, hotels, travel industry, cooperate, agency work and private), exhibitions, media, demonstrations, clubs, societies, franchises, education, part time, full time, partnership, roles and responsibilities.

Promote

Business cards, leaflets, flyers, price lists, adverts, letterheads, e-commerce, logo, branding, press release, gift vouchers, USP (unique selling points), presentations, demonstrations, loyalty cards, questionnaires.

Unit 302

Business Practice for Complementary Therapies

Outcome 2

Be able to research a business concept

Practical skills

The candidate can:

- 1 **research** a potential business opportunity using a range of sources
- 2 **research** potential premises, staff, products and resource requirements

Underpinning knowledge

The candidate can:

- 1 compare and contrast different **business types**

Range

Research

Quantitative, qualitative, or a combination of both, data analysis (statistics), questionnaires, critical analysis and evaluation, survey, types of research sources (website, newspapers, magazines, business reports).

Business opportunity/type, location type of premises, rent space/room, decor (general furnishings, layout, treatment area), staffing requirements (job description, CV, contracts of employment, hours of work, holiday entitlement, notice period, disciplinary procedures, maternity leave, grievance policy) products (consumables, professional/retail products, stock control/rotation, services).

Business types

Sole trader, partnerships, limited company, franchise, list advantages and disadvantages.

Unit 302

Business Practice for Complementary Therapies

Outcome 3

Be able to plan and prepare a business plan

Practical skills

The candidate can:

- 1 prepare a business plan for self-employment

Underpinning knowledge

The candidate can:

- 1 describe the professional services, staff and resources that may be required for a business plan

Range

Prepare a business plan

Business plan, SWOT analysis, business type, legal requirements, marketing/publicity, market research, personal pension, tax shelter, voluntary self regulation, resources, personal planning, transport, making a will, cost of treatments, products and services, start up and running costs, insurances, cash flow forecast, mission statement, profit and loss, service/products/price, treatment times, staff costs, fixed and variable costs, staffing requirements.

Level: 3

Credit value: 13

Unit aims

The knowledge acquired by the learner will enable them to understand and explain all the systems of the body and their pathologies.

Entry requirements

Learners undertaking this unit should have some experience of studying science or biology to Level 3.

Learning outcomes

There are **twelve** outcomes to this unit. The candidate will:

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

Guided learning hours

It is recommended that **94** guided learning hours are allocated for this unit. This may be on a full or part time basis.

Details of the relationship between the unit and relevant national occupational standards

The unit maps to the Core Curriculum for Reflexology, Aromatherapy and Body Massage and is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

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Connections with other qualifications

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- 7607-32 Level 3 Diploma in Massage
- 7607-33 Level 3 Diploma in Aromatherapy
- 7607-34 Level 3 Diploma in Reflexology
- 7607-83 Level 3 Certificate in Anatomy, Physiology and Pathology for Complementary Therapies

Functional Skills

This unit contributes towards the functional skills in the following areas:

- English Level 3

Assessment

This unit will be assessed by:

- Online multiple choice examination, on City & Guilds e-volve

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 1 Understand the organisation of the body

Underpinning knowledge

The candidate can:

- 1 describe the **anatomical regions of the body**
- 2 describe the **planes of the body**
- 3 describe the **directional terms of the body**
- 4 describe the **quadrants of the body**
- 5 describe the **chemical organisation of the body**
- 6 describe the **structure, function and types of cell**

Range

Anatomical regions of the body

Abdominal, axillary, brachial: arm/upper limb, buccal: inner surface of cheek, calcaneal: heel, cephalic: head, cervical: neck, costal: ribs, cranial: skull, cubital: elbow or forearm, cutaneous: skin, femoral thigh, frontal: forehead, gluteal: buttocks, inguinal: groin, mammary, leg (lower limb), ophthalmic, palmar, pedal, pelvic, perineal, pericardial: heart, plantar, popliteal, thoracic

Planes of the body

Frontal (coronal), sagittal, transverse, longitudinal, oblique

Directional terms of the body

Superior, inferior, medial, lateral, proximal, anterior, ventral, posterior, dorsal, peripheral, superficial, deep, parietal, visceral

Quadrants of the body

Left upper (LUQ), left lower quadrant (LLQ), right upper quadrant (RUQ), right lower (RLQ)

Chemical organisation of the body

Simple chemicals eg oxygen, carbon dioxide

Nutrient chemicals eg carbohydrates (starch, sugar, cellulose, glycogen); lipids (fats, oils); proteins

Minerals eg sodium, potassium, calcium, phosphorus, chloride, iron, iodine

Vitamins eg A, B complex, C, D,E and K

Free radicals, antioxidants, essential fatty acids (EFAs)

Fibre

Water

Complex chemicals eg ATP, DNA

Structure of a cell

Membrane

Nucleus: nuclear membrane, nucleolus, DNA

Cytoplasm

Organelles: ribosomes, mitochondria, lysosomes, smooth and rough endoplasmic reticulum, golgi body, centrioles: centrosome

Cell division: mitosis: growth and repair, four stages – prophase, metaphase, anaphase, telophase, diploid number

Function of a cell

Transport across the cell membrane: diffusion, osmosis, facilitated diffusion, active transport, reproduction, cell division, energy conversion (metabolic rate) and ATP (adenosine triphosphate conversion)

Types of tissues

Epithelial tissue (simple, single layer of cells and compound, two or more layers of cells)

Simple - squamous/cuboidal/ciliated/columnar Compound – transitional/stratified

Connective tissue – areolar, adipose, fibrous, elastic, bone, lymphoid, cartilage (hyaline/elastic/fibrocartilage)

Membranes – (mucous/synovial/serous)

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 2 Understand the anatomy, physiology and pathologies of the skin, hair and nails

Underpinning knowledge

The candidate can:

- 1 explain the **structure, function, growth and repair of the skin**
- 2 explain the **structure, function and growth cycle of the hair**
- 3 explain the **structure, function and growth cycle of the nails**
- 4 analyse the **pathologies of the skin**
- 5 analyse the **pathologies of the hair**
- 6 analyse the **pathologies of the nails**

Range

Structure of the skin

Main layers:

- epidermis: stratified keratinised epithelium
- dermis: areolar connective tissue
- subcutaneous: adipose connective tissue

Epidermis – layers/structures:

- basal cell – stratum germinativum, continuous cell formation, keratinocytes and melanocytes
- prickle cell – stratum spinosum
- granular – stratum granulosum: cell death due to keratinisation
- clear – stratum lucidum: only found in thick skin
- horny – stratum corneum: shedding or desquamation
- types of skin – thickest (palms & soles), thinnest (eyelids), scalp (facial expression)

Dermis – layers/structures:

- papillary layer: mast cells & histamine
- reticular layer: fibroblast cells & formation of elastin and collagen
- blood and lymph capillary network
- sensory nerve fibres and receptors

Meissners corpuscle

Raffini nerve endings

Pacinian corpuscle

Free nerve endings and temperature – thermo-receptors

Function of the skin

Sensation: temperature, touch, pressure, pain

Heat regulation: sweating, vasoconstriction, vasodilation

Absorption: nicotine, steroids

Protection: UV light, waterproof, prevents injury to underlying soft tissue

Excretion

Secretion

Vitamin production (vitamin D generation for ergosterol)

Repair of the skin

Repair wounds/healing process, skin renewal

Structure of the hair

Hair follicle, hair shaft, hair root, erector pili muscle

Function of the hair

Role in heat regulation, protection eg eyelash protects the eye from dust and sweat

Growth of hair

Cycle of hair to include anagen, catagen, telogen

Structure of the nails

Technical terminology: onyx or unguis = nail, nail bed, lateral nail fold, matrix, nail bed, lunula, cuticle

Function of the nails

Role in protection, aid sensory perception/develop sense of touch

Pathologies of the skin

Bacterial infections:

- impetigo
- conjunctivitis
- hordeolum – stye
- furuncles – boils
- carbuncles
- paronychia – tissue surrounding nails

Viral infections:

- herpes simplex
- herpes zoster or shingles
- verrucae or warts

Infestations:

- scabies or itch mites
- pediculosis capitis or head lice
- pediculosis pubis
- pediculosis corporis

Fungal diseases:

- tinea corporis – body ringworm
- tinea capitis – ringworm of the head
- tinea pedis – athlete's foot

Sebaceous gland disorders:

- milia
- comedones – blackheads
- seborrhoea
- steatomas, sebaceous cysts or wens
- acne vulgaris
- acne rosacea

Sudoriferous (sweat) gland disorders:

- miliaria rubra (prickly heat)

- bromidrosis/osmidrosis
- anhidrosis
- hyperhidrosis

Pigmentation disorders:

- ephelides – freckles
- lentigines
- vitiligo
- albinism
- vascular naevi
- erythema
- dilated capillaries

Skin disorders involving abnormal growth:

- psoriasis
- seborrhoeic or senile warts
- verrucae filliformis or skin tags
- keloids

Allergies:

- dermatitis
- eczema
- urticaria – nettle rash or hives

Malignant tumours:

- squamous cell carcinomas or prickle-cell cancers
- basal cell carcinomas or rodent ulcers
- melanoma

Pathologies of the hair

Alopecia, hyper and hypotricosis

Pathologies of the nail

Anonychia — congenital absence of nail

Beau's lines — deep horizontal depressions on all nails

Leukonychia — white nails or white spots

Longitudinal furrows

Onycholysis — separation of the nail from the nail bed

Paronychia — bacterial infection of the cuticle

Tinea unguium — ringworm of the nail

Onychauxis — thick, curved

Onychocryptosis — ingrowing nail

Onychorrhhexis — transverse and longitudinal splitting and peeling

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 3 Understand the anatomy, physiology and pathologies of the skeletal system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and classification of bones**
- 2 explain the **structure, function and growth of the skeletal system**
- 3 explain the **types of joints** and their **range of movements**
- 4 explain the **functions of the arches of the feet**
- 5 analyse the **pathologies of the skeletal system**

Range

Classification of bones

Flat, irregular, short, sesamoid, long

Structure of bones

Structure of long bone:

- diaphysis
- epiphysis; ephiphyseal cartilage
- articular (hyaline) cartilage
- medullary canal
- periosteum

Bone formation:

- development of bone
- ossifications
- osteoblasts
- osteocytes
- osteoclasts

Bones of the skull: location and role:

- Bones of the cranium:
 - frontal
 - parietal
 - temporal
 - occipital
 - sphenoid
 - ethmoid
- Bones of the face:
 - nasal

- vomer
- zygomatic
- lacrimal
- palatine
- inferior nasal conchae
- maxillae
- mandible

Bones of the neck and spine: location and role:

- hyoid
- vertebrae:
 - cervical vertebrae: atlas, axis
 - thoracic vertebrae
 - lumbar vertebrae
 - sacral vertebrae
 - coccygeal vertebrae
 - intervertebral discs

Bones of the thorax, arm and hand: location and role:

- thorax:
 - ribs
 - sternum
 - thoracic cage
 - clavicle
 - scapula
 - shoulder girdle
- arm:
 - humerus
 - radius
 - ulna
- hands:
 - carpals (scaphoid, lunate, triquetrum, pisiform, trapezium, trapezoid, capitate, hamate)
 - metacarpals
 - phalanges

Bones of the pelvis, leg and foot: location and role:

- pelvic girdle:
 - ilium; ischium; pubis
 - innominate bones
- legs:
 - femur
 - patella
 - tibia
 - fibula
- feet:
 - tarsals (talus, calcaneus, navicular, cuneiforms (medial, intermediate, lateral), cuboid)

- metatarsals
- phalanges

Structure of the skeletal system

Axial skeleton: 80 bones

Appendicular skeleton: 126 bones

Function of the skeletal system

To provide Shape, attachment for skeletal muscles and leverage, support, protection of internal organs, protection of blood cells, storage of calcium, storage of fat

Types of joint

Fixed: fibrous: synarthrotic fused joints, sutures of the skull

Semi-moveable: cartilaginous: amphiarthrotic

Freely moveable: synovial: diarthrotic

Types of synovial joint

Ball and socket: hip, shoulder

Saddle: thumb and 1st metacarpal

Condylloid: temporomandibular joint: synovial: diarthrotic joint

Ellipsoidal, atlas and occipital

Pivot: proximal and distal radius-ulna, atlas and axis

Hinge: elbow, knee, ankle, phalanges

Gliding: patella and femur, carpals, tarsals, sacro-iliac

Range of movements related to joint type

Flexion, extension, hyperextension, abduction, adduction, circumduction, rotation: medial, lateral, pronation, supination

Functions of the arches of the feet

Foot and gait stability, propulsion, shock absorbers

Pathologies of the skeletal system

Osteoarthritis, gout, bursitis, torn cartilage, sprain, dislocation, rickets, bunions, hammer toes, fractures: simple, compound, stress, rheumatoid arthritis, osteomalacia, osteoporosis

Unit 303

Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 4

Understand the anatomy, physiology and pathologies of the muscular system

Underpinning knowledge

The candidate can:

- 1 explain the **structure, function, growth and repair of the muscular system**
- 2 explain the **location and action of muscle groups** within the muscular system
- 3 explain the **principles of muscle contraction**
- 4 analyse the **pathologies of the muscular system**

Range

Structure, function, growth and repair of the muscular system

Function of muscle:

- movement
- stabilises joints
- maintenance of posture
- movement of substances through skeletal muscle pump
- generation of heat

Organisation of muscle types:

- Skeletal: voluntary, striated, attached to bone: 650 muscles
- Visceral: involuntary, non-striated (smooth)
- Cardiac: involuntary, only found in the heart

Structure of skeletal muscles:

- Fascia: continuous with tendons and periosteum
- Tendons: cylindrical, aponeurosis
- Muscle
- Facicles
- Muscle fibres or cells: peripheral nuclei
- Myofibrils
- Actin, myosin and sarcomeres
- Motor unit

Location and action of muscle groups

Muscles of the scalp and face:

- Facial muscles of expression:
 - Frontalis
 - Occipitalis
 - Orbicularis oculi
 - Corrugator supercilii

- Nasalis
- Orbicularis oris
- Zygomaticus
- Risorius
- Mentalis
- Facial muscles of mastication
 - Buccinator
 - Masseter
 - Temporalis

Neck muscles of support:

- Platysma
- Sternocleidomastoid

Muscles of the thorax, arm and hand:

- Muscles of anterior thorax (chest)
 - Pectoralis major and minor
 - External and internal intercostals
 - Diaphragm
 - Serratus anterior
- Muscles of posterior thorax (back)
 - Sacro-spinalis (erector spinae)
 - Trapezius
 - Latissimus dorsi
 - Levator scapulae
 - Rhomboids major and minor
 - Rotator cuff; supraspinatus, infraspinatus, teres minor, subscapularis
 - Teres major
- Muscles of upper arm:
 - Deltoid
 - Biceps brachii
 - Coraco-brachialis
 - Brachialis
 - Triceps brachii
- Muscles of lower arm and hand:
 - Pronator teres
 - Brachioradialis
 - Wrist flexors: flexor carpi radialis, flexor carpi ulnaris, flexor carpi digitorum
 - Wrist extensors: longus, brevis, extensor, carpi ulnaris, extensor carpi digitorum
 - Abductor pollicis brevis
 - Thenar and hypothenar eminence

Muscles of the abdominal region:

- External obliques
- Rectus abdominis
- Internal obliques

- Transversus abdominis
- Quadratus lumborum

Muscles of the hip, leg and foot:

- Muscles of the hip:
 - Iliopsoas
 - Piriformis
 - Gluteus maximum, medius, minimus
 - Tensor fasciae latae
- Muscles of the thigh:
 - Sartorius
 - Rectus femoris (quadriceps): vastus lateralis, vastus intermedius, vastus medialis
 - Biceps femoris (hamstrings): semitendinosus, semimembranosus
 - Gracilis
 - Adductors longus, brevis, magnus
- Muscles of the lower leg and foot:
 - Gastrocnemius
 - Soleus
 - Tibialis anterior
 - Peroneus longus
 - Extensor digitorum longus
 - Flexor digitorum longus
 - Extensor digitorum longus
 - Flexor hallucis longus

Principles of muscle contraction

Sarcomere, actin and myosin

Muscular contraction:

- Stages:
 - Tone
 - Relaxation
 - Fatigue
- Antagonistic pairing
 - Prime mover
 - Antagonist
 - Synergist
 - Fixator
- Types of contraction:
 - Isotonic: concentric and eccentric
 - Isometric
- Role of ATP and function of energy systems
 - Aerobic: carbon dioxide and water
 - Anaerobic: lactic acid
- Types of fibres:
 - Red (type I): myoglobin, mitochondria, bloody supply, fatigue resistant, tonus
 - White (type II): glycogen storage, glycolysis, rapid movement

Pathologies of the muscular system

Lumbago, cramp, rupture, atrophy, RSI (Repetitive strain injury) and inflammatory variants: tennis/golfers elbow, tendonitis, carpal tunnel, frozen shoulder, housemaid's knee, ankle tendon injury, shin splints, myasthenia gravis, bursitis, muscular dystrophy, fibromyalgia

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 5 Understand the anatomy, physiology and pathologies of the nervous system

Underpinning knowledge

The candidate can:

- 1 describe the **structure and function of each component of the nervous system**
- 2 analyse the **pathologies of the nervous system**

Range

Structure and function of each component of the nervous system

Structure of the nervous system:

- the central nervous system (CNS): brain & spinal cord
- the peripheral nervous system (PNS):
 - the somatic nervous system: conveys information to the central nervous system from the senses (afferent); conveys information from the central nervous system to the muscles (efferent)
 - the autonomic nervous system: supplies involuntary muscle tissue; controls movements of internal organs; and secretions from glands; conveys information from the central nervous system to the muscles (glands)
- the autonomic nervous system
 - sympathetic system: stimulates activity; activation of energy
 - parasympathetic system: inhibits activity; conservation of energy
 - role in homeostasis
 - links with endocrine system

Functions of the nervous system:

- to detect stimuli inside and outside the body
- to process and interpret stimuli
- to respond to stimuli

Types of neurone:

- sensory (afferent)
- motor (efferent)
- association or interneurone

Structure of a motor neurone:

- cell body

- dendrites
- axon
- myelin sheath: Schwann cell
- neurilemma
- end feet: axon terminals

Synapse:

- synaptic gap
- neurotransmitter: (acetylcholine; noradrenaline; dopamine)

Nerves pathways:

- sensory
- motor
- mixed

Sense organs:

- eyes:
 - photoreceptors: retina
 - layers of the eye
 - structures in the eyeball: conjunctiva, cornea, lens, aqueous & vitreous humours
- ears:
 - mechanoreceptors: inner ear
 - middle & outer ear
 - eardrum
- nose:
 - chemoreceptors: nasal mucosa
 - sinuses
- tongue:
 - chemoreceptors: taste buds
 - swallowing

Brain:

- location: in skull
- meninges:
 - ventricles
 - cerebro-spinal fluid (CSF)
- organisation of the brain:
 - grey matter: cell bodies, unmyelinated axons & dendrites
 - white matter: myelinated axons
 - Ganglion

Cerebrum: cerebral hemispheres, cortex, limbic system:

- location: in vault of skull
- controls mental activities: memory, intelligence, sense of responsibility, thinking and reasoning
- interprets of sensations pain, temperature, touch, sight, hearing, taste and smell
- initiates and controls voluntary muscle action
- limbic system (deep in cerebrum): relays information from senses to cortex and responsible for learning, memory and emotion

Diencephalon: thalamus & hypothalamus:

- thalamus:

- location: between cerebral hemispheres on either side of 3rd ventricle
- relay station
- hypothalamus
 - location: under thalamus in centre of brain
 - primary link with the autonomic nervous system
 - regulates body temperature, water balance, metabolism, hunger, thirst, sleeping and waking patterns
 - stimulates or inhibits the action of the anterior pituitary gland
 - produces antidiuretic hormone (vasopressin) and oxytocin: both stored in the posterior pituitary

Cerebellum:

- location: rear of brain, just under cerebral hemisphere.
- function: co-ordinates automatic movement such as walking, jumping, running. Maintains muscle tone, posture and balance

Brain stem:

- location: junction between brain and spinal cord
- medulla oblongata: cardiac, respiratory, vasomotor and reflex centre
- pons: reflex centre
- midbrain: cranial nerve reflexes

Cranial nerves (12 pairs):

- location: emerging from brainstem and forebrain
- (olfactory, optic, oculomotor, trochlear, trigeminal, abducens, facial, glossopharyngeal, vagus, accessory, hypoglossal)

Spinal cord:

- location: within vertebral column from brain stem to lumbar vertebra
- functions:
 - conveys impulses to and from the brain & the peripheral nervous system
 - provides fast response reflexes to external/internal stimuli: reflex arc
- structure:
 - continuation of brain, extending down the vertebral column
 - grey & white matter
 - dorsal ganglia

Spinal nerves & plexuses: 31 pairs of spinal nerves:

- cervical
- brachial
- thoracic
- lumbar
- sacral

Pathologies of the nervous system

Bell's palsy, epilepsy, multiple sclerosis (MS), sciatica, neuritis, myalgic encephalomyelitis (ME), cluster headaches, migraine, ear problems: deafness, earache, glue ear, tinnitus, vertigo; eye

problems: cataract, conjunctivitis, glaucoma, Alzheimer's disease, cerebral palsy, Parkinson's disease (PD), motor neurone disease (MND), meningitis, spina bifida

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 6 Understand the anatomy, physiology and pathologies of the endocrine system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the endocrine system**
- 2 explain the **location of the endocrine glands**
- 3 explain the **function of the endocrine glands**
- 4 describe the **hormones secreted from the endocrine glands and their target sites**
- 5 analyse the **pathologies of the endocrine system**

Range

Structure of the endocrine system

Endocrine glands – ductless: hormone secretion directly into the blood stream

Hormones – chemical messengers

Function of the endocrine system

- ductless: hormone secretion directly into the blood stream
- maintenance of homeostasis
- controlling effect on body's functions some of which are:
 - stimulation/inhibition of growth
 - induction/suppression of cell death (apoptosis)
 - activation/inhibition of immune system
 - regulation of metabolism
 - preparation for new activity eg fighting, fleeing, sexual activity
 - preparation for new phase in life eg puberty, pregnancy
 - controlling reproductive cycle

Location of the endocrine glands

Hypothalamus; pituitary; pineal, thyroid, parathyroids, thymus (in children), pancreas, adrenals, gonads (ovaries and testes)

Function of the endocrine glands

Hormone secretion directly into the blood stream, neurotransmitters

Hormones secreted from the endocrine glands and their target sites

Hormones and hormone action:

- receptor sites
- Target organs
- Tropic hormones
- Transmission by chemical means only, slower, longer lasting effects, link with neurotransmitters

Anterior pituitary:

- location: below hypothalamus
- hormones:
 - thyroid stimulating hormone (TSH); targets thyroid; regulates metabolism,
 - adrenocorticotrophic hormone (ACTH); targets cortex of suprarenal glands;
 - human growth (somatotrophic) hormone (HGH): targets hard tissues of the body; increases rate of growth and maintains size in adults
 - follicle stimulating hormone (FSH): targets sexual organs; oestrogen and maturation of ovarian follicles in females and sperm production in males
 - luteinising hormone (LH): targets sexual organs; prepares breasts for lactation and progesterone in female and testosterone in the male
 - lactogenic hormone - prolactin (PRL): targets mammary glands; production of milk

Posterior pituitary:

- location: behind anterior pituitary
- hormones stored:
 - antidiuretic hormone (ADH) or vasopressin: targets kidneys and arteries; decreases urine production
 - oxytocin: targets uterus and breasts; stimulates labour and ejects milk from the nipple

Pineal gland:

- location: deep centre towards back of brain
- melatonin: regulates the 'body clock'

Thyroid and parathyroid glands:

- thyroid:
 - location: wrapped around trachea below larynx
 - thyroxine T₄; target cells and tissues throughout the body; controls the basal metabolic rate
 - calcitonin; targets bones and kidneys to regulate calcium levels
- parathyroid:
 - location: embedded in posterior surface of thyroid
 - parathormone PTH; targets bones; regulates calcium/phosphorus levels, increases blood calcium levels and activates Vitamin D

Thymus:

- location: upper anterior portion of the chest cavity just behind the sternum
- relationship with lymphatic system
- thymosin - function

Pancreas:

- location: posterior to stomach, close to duodenum
- relationship between its endocrine and exocrine functions
- insulin: target site – blood sugar; controls metabolism of carbohydrates and lowers blood sugar levels - islets of Langerhans: beta (β) cells.
- glucagon: target site – blood sugar; releases glycogen stored in the liver to raise blood sugar levels - islets of Langerhans: alpha (α) cells

Adrenal glands:

- location: superior to renal organs
- mineralocorticoids: aldosterone; targets water content of tissues; regulates mineral content of body fluids, salt and water balance, blood pressure;
- glucocorticoids: cortisone (cortisol); targets liver, blood sugar; regulates carbohydrate metabolism, involvement in response to stress
- sex hormones (androgens and oestrogen) target reproductive organs; development and function of the sex organs, and the physical and psychological characteristics of both sexes
- adrenaline; in conjunction with and stimulated by the sympathetic nervous system; controls 'fight or flight' mechanism
- noradrenaline; targets circulation; contracts blood vessels and raises blood pressure

Ovaries:

- location
- function

Testes:

- location
- function

Pathologies of the endocrine system

Thyroid: thyrotoxicosis (hyperthyroidism); myxoedema (hypothyroidism); goitre

Adrenal: Cushing's syndrome: hypersecretion; Addison's disease: hyposecretion

Pancreas: diabetes mellitus (type 1 & 2)

Pineal: seasonal affective disorder (SAD)

Pituitary: diabetes insipidus

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 7 Understand the anatomy, physiology and pathologies of the respiratory system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the respiratory system**
- 2 describe the **stages of respiration**
- 3 explain the **process of gaseous exchange**
- 4 analyse the **pathologies of the respiratory system**

Range

Structure of the respiratory system

Upper respiratory system:

- mouth: intake of air when oxygen demand is high or if the nasal cavity is blocked
- nose:
 - inhaling air, filtering, warming and moistening air
 - olfactory stimuli, acts as a sound chamber
 - vascular mucous membranes of nasal cavity warm inhaled air
 - mucus humidifies air
 - mucus and cilia trap dust particles and filter air
 - sinuses; frontal sinuses (above the eyebrows), maxillary sinuses (in the cheekbones), ethmoid sinuses (just behind the nose), sphenoid sinuses (anterior of the pituitary gland)
- pharynx: divided in to three portions named after the structure to which they are closest. Nasopharynx (nasal cavity) – oropharynx (oral cavity) – laryngopharynx (larynx)
 - location; nasal cavity to top of oesophagus
 - Nasopharynx contains tonsils which are made up of lymphoid tissue contains opening from the Eustachian tubes.
 - Oropharynx receives air from the nasopharynx plus air, food and drink from the mouth down to the epiglottis.
 - nasopharynx – location – lies behind nose, posterior wall lie adenoids
 - oro-pharynx part of both respiratory and digestive system: breathing ceases while swallowing
 - laryngopharynx – extends from oropharynx and continues as the oesophagus below
- larynx: Voice box
- allow air to pass from the pharynx to the lungs, prevents solids and liquids getting into the lungs, it allows sound production, which enables speech.
- Three pairs of ligaments called the vocal cords.
 - location: in neck below pharynx
 - moves upwards and forwards during swallowing causing epiglottis to block its opening
 - also enables the production of sound
- epiglottis

Lower respiratory system: respiratory zone:

- trachea: windpipe
- acts as a tube running from the larynx to the lungs
- about 1.5cm in diameter and 15cm in length
- made up of dense connective tissue and smooth muscle
- reinforced by 15-20 C-shaped pieces of cartilage which form incomplete rings.
- These rings of cartilage protect the trachea and keep the airways open,
 - cricoid cartilage to top of sternum
 - epithelial lining secretes dust trapping mucus
 - epithelial cilia sweep particles upwards away from the lungs
- primary bronchii (right & left): are composed of incomplete rings of cartilage and are lined with mucous membrane.
 - divide progressively into smaller secondary & tertiary bronchii
 - carry air from the trachea into the bronchioles
- bronchioles:
 - carry air from the bronchii into the lungs
 - bronchioles sub-divide into small air sacs, alveoli.
- lungs:
 - three lobes on the right and two on the left
- alveoli:
 - respiratory bronchioles connect with alveoli
 - most of the lung tissue is made up of alveoli
- pulmonary capillary network:
 - surrounding alveoli
 - covered with very small capillaries, which allow the exchange of oxygen and carbon dioxide to pass into and out of the bloodstream.
- the pleural membranes:
 - Protecting lining enclosing lung
 - Reducing friction between lungs and rib cage

Ventilation:

- mechanism of inhalation – inspiration: active process initiated by diaphragm:
 - contraction of diaphragm muscle increases the volume of the thorax
 - contraction of external intercostal muscles swings ribs outwards and upwards increasing size of the thorax
 - combined action increases capacity of the thorax lowering the inter-thoracic pressure
 - greater pressure outside of body causes air to flow into conducting zone
- mechanism of exhalation - expiration: passive process (unless forced):
 - muscles of diaphragm and intercostals relax
 - volume of the thorax decreases thus raising inter-thoracic pressure
 - elastic lungs recoil
 - air flows back out of lungs until pressures reach equilibrium

Functions of the respiratory system

Supply the blood with oxygen, excrete carbon dioxide (facilitate the exchange of gases, oxygen and carbon dioxide).

Stages of respiration

- ventilation
- external respiration: gaseous exchange in lungs
- transport of gases
- internal respiration: gaseous exchange in tissues
- cellular respiration

Process of gaseous exchange

Gaseous exchange:

- de-oxygenated blood leaves heart via pulmonary artery enters pulmonary capillary network
- dissolved oxygen diffuses through cells lining each alveolus and capillary walls into the plasma
- oxygen diffuses from plasma into the erythrocytes
- combines with haemoglobin to form oxyhaemoglobin
- oxygenated blood leaves enters pulmonary veins and taken to the heart then around the body

Composition of inspired and expired air:

- inspired air: oxygen – 21%; carbon dioxide – 0.04%
- expired air: oxygen – 16%; carbon dioxide – 4.5%

Pathologies of the respiratory system

Obstructive: emphysema, bronchitis, asthma

Infectious, environmental, other: pneumonia, tuberculosis (TB), asbestosis, hay fever, rhinitis, whooping cough, sinusitis, laryngitis, pharyngitis

Restrictive: fibrosis, sarcoidosis, pleurisy, lung cancer

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 8 Understand the anatomy, physiology and pathologies of the cardiovascular system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the cardiovascular system**
- 2 explain the **composition and functions of the blood**
- 3 explain the **location, structure and function of the heart**
- 4 explain the **types of blood vessel**
- 5 identify the **major blood vessels** of the body
- 6 define **blood pressure**
- 7 explain the **factors that affect blood pressure**
- 8 analyse the **pathologies of the cardiovascular system**

Range

Structure of the cardiovascular system

The blood, the heart, the blood vessels aorta – arteries – arterioles – capillaries – venules – veins – superior/inferior vena cava

Functions of the cardiovascular system

To pump blood

To maintain fluid pressure

To transport respiratory gases

To transport nutrients, hormones, enzyme, antibodies and waste products

To provide immunity

Helps in the regulation of body temperature

Prevents fluid loss through the clotting mechanism

Composition and functions of the blood

Appearance (relative oxygenation):

- arterial blood: bright red
- venous blood: dark red

Blood volume in the body:

- 5 – 6 litres in an average adult

Constituents:

- 55% fluid: plasma – clear, pale yellow, slightly alkaline fluid
- 91% of plasma is fluid
- 9% consists of dissolved blood proteins, waste, digested food materials, mineral salts and hormones
- 45% solids: blood cells – erythrocytes (red) – leucocytes (white) – thrombocytes (platelets)

Erythrocytes (red blood cells) – carry oxygen to the body cells

Leucocytes (white blood cells) – destroy disease causing micro-organisms, ingest bacteria and dead matter :

- Granulocytes - 75% neutrophils, eosinophils, basophils
- Agranulocytes –20% lymphocytes, (5% monocytes/macrophages)

Thrombocytes/platelets – role in clotting

Location, structure and function of the heart

Location:

- behind the sternum between the lungs, of the thoracic cavity
- centrally placed but angled to left of midline of body
- contained within protective pericardial sac: serous fluid to reduce friction

Structural layers:

- pericardium/epicardium: thin, external layer
- Pericardium: the outer layer
- Myocardium: the middle layer
- Endocardium: the inner layer
- myocardium: bulk of heart wall, specialised muscle structure, responsible for heart contraction
- endocardium: inner layer, covering heart wall, valves and tendons

Internal structure:

- right atrium
- left atrium
- right ventricle
- left ventricle
- septum

Principal blood vessels:

- superior vena cava
- inferior vena cava
- pulmonary artery
- pulmonary vein
- aorta
- coronary artery
- coronary sinus

Valves:

- tricuspid valve
- bicuspid (mitral) valve
- pulmonary valve
- aortic valve
- pulmonary valve

Heart physiology:

- blood flow:
 - returned blood received via right atrium, except from lungs
 - right atrium to right ventricle
 - right ventricle to right and left pulmonary arteries, to lungs
 - oxygenated blood returned via pulmonary veins to left atrium
 - left atrium to left ventricle
 - left ventricle to ascending aorta, to branches of the aorta to the heart and the rest of the body
- cardiac cycle:
 - diastole – means relaxation
 - systole – means contraction
 - atrial – diastole ventricular systole
- electrical conduction in the heart: myogenic:
 - sino atrial node (SAN)
 - atrioventricular node (AVN)
- heart rate (average):
 - 70 bpm males; 75 bpm females
- control of heart rate:
 - role of the autonomic nervous system; vagus nerve
 - role of the hormone adrenaline

Types of blood vessel

Arteries: main artery (aorta)

- thick-walled, muscular, elastic vessels conveying blood away from heart to arterioles
- help maintain blood pressure: elastic arteries closest to heart; muscular arteries further away

Arterioles:

- small arteries which convey blood to the capillaries

Capillaries:

- microscopic blood vessels composed of a single layer of cells : endothelium
- connect arterioles and venules
- allow the passage of nutrients and waste products between the blood and tissue cells
- capillaries help to regulate body temperature: vasodilation or vasoconstriction

Venules:

- collect blood from capillaries and drain into veins
- thinner walled than arteries

Veins: main veins (superior/inferior vena cava)

- convey blood back to the heart from the venules
- contain valves to prevent back flow
- thinner walled than arteries

Major blood vessels

Primary vessels of the head, face and neck:

- common carotid artery
- external carotid artery
- internal carotid artery
- external jugular vein
- internal jugular vein
- vertebral artery

Primary vessels of the thorax, arm and hand:

- brachial artery
- radial artery
- ulnar artery
- cephalic vein
- axillary artery
- axillary vein
- ascending aorta, aortic arch and descending aorta
- left & right subclavian arteries
- left & right subclavian veins

Primary vessels of the abdomen:

- hepatic artery
- hepatic vein
- hepatic portal vein
- splenic artery
- splenic vein
- renal artery
- renal vein

Primary vessels of the pelvis, leg and foot:

- femoral artery
- femoral vein
- anterior tibial artery
- posterior tibial artery
- saphenous vein: greater, lesser
- iliac artery
- iliac vein
- popliteal artery
- popliteal vein

Blood pressure

Source:

- originates from heart
- force exerted by blood on walls of blood vessels

Measurements:

- diastolic: 80 mmHg
- systolic: 120 mmHg

Types of circulation:

- systemic/general
- pulmonary
- portal/hepatic

Factors that affect blood pressure

Force of the heart beat

Volume of blood in the cardiovascular system

Resistance to the flow of blood in the arteries

Viscosity of the blood

Elasticity of vessel walls

Simple causes of changes in blood pressure:

- a decrease in volume, eg blood loss, causes drop in pressure
- an increase in volume, eg fluid retention, causes an increase in pressure
- relaxation/activity/exercise/massage/heat

Pathologies of the cardiovascular system

Angina, deep vein thrombosis (DVT), hypertension, hypotension, stroke, heart rate abnormalities: tachycardia (resting rate of more than 100 beats per minute), bradycardia (resting rate of less than 50 beats per minute), varicose veins, phlebitis, pulmonary embolism, anaemia, clotting disorder, nosebleeds: epistaxis, palpitations, sickle cell anaemia, gangrene, myocardial infarction, atherosclerosis, arteriosclerosis

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 9 Understand the anatomy, physiology and pathologies of the lymphatic system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the lymphatic system**
- 2 describe the **composition of lymph**
- 3 explain the **location and function of major lymphatic nodes and ducts**
- 4 explain the **location and function of lymphatic organs**
- 5 explain the **principles of immunity**
- 6 analyse the **pathologies of the lymphatic system**

Range

Structure of the lymphatic system

Lymph and lump vessels:

- lymph
- lymph capillaries
- lymph vessels

Lymphatic organs and tissues (including mucosa-associated lymphoid tissue):

- lymph nodes
- thymus gland
- spleen
- tonsils
- peyers patches (aggregated lymphoid follicles)

Function of the lymphatic system

- Carry excess fluid and foreign particles from the body tissues and cells
- Transport fats from the digestive tract to the blood: chyle
- Produce lymphocytes to deal with waste and toxins
- Develop antibodies to defend the body against infection

Composition of lymph

Lymph:

- Clear, straw-coloured, tissue fluid derived from blood plasma through capillary filtration
- Comprises plasma substances eg fibrinogen; serum albumin; serum globulin; water; lymphocytes
- Lymphatic system returns tissue fluid to blood
- Lymph flow is unidirectional not circular

Lymphatic capillaries:

- Thin-walled, more permeable than blood capillaries

- Collect tissue fluid
- Carry lymph to lymphatic vessels

Lymphatic vessels:

- contain valves to prevent backflow
- transport lymph through lymphatic nodes

Location and function of major lymphatic nodes and ducts

Lymphatic nodes (glands):

- Structure:
 - vary in size from a pin head to an almond
 - lymphoid tissue
 - surrounded by connective tissue capsule
 - afferent and efferent lymph vessels
 - reticular tissue
- Location
 - found all over the body at strategic sites where there is a greater risk of infection
- Function
 - filtering pathogens
 - phagocytes
 - T and B-lymphocytes

Lymphatic ducts:

- general: drain lymph and return it to the blood stream
- thoracic duct: drains lymph from abdomen and lower limbs; drains into left subclavian vein
- right lymphatic duct: drains upper right quadrant; drains into right subclavian vein
- cisterna chyli: drains lymph laden with digested fats (chyle) from the intestines

Location of the major lymphatic nodes of the body:

- cervical
- axillary
- supratrochlear
- iliac
- inguinal
- popliteal

Location and function of lymphatic organs

Thymus:

- location within mediastinum behind sternum, extends up to base of neck
- processes lymphocytes into active 'T' cells vital to immune system
- endocrine function, pre-puberty, in the control of growth
- degenerates after puberty

Spleen:

- location: in left side of abdominal cavity behind and left of the stomach and diaphragm
- largest lymphatic tissue mass in body
- immune response - assists in fighting infection contains T and B-lymphocytes

- phagocytosis – destruction of worn out erythrocytes and abnormal cells
- storage of blood
- blood cell production at time of need in an adult
- selectively filters white cells and platelets

Principles of immunity

- antigens, antibodies
- acquired immunity (from infection)
- natural immunity
- allergy triggers and the body's response

Pathologies of the lymphatic system

Allergies, cancer: metastases, fever, HIV (and AIDS), lymphoedema, mastitis, cellulitis, myalgic encephalomyelitis (ME), systemic lupus erythmatosis (SLE), Hodgkin's disease, leukaemia

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 10 Understand the anatomy, physiology and pathologies of the digestive system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the digestive system**
- 2 explain the **processes of digestion**
- 3 identify the **location of the organs involved in digestion**
- 4 analyse the **pathologies of the digestive system**

Range

Structure of the digestive system

Alimentary canal:

- mouth
- salivary glands (sublingual – submandibular – parotid glands)
- pharynx
- oesophagus
- stomach
- small intestine
- large intestine (consisting of the caecum, appendix, colon and rectum)
- rectum
- anus

Accessory organs:

- pancreas
- liver
- biliary tract

Function of the digestive system

- to break down complex chemicals to simple ones
- to absorb simple chemicals
- to assimilate products of digestion
- to eliminate indigestible materials

Processes of digestion

Physical digestion:

- mastication
- peristalsis
- churning

Chemical digestion: enzymes:

- proteases act on proteins and peptides to produce amino acids

- lipases act on lipids to produce fatty acids and glycerol
- amylases act on carbohydrates to produce simple sugars (disaccharides & monosaccharides)
- pH and heat sensitivity of enzymes: lock and key theory

Location and function of the organs involved in digestion

Organisation of the upper gastrointestinal tract:

- mouth: oral or buccal cavity:
 - lips
 - teeth
 - tongue:
 - function – chewing, swallowing, speech
 - sense of taste
- pharynx
- oesophagus

Accessory digestive organs: upper:

- salivary glands – submandibular, sublingual, parotid:
 - location: around oral cavity
 - Saliva (enzyme salivary amylase)
 - produces amylase to act on polysaccharides

Organisation of the lower gastrointestinal tract:

- stomach:
 - 3 regions of the stomach – fundus, body and pylorus
 - cardiac sphincter – function to prevent reflux
 - pyloric sphincter – guards opening from stomach to duodenum
 - three muscle layers of muscle fibres
 - mucosa – secrete gastric juices
- gastric glands:
 - produces pepsin (pepsinogen) to act on proteins and rennin in infants
 - produce HCl: activates pepsinogen; kills micro-organisms
- function of the stomach:
 - storage of food
 - chemical digestion
 - mechanical breakdown of food – churning, addition of gastric juices, chime
 - limited absorption of water., alcohol
 - regulation of movement of gastric contents into duodenum
 - secretion of hormone gastrin
 - defence against microbes
- small intestine:
 - duodenum
 - jejunum
 - ileum
 - structure – four layers, muscoa, villi and micrivilli, lacteals and absorption of fats, peyers patches
 - intestinal glands: produces enzymes to act upon carbohydrates in the small intestine

- function of the small intestine:
 - secretion of intestinal juices
 - peristalsis movement of contents
 - chemical digestion of carbohydrates into monosaccharide's, protein into amino acids and fats into fatty acids and glycerol
 - absorption of nutrients
 - protection against microbes
- large intestine:
 - ileocaecal valve
 - caecum
 - ascending colon
 - transverse colon
 - descending colon
- rectum
- anus
- anal sphincter: internal & external
- function of the large intestine:
 - absorption of fluid by osmosis
 - re-absorption of mineral, salts, vitamins
 - commensal microbes
 - defecation

Accessory digestive organs: lower:

- pancreas:
 - pancreatic juice – alkaline contains water, mineral salts, enzymes:
 - enzymes to act upon carbohydrates (pancreatic amylase), protein (trypsin) and lipids in the small intestine
- liver:
 - carbohydrate metabolism
 - production of bile to emulsify lipids
 - protein metabolism
 - stores various fat and water soluble vitamins (A, D, E, K, B12), iron and copper
 - synthesizes Vitamin A from carotene
 - detoxifies drugs and noxious substances
 - metabolises ethanol in alcohol
 - inactivates hormones
 - fat metabolism
 - production of heat
 - cells break down worn out erythrocytes blood cells to release iron that is stored
- gall bladder:
 - stores and concentrates bile
 - Function of bile is to emulsify fats in the small intestine and neutralises stomach acids

Pathologies of the digestive system

Halitosis, gum and dental problems: gingivitis, abscesses, heart burn: acid reflux, indigestion (dyspepsia), ulcers: duodenal, gastric, peptic, hepatitis, cirrhosis of the liver, gall stones, gastroenteritis, constipation, diarrhoea, irritable bowel syndrome (IBS), flatulence, haemorrhoids,

Hiatis hernia, Crohn's disease, jaundice, inflamed gall bladder, pernicious anaemia, colitis (including ulcerative colitis) diverticulosis and diverticulitis, colon cancer, coeliac disease.

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 11 Understand the anatomy, physiology and pathologies of the urinary system

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the urinary system**
- 2 explain the **production and content of urine**
- 3 analyse the **pathologies of the urinary system**

Range

Structure and function of the urinary system

Organisation of the urinary tract:

- Renal organs
- ureters: 2 long thin tubes that lead from each kidney to the bladder
 - direction of urine from kidneys to bladder
- bladder:
 - location: behind pubic bone, pelvic cavity
 - function: storage of urine, collects and stores urine
 - average capacity
- urethra:
 - to transfer urine to the exterior
 - in males functions as part of both reproductive and urinary system

Renal organs or kidneys:

- location: back of abdominal cavity just below waist
- capsule
- cortex
- medulla
- pyramids
- calyces
- pelvis

Nephron:

- afferent and efferent arterioles
- glomerulus
- glomerular/Bowman's capsule
- proximal coiled tubule
- loop of Henle
- distal coiled tubule
- collecting duct

Basic functions of the urinary system:

- distribution of intracellular and extracellular fluid
- the need to balance fluid intake with fluid output
- general electrolyte composition and the need to maintain electrolyte balance
- pH values of the body's fluid systems
- regulation of blood pressure (renin-angiotensin)

Production of urine

- filtration under pressure
- reabsorption
- active secretion

Urine content

- urea
- uric acid/ammonia
- salts
- water

Pathologies of the urinary system

Cystitis, incontinence, renal failure, kidney and bladder stones, nephritis: Bright's disease, renal colic, uraemia, Enuresis

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

Outcome 12 Understand the anatomy, physiology and pathologies of the reproductive systems

Underpinning knowledge

The candidate can:

- 1 explain the **structure and function of the reproductive system**
- 2 explain the **key stages of the human reproductive cycle**
- 3 analyse the **pathologies of the reproductive system**

Range

Structure and function of the reproductive system

Functions of the reproductive system:

- Production of sperm & ova:
 - meiosis: comparison with mitosis , cytokinesis
 - haploid number

The female reproductive tract:

- Organisation of the reproductive system:
 - ovary or gonad
 - fallopian tubes
 - uterus
 - cervix
 - vagina
 - external genitalia: labia (majora, minora), clitoris
 - vestibule and greater vestibular glands
- Accessory organs of reproductive tract. (Breast):
 - function: produce and secrete milk after birth
 - Location: pectoral region, anterior of chest

Female sex hormones:

- oestrogen: affects secondary sexual characteristics in females; development of female reproductive system, external genitalia, uterus and breasts, regulates menstrual cycle
- progesterone: affects structures involved in pregnancy; maintenance of pregnancy, development of the placenta, preparation of breast for lactation

Organisation of male reproductive tract:

- testes
- scrotal sac
- epididymis
- seminal vesicles

- prostate
- urethra
- penis
- glands
- prepuce/foreskin

Male sex hormones:

- androgens: development of male reproductive system, male hair growth patterns, voice deepening, muscle bulk
- testosterone: controls male secondary sex characteristics and promotes development of sperm in the testes

Key stages of the human reproductive cycle

Female:

- puberty: menarche
- pregnancy
- menopause

Male:

- puberty
- 'menopause'

Menstrual cycle:

- menstruation
- follicular phase
- ovulation
- luteal phase

Pathologies of the reproductive system

polycystic ovarian syndrome (PCOS), impotence, menstrual problems: amenorrhoea, dysmenorrhoea, premenstrual syndrome, post-natal depression, infertility, mastitis, cancer: testicular, prostate, breast, cervical, ectopic pregnancy, endometriosis, prolapse, sexually transmitted diseases (STDs), pelvic inflammatory diseases (PIS)

Level: 3

Credit value: 19

Unit aims

The aim of this unit is to provide the learner with the knowledge and skills to carry out a body massage.

The skills developed by the learner include: communication skills, organisation skills, the ability to work unsupervised, how to adapt techniques according to the situation, the ability to plan and promote services and advise on aftercare.

The knowledge acquired by the learner will enable them to understand how the related body systems works, the theory and practice of massage techniques and the effect massage treatments can have on each of the body systems and the history and role of massage therapy as set out in the National Occupational Standards for Massage Therapy.

Entry requirements

It is recommended that learners have completed or have made arrangements to attend a first aid course.

Learning outcomes

There are **three** outcomes to this unit. The candidate will:

- 1 Be able to prepare for body massage treatment
- 2 Be able to provide body massage treatment
- 3 Be able to reflect upon body massage treatment

Guided learning hours

It is recommended that **112** guided learning hours are allocated for this unit. This may be on a full or part time basis.

Details of the relationship between the unit and relevant national occupational standards

The unit maps to the Core Curriculum for Body Massage and is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health SSC.

Connections

This unit contributes towards the knowledge and understanding required for the following qualification:

- 7607-31 Level 3 Diploma in Complementary Therapies
- 7607-32 Level 3 Diploma in Massage
- 7607-83 Level 3 Certificate in Massage for Complementary Therapies

Functional Skills

This unit contributes towards the functional skills in the following areas:

- English Level 3

Assessment

This unit will be assessed by:

- Assignment covering practical skills and underpinning knowledge
- Portfolio of evidence including reflective practice
- Evidence of reflective practice in case studies

Unit 304 Provide Body Massage for Complementary Therapies

Outcome 1 Be able to prepare for body massage treatment

Practical skills

The candidate can:

- 1 **prepare self, client and work area** in accordance with current legislation and working practice requirements
- 2 **consult** with clients to identify **factors** that may influence treatment objectives
- 3 provide clear recommendations to the client based on the outcome of the consultation
- 4 select **materials and equipment** to suit client treatment needs

Underpinning knowledge

The candidate can:

- 1 describe the requirements for **preparing self, client and work area** for body massage treatment
- 2 describe the **environmental conditions** suitable for body massage treatment
- 3 describe the **objectives and possible benefits** of body massage treatment
- 4 explain the **contra-indications** that may prevent or restrict body massage treatment
- 5 describe the influencing **factors** that need to be considered when carrying out a client consultation
- 6 explain the reasons why the client may be referred to a **healthcare practitioner**
- 7 describe the **employer's and employee's health, safety and security responsibilities**

Range

Prepare self, client and work area

Behave in a professional manner throughout treatment, positive body language, personal hygiene, sanitised hands, nails, no nail varnish/extensions, hair tied back off face, no jewellery. Position of self/client throughout the massage to ensure privacy, comfort and well-being. PPE, health & safety in accordance with current legislation

Consult

Medical and lifestyle history taking an evaluation of the client, checking for contra-indications and cautions, assessing the clients' needs, observation of the client, referral to other healthcare professionals and where appropriate obtaining the client's consent to pass on confidential information. Agree a confidential treatment plan, client consent to treatment, client's signature and date, record outcomes, data protection, only work within realms of own scope and expertises,

Factors

Postural and figure faults, muscle type, general health, medication, client lifestyle, client expectations, contra-indications, local contra-indications, cautions, time, age, nature/extent and urgency of client needs, personal/cultural and social situation, muscle tension, skin sensitivity, skin type, medical history, presenting symptoms, skin conditions, allergies, anxiety or stress levels, previous treatments, underlying body structures, body shape (endomorph, ectomorph, mesomorph), stress levels, common postural faults (lordosis, kyphosis, scoliosis), cost, time frequency.

Materials and equipment

Massage mediums, (oil, talc, cream) massage table, couch covers, bolsters, trolley, pedal bin, disposable paper products eg couch roll, towels, antiseptic wipes, dealing with spillages and breakages

Environmental conditions

Warmth, ventilation, privacy, lighting, space, cleanliness, volume and type of music/sounds, taking into account all current legislation

Objectives

Relaxation, stimulation, invigoration, sedation, uplifting, sense of well-being, integrated healthcare, treatment priorities, maintain health

Possible benefits

Physiological:

- Increased blood circulation
- Increase in endorphins
- Stimulating the lymphatic circulation
- Improved skin condition
- Stress relief
- Relaxation of muscles and release of tension
- Increased metabolism
- stimulates the immune system
- postural improvement
- enhances lymphatic drainage,
- restore balance in the body
- desquamation

Psychological:

- Feeling of well-being
- Relief from anxiety
- reduces nervous tension
- relaxation
- sense of well being

Absolute Contra-indications

(please follow core curriculum of the GCMT)

Acute sprain, directly over site of osteoporotic bone/joint, acute rheumatoid arthritis, acute ankylosing spondylitis, acute slipped disc, 1 month following a stroke, severe headaches, during a migraine, under the influence of alcohol or drugs, impetigo, ringworm, scabies, head lice, acute infectious respiratory disorders (TB, pneumonia, bronchitis), acute laryngitis, 3 months following a heart attack, deep vein thrombosis (6 months following diagnosis), oedema (requires medical diagnosis), severe haemophilia, severe anaemia, severe nausea, acute hepatitis, advanced cirrhosis, acute urinary tract infection, renal failure, acute gout, kidney stone attack

Local contra-indications (restrict)

(please follow core curriculum of the GCMT)

Muscle injuries in acute phase (bruising, torn fibres), acute cramp, acute tendonitis, inflammation with pain unless trained to treat injuries (eg. frozen shoulder, deltoid bursitis, housemaid's knee,

tennis elbow, ankle tendon injuries), acute shin splints, fracture, acute bursitis, osteoarthritis, neuritis, shingles, trigeminal neuralgia, hypothyroidism (neck if goitre present), diabetes (injection site), infectious skin condition (other than impetigo, ringworm or scabies which are total contra-indications), areas of broken skin, wounds (bleeding/weeping fluid), skin cancer, blisters, bed sores, acne, boils, carbuncles, cold sores, warts, verruca, athlete's foot, varicose veins, phlebitis, cancerous tumours, areas receiving radiotherapy, abdominal hernia, gout affected joints. Abdominal massage: non-acute urinary tract infection, pregnancy, endometriosis, pelvic inflammatory infection, prolapsed uterus/vagina.

Cautions (without medical supervision)

(Please follow core curriculum of the GCMT)

Osteoporosis, non-acute rheumatoid arthritis, non-acute ankylosing spondylitis, non-acute slipped disc, mild strain, fibrositis, rheumatism, muscular dystrophy, myasthenia gravis, myalgic encephalitis, multiple sclerosis, neuritis, diabetes, thin skin, stretch marks, asthma, pleurisy, angina, high blood pressure (controlled by medication), low blood pressure, AIDS, cancer, chemotherapy, radiotherapy, indigestion, stomach/duodenal ulcers, colitis, Crohn's disease, diverticulitis, hiatus hernia, incontinence, pregnancy, menstruation

Cautions (with medical supervision)

(Please follow core curriculum of the GCMT)

Osteomalacia, Paget's disease, stroke (2-7 months following diagnosis), transient ischaemic attack (TIA), Epilepsy, Parkinson's disease, emphysema, unstable angina, heart attack (after 3 months following diagnosis), heart failure, high blood pressure (not controlled by medication), atherosclerosis, deep vein thrombosis (after 6 months following diagnosis), oedema (with medical diagnosis), mild haemophilia, leukaemia

Healthcare practitioners Referral

Medical practitioner, nurse, physiotherapist, osteopath, chiropractor, counsellor or another complementary therapist. GP, pharmacist, when outside limits of own knowledge or responsibility

Employer's and employee's health, safety and security responsibilities

Safe working equipment, safe working environment, PPE, risk assessment, Data Protection, Safe guarding vulnerable adults and children, all current legislation and working practices

Unit 304 Provide Body Massage for Complementary Therapies

Outcome 2 Be able to provide body massage treatment

Practical skills

The candidate can:

- 1 **communicate and behave** in a professional manner
- 2 **position self and client** throughout treatment to ensure privacy, comfort and wellbeing
- 3 use **working methods** that meet professional, legal and organisational requirements
- 4 identify **skin types, characteristics, general body types and common postural faults**
- 5 perform and adapt body massage treatment using **materials, equipment and techniques** correctly and safely to meet the needs of the client
- 6 during treatment locate underlying **body structures**
- 7 complete treatment to the **satisfaction of the client** in a **commercially acceptable time**
- 8 **evaluate the results** of the treatment
- 9 provide **suitable aftercare and homecare advice**
- 10 **record** treatment accurately and store information securely in line with current legislation

Underpinning knowledge

The candidate can:

- 1 describe the **history, philosophy and role** of Swedish massage and other massage traditions
- 2 explain the uses of the **classical massage movements** and the possible physiological and psychological effects of massage on the body systems
- 3 explain how body massage techniques can be adapted to suit the **individual characteristics** of the client
- 4 explain the uses of different **media**
- 5 describe safe handling and use of products, **materials**, tools and **equipment**
- 6 describe the importance of correct maintenance and storage of products, **materials**, tools and **equipment**
- 7 describe the **contra-actions** that may occur during treatment and how to respond
- 8 explain the **aftercare and homecare advice** that should be provided
- 9 describe the **methods of evaluating** effectiveness of treatment

Range

Communicate

Verbal: questioning techniques, language used, tone of voice

Non-verbal: listening techniques, body language, eye contact, facial expressions, Professional communication techniques, encourage clients to express their feelings/requirements during the treatment, agreed treatment plan

Use of: visual aids, client records

Behave

Working cooperatively with others, follow salon requirements, respect colleagues and clients, professional manner (respectful, reliable, honest, ethical, supportive)

Position self and client for treatment

Self - standing posture – feet/hips even weight couch at correct working height (correct posture – walk/lunge/stride stance) working methods to avoid RSI

Client – modesty, towel positioning, supports (head, legs, arms, face) enhance benefit of treatment, prevent injury, maintain client comfort and relaxation

Working Methods

Safe working methods, hygienic working methods, ethical practice and professional codes of conduct (see GCMT codes), manner, posture, client preparation, treatments required, COSHH, RIDDOR, Massage & Special Treatment Licensing Act & Regulations, CHIPs, S12(1) of the Medicines Act, safe working methods, The Cosmetic Products (safety) Regulations, The General Product Safety Regulations, HSE, risk assessments

Skin types and characteristics

Types: normal, dry, oily, combination.

General conditions: sensitive, dehydrated, moist, oedematous.

Differences related to gender: hairiness, muscle bulk, fat distribution.

Differences related to age: thinness of skin, elasticity, poor muscle tone, brittle

General body types

Ectomorph, endomorph, mesomorph.

Common postural faults

Kyphosis, lordosis, scoliosis

Materials and equipment

Massage mediums, massage table, couch covers, bolsters, trolley, pedal bin, disposable paper products eg. couch roll, towels, antiseptic wipes, dealing with spillages and breakages, correct selection process, hygiene/sanitation procedures, storage

Body structures

Major skeletal muscles (including tendons), vital organs, bones (including ligaments), nerves

Satisfaction of the client

Agreed plan, focus on specific areas, within time allocated or extended time by agreement, depth of pressure, comfort and dignity, towel draping, appropriate communication, physical comfort (warmth, lighting, music), effectiveness

Commercially acceptable time

Full body massage – one hour

Full body massage with face and scalp – one hour – one hour and 15 minutes

Back massage – 30 minutes

Evaluate the results

Discuss and review outcomes of treatment and it's effectiveness with clients, encourage clients to offer their opinions where continued treatment is considered encourage clients to think how they might promote their own health and well-being

Aftercare and homecare advice

12-24 hours following treatment: ensure light food intake, no alcohol or caffeine, rest, increase water intake, care when driving, explanation of healing crisis, suggest further treatment, recommend lifestyle changes, recommend self massage, recommend relaxation techniques, postural awareness, thermal modalities, referral to counsellor/lifestyle coach/ another therapist, refer to GP , healthy eating, time management, smoking habits, sleep patterns

Record

Taking and keeping confidential client notes, to include consultation, consent, treatment record, aftercare advice, evaluation and reflection, signed treatment plans

History, philosophy and role

Ancient civilisations: China, Egypt, Greece and Romans (eg. Yellow Emperor, Homer, Hippocrates, Galen, Celsius), Europe 15th-20th Centuries (eg Pare, Sydenham, Grosvenor, Beveridge, Mezger, Kellogg, Mennell, Bennett, Hoffa). Per Henrik Ling (Switzerland 1776-1839), Physiotherapy, Nursing. Development of massage therapy industry 1970-date (to include national occupational standards and regulation).

Massage movements/techniques

Effleurage (superficial through to deep, stroking, feathering, draining), petrissage (kneading, wringing, pulling, circling, knuckling, pressures), tapotement (hacking, cupping, pummelling, tapping), friction, vibration (shaking, fine vibration), passive joint movement, muscle stretching

Individual characteristics

Muscle bulk, bone health, medical conditions, skin sensitivity, age related (eg. growth plates in children), deformities, areas of scar tissue, pregnant women, elderly, frail, children

Media

Fixed oils:

Plant Family	Common Name	Botanical Name
ROSACEAE	Almond	<i>Prunus communis</i>
	Apricot kernel	<i>Prunus armeniaca</i>
ASTERACEAE	Sunflower	<i>Helianthus</i>
VITACEAE	Grapeseed	<i>Vitis vinifera</i>
OLEACEAE	Olive	<i>Olea europaea</i>
LAURACEAE	Avocado	<i>Persea americana</i>
ARECACEAE	Coconut	<i>Cocos nucifera</i>

Other media

Liquid wax: **Simmondsiaceae** – Jojoba (*Simmondsia chinensis*)

Creams, lotions, gels, powder

Contra-actions Positive and Negative

Heightened emotions state, skin irritations, increased discomfort, increased swelling, allergic reactions, insomnia, headache, nausea, muscle ache, lethargy, increased urination, allergy to massage medium; feelings of tiredness, thirst, increased feeling of well-being, relief from muscle tension, increased urination/bowel movement, change in sleep patterns, light-headedness, feeling faint

Methods of evaluating

Visual, verbal, written feedback, repeat business, reflective practice client involvement in own health and wellbeing

Unit 304 Provide Body Massage for Complementary Therapies

Outcome 3 Be able to reflect upon body massage treatment

Practical skills

The candidate can:

- 1 **reflect** on own attitudes, beliefs, interests, priorities and values in relation to personal growth as a massage therapist
- 2 evaluate own knowledge and practice of massage in relation to professional codes of conduct and current working practices
- 3 identify strengths and weaknesses in order to best serve self and client

Underpinning knowledge

The candidate can:

- 1 describe the **basic elements of reflective practice**
- 2 describe how own **self-awareness** impacts on personal and professional life
- 3 identify **lifelong learning opportunities** to plan for self-development
- 4 describe how to **record evidence** of own knowledge and practical experience
- 5 explain the importance of acting on own evaluation to improve body massage treatment

Range

Compare differing theories of reflective practice.

eg Kolbs Learning Cycle, Gibbs Reflective Cycle, Bolton.

Reflect

Reflection in action – decisions in the moment (ie during a treatment and the decisions you make for a particular client)

Reflection on action – looking back retrospectively (evaluating the results of a case study and developing a treatment plan for the future)

Reflective journals are useful for the student and tutor to evaluate and adapt on student needs

Strengths and weakness of your training and experiences ie (case studies)

Develop personal growth for the future

Basic elements of reflective practice

- Keeping an open mind about what, why, and how we do things
- Awareness of what, why, and how we do things
- Questioning what, why, and how we do things
- Asking what, why, and how other people do things
- Generating choices, options and possibilities
- Comparing and contrasting results
- Seeking to understand underlying mechanisms & rationales
- Viewing our activities and results from various perspectives

- Asking "What if...?"
- Seeking feedback and other people ideas & viewpoints
- Using prescriptive (advice) models only when carefully adapted to the individual situation
- Analysing, synthesizing and testing
- Searching for, identifying, and resolving problems & result limitations (Roth (1989))

Self awareness and evaluation of self

Attitudes, beliefs, knowledge, understanding, practical skills.

How did you feel at the start/end of the treatment, what did you observe, what would you change, what has the treatment taught you, how could you improve your/client experience?

Lifelong learning opportunities – Self development

Develop a personal plan for continual professional development, awareness of NOS, on going research, independent study, areas for improvement in practice, CPD, technical training, personal development plan, reflective practice log/diary

Record evidence

Own knowledge and practical experience, records of treatment detail, outcomes achieved, effectiveness of treatments, client comments, comply with data protection, current legislation, codes of ethics, professional codes of practice

Level: 3

Credit value: 21

Unit aims

The aim of this unit is to provide the learner with the knowledge and skills to carry out aromatherapy.

The skills developed by the learner include: communication skills, organisation skills, the ability to work unsupervised, how to adapt techniques according to the situation, the ability to plan and promote services and advise on aftercare.

The knowledge acquired by the learner will enable them to understand how the related body systems work, the theory and practice of massage techniques used in aromatherapy the full range of practical applications of essences and carrier media and the history and theory of aromatherapy as set out in the National Occupational Standards for Aromatherapy.

Entry requirements

It is recommended that learners have completed or have made arrangements to attend a first aid course.

Learning outcomes

There are **three** outcomes to this unit. The candidate will:

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

Guided learning hours

It is recommended that **112** guided learning hours are allocated in practical study for this unit. This may be on a full time or part time basis. The theory element may be carried out using an appropriate distance learning programme.

Details of the relationship between the unit and relevant national occupational standards

The unit maps to the Core Curriculum for Aromatherapy and is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health SSC.

Connections with other qualifications

This unit contributes towards the knowledge and understanding required for the following qualification:

- 7607-31 Level 3 Diploma in Complementary Therapies
- 7607-33 Level 3 Diploma in Aromatherapy
- 7607-83 Level 3 Certificate in Aromatherapy for Complementary Therapies

Functional Skills

This unit contributes towards the functional skills in the following areas:

- English Level 3

Assessment

This unit will be assessed by:

- Assignment covering practical skills and underpinning knowledge
- Portfolio of evidence including reflective practice
- Evidence of reflective practice in case studies

Unit 305 Provide Aromatherapy for Complementary Therapies

Outcome 1 Be able to prepare for aromatherapy treatment

Practical skills

The candidate can:

- 1 **prepare self, client and work area** in accordance with current legislation and working practice requirements
- 2 **consult** with clients to identify **factors** that may influence treatment objectives
- 3 provide clear recommendations to the client based on the outcome of the consultation
- 4 select **materials and equipment** to suit client treatment needs

Underpinning knowledge

The candidate can:

- 1 describe the requirements for preparing self, client and work area for aromatherapy treatment
- 2 describe the **environmental conditions** suitable for aromatherapy treatment
- 3 describe the **objectives and possible benefits** of aromatherapy treatment
- 4 explain the **contra-indications** that may prevent or restrict aromatherapy treatment
- 5 describe the influencing **factors** that need to be considered when carrying out a client consultation
- 6 explain the reasons why the client may be referred to a **healthcare practitioner**
- 7 describe the **employer's and employee's health, safety and security requirements**

Range

Prepare self, client and work area

Behave in a professional manner throughout treatment, positive body language, personal hygiene, sanitised hands, nails, no nail varnish/extensions, hair tied back off face, no jewellery, position of self/client throughout the aromatherapy massage to ensure privacy, comfort and well-being, PPE, health & safety in accordance with current legislation

Consult

Medical and lifestyle history taking and evaluation of the client, checking for contra-indications and cautions, assessing the clients' needs, referral to other healthcare professionals and where appropriate obtaining the client's consent to pass on confidential information, agree a confidential treatment plan, client consent to treatment, client's signature and date, record outcomes, data protection, only work within realms of own scope and expertise

Factors

Results of patch testing, client's preference, dilution ratios to be used, muscle tension, contra-indications, skin sensitivity, skin type, client lifestyle, general health, medical history, medication, presenting symptoms, skin conditions, time of day, age, allergies, anxiety or stress levels, previous treatments, underlying body structures body shape (endomorph, ectomorph, mesomorph), stress levels, common postural faults (lordosis, kyphosis, scoliosis), cost, time, frequency.

Materials

Essences used in Aromatherapy (plant family, common and Latin names, parts of plant used)

The types of essence appropriate for the objectives ie relaxation, uplifting, sense of well-being and stimulation, integrated healthcare, promote homeostasis, deep relaxation, stress relief, pain relief, reduce muscle tension, increased energy levels, lymphatic drainage, balancing fluid retention,

Plant Family	Common Name	Botanical Name	Part of Plant used
LAMIACEAE (LABIATAE)	Lavender	<i>Lavandula angustifolia</i> Mill.	flowers
	Lavandin	<i>Lavandula x intermedia</i> Emeric ex Loisel	flowers
	Lavender, spike	<i>Lavandula latifolia</i> Medik.	flowers
	Clary sage	<i>Salvia sclarea</i> L.	herb
	Marjoram	<i>Origanum majorana</i> L.	herb
	Rosemary	<i>Rosmarinus officinalis</i> L.	herb
	Thyme	<i>Thymus vulgaris</i> L.	herb
	Peppermint	<i>Mentha x piperita</i> L.	herb
	Basil	<i>Ocimum basilicum</i> L.	herb
	Patchouli	<i>Pogostemon cablin</i> Benth.	leaves
RUTACEAE	Neroli	<i>Citrus aurantium</i> L.	flowers
	Petitgrain	<i>Citrus aurantium</i> L.	leaves
	Orange, bitter	<i>Citrus aurantium</i> L.	fruit
	Orange, sweet	<i>Citrus sinensis</i> (L.) Osbeck	fruit
	Bergamot	<i>Citrus bergamia</i> Risso.	fruit
	Lemon	<i>Citrus limon</i> (L.) Burm.	fruit
	Mandarin	<i>Citrus nobilis</i> Lour.	fruit
	Grapefruit	<i>Citrus paradisi</i> Macfad.	fruit
ASTERACEAE (COMPOSITAE)	Chamomile, Roman	<i>Chamaemelum nobile</i> (L.) All.	flowers
	Chamomile, German	<i>Matricaria recutita</i> L.	flowers
MYRTACEAE	Eucalyptus	<i>Eucalyptus globulus</i> Labill	leaves
	Eucalyptus	<i>Eucalyptus citriodora</i> Hook	leaves
	Eucalyptus	<i>Eucalyptus dives</i> Schauer	leaves
	Eucalyptus	<i>Eucalyptus smithii</i> R.T. Baker	leaves
	Tea tree	<i>Melaleuca alternifolia</i> Cheel	leaves
GERANIACEAE	Geranium	<i>Pelargonium graveolens</i> L'Her.	leaves
PIPERACEAE	Pepper, black	<i>Piper nigrum</i> L.	fruit
APIACEAE (UMBELLIFERAE)	Fennel	<i>Foeniculum vulgare</i> Mill.	fruit
ROSACEAE	Rose, damask	<i>Rosa damascena</i> Mill.	flowers

	Rose, cabbage	<i>Rosa x centifolia</i> L.	flowers
OLEACEAE	Jasmine	<i>Jasminum grandiflorum</i> L.	flowers
ANNONACEAE	Ylang-ylang	<i>Cananga odorata</i> (Lam.) Hook.f. & Thoms.	flowers
SANTALACEAE	Sandalwood	<i>Santalum album</i> L.	wood
BURSERACEAE	Frankincense	<i>Boswellia sacra</i> Flueck.	resin
	Myrrh	<i>Commiphora myrrha</i> Engl.	resin
STYRACACEAE	Benzoin	<i>Styrax benzoin</i> Dryand.	balsam
ZINGIBERACEAE	Ginger	<i>Zingiber officinale</i> Rosc.	rhizome
POACEAE (GRAMINAE)	Lemongrass	<i>Cymbopogon citratus</i> Stapf.	grass
	Vetivert	<i>Vetiveria zizanioides</i> Nash ex Small	roots
PINACEAE	Cedarwood, Atlas	<i>Cedrus atlantica</i> Manetti	wood
CUPRESSACEAE	Cypress	<i>Cupressus sempervirens</i> L.	twigs
	Juniper	<i>Juniperus communis</i> L.	berry

Equipment

Couch, couch carrying case, couch covers, diffusers, trolley, towels, essential oils/essences, carrier oils, essential oil boxes/carrying cases, cotton wool, wipes, bolster pillows and cushions, stool, footstool/step

Environmental conditions

Warmth, ventilation, privacy, lighting, space, cleanliness, volume and type of music/sounds, taking into account all current legislation

Objectives and possible benefits

Relaxation, uplifting, increased sense of well-being, stimulation, integrated healthcare, reasons behind choice of essences and other carrier media, choice of treatment type, percentage calculations for dilutions, psychological and physiological benefits

Relaxation, calming, energising, stimulating, warming and reduce symptoms of stress, promote homeostasis, deep relaxation, stress relief, pain relief, reduce muscle tension, increased energy levels, lymphatic drainage, balancing fluid retention, improved sense of well-being, reduced muscle tension, postural improvement, maintain health, rejuvenates, refreshes the mind and body, enhances lymphatic drainage, restore balance in the body, stimulates the immune system, increases the oxygen/nutrient supply to the tissues by increasing the blood circulation, helps reduces nervous tension, digestive/menstrual problems, sleeping disorders, flu or cold symptoms.

Safety Data: Toxicity of essential oil (including phototoxicity), interaction with medications, irritation, sensitisation, carcinogens, phytoestrogens, hallucinogenics

Contra-indications – prevent treatment

Cancer, undiagnosed lumps and inflammation, pregnancy, breast feeding, contagious skin disorders – bacterial (impetigo), viral (herpes zoster), fungal (tinea corporis), skin allergies, mini stroke (TIA), cardiovascular conditions (hypertension, hypotension, phlebitis, thrombosis, DVT, heart conditions/disease), severe varicose veins, haemophilia, haemorrhage, medical oedema, osteoporosis, arthritis, acute rheumatism, recent head/neck injury, whiplash, herniated or prolapsed disc, cervical spondylitis, epilepsy, multiple sclerosis, Parkinson's disease, motor neurone disease, Bell's palsy, recent operations/surgery (dependent on type), diabetes, anyone who has consumed a large meal/alcohol/drugs, nausea, certain auto-immune disorders, infectious/contagious diseases, fever, circulatory disorders, CVA's with history of haemorrhage, undiagnosed lumps and

inflammation, nausea, unexplained oedema, sunburn or recent large burn, recent inoculations, hernias.

Contra-indications – restrict treatment

Skin disorders bacterial (boils, folliculitis) viral (verrucae, warts), fungal (tinea pedis), undiagnosed lumps/bumps, localised swelling, abrasions, bruising, open wounds, athlete's foot, post-operative scar tissue, varicose veins, menstruation, hormonal implants, recent fractures, sprains, strains, recent sunburn, certain skin disorders (eg weeping or open sores), recent surgery (dependant on type).

Healthcare practitioners - referral

Medical practitioner, nurse, physiotherapist, osteopath, chiropractor, counsellor or another complementary therapist, GP, pharmacist, when outside limits of own knowledge or responsibility.

Employer's and employee's health, safety and security responsibilities

Safe working equipment, safe working environment, PPE, risk assessment, Data Protection, safeguarding vulnerable adults and children all current legislation and working practices
European Cosmetics Regulation (EC) Regulation No. 1223/2009

Guidance Addendum – September 2013

The new European Cosmetics Regulation (EC) Regulation No. 1223/2009 entered into force on 11th January 2010 and was implemented from 11th July 2013. Candidates should be aware of this regulation and its impact on aromatherapy consultations.

Unit 305 Provide Aromatherapy for Complementary Therapies

Outcome 2 Be able to provide aromatherapy treatment

Practical skills

The candidate can:

- 1 **communicate and behave** in a professional manner
- 2 **position self and client** throughout the treatment to ensure privacy, comfort and wellbeing
- 3 use **working methods** that meet with professional, legal and organisational requirements
- 4 carry out **visual analysis**
- 5 perform and adapt aromatherapy treatment using **materials, equipment and techniques** correctly and safely to meet the needs of the client
- 6 complete the treatment to the **satisfaction of the client** in a **commercially acceptable time**
- 7 **evaluate the results** of the treatment
- 8 apply correct legislative **labelling requirements** on blends created for clients
- 9 provide suitable **aftercare and homecare advice** in line with current legislation
- 10 **record** treatment accurately and store information securely in line with current legislation

Underpinning knowledge

The candidate can:

- 1 describe the **history, philosophy and role** of aromatherapy and other massage traditions
- 2 explain how aromatherapy techniques can be adapted to suit the **individual characteristics** of a client
- 3 explain the **taxonomy, nomenclature, structure and function of plants** in relation to the production of essences, fixed carrier oils and other media
- 4 identify **methods of extraction** and sourcing of essences and **fixed carrier oils**
- 5 identify **significant chemical constituents** of essences
- 6 describe percentage dilutions and **blending techniques**
- 7 describe the causes of degradation and spoilage of essential oils and methods of prevention
- 8 explain the **uses, application and origin of essences, fixed oils and other media**
- 9 describe the possible physiological and psychological effects of aromatherapy on the body systems
- 10 describe **safe handling** and use of products, materials, tools and equipment
- 11 describe the importance of the correct **maintenance and storage** of products, materials, tools and equipment
- 12 describe the **contra-actions** that may occur during and following treatment and how to respond
- 13 explain the **aftercare and homecare advice** that should be provided in line with current legislation
- 14 describe the **methods of evaluating** the effectiveness of treatment

Range

Communicate

Verbal: questioning techniques, language used, tone of voice

Non-verbal: listening techniques, body language, eye contact, facial expressions

Use of: visual aids, client records.

Professional communication techniques, encourage clients to express their feelings/requirements during the treatment, agreed treatment plan

Behave

Working cooperatively with others, follow salon requirements, respect colleagues and clients, , professional manner (respectful, reliable, honest, ethical, supportive)

Position self and client for treatment

Self - standing posture – feet/hips even weight couch at correct working height (correct posture – walk/lunge/stride stance) working methods to avoid RSI

Client – modesty, towel positioning, supports (head, legs, arms, face) enhance benefit of treatment, prevent injury, maintain client comfort and relaxation

Working methods

Safe working methods, hygienic working methods, ethical practice and professional codes of conduct, manner, posture, client preparation, treatments required, COSHH, Massage & Special Treatment Licensing Act & Regulations, CHIPs, S12(1) of the Medicines Act, safe working methods, The Cosmetic Products (safety) Regulations, The General Product Safety Regulations, HSE, risk assessments

Visual analysis

Observation of physical characteristics, identify local contraindications, body shape (endomorph, ectomorph, mesomorph)

Select appropriate equipment, materials and techniques

Treatment couch, foot stool/steps, couch covers, couch roll, waste bin, trolley, sanitiser, cotton wool, tissues, selected essential oils, selected fixed carrier oils, blending measure, support, and towels. Massage movements for aromatherapy, effleurage, petrissage, vibrations, stretches, lymphatic drainage techniques, pressure points

Materials

Essences used in Aromatherapy (plant family, common and Latin names, parts of plant used)

The types of essence appropriate for the objectives ie relaxation, uplifting, sense of well-being and stimulation, integrated healthcare, promote homeostasis, deep relaxation, stress relief, pain relief, reduce muscle tension, increased energy levels, lymphatic drainage, balancing fluid retention

Plant Family	Common Name	Botanical Name	Part of Plant used
LAMIACEAE (LABIATAE)	Lavender	Lavandula angustifolia Mill.	flowers
	Lavandin	Lavandula x intermedia Emeric ex Loisel	flowers
	Lavender, spike	Lavandula latifolia Medik.	flowers
	Clary sage	Salvia sclarea L.	herb
	Marjoram	Origanum majorana L.	herb
	Rosemary	Rosmarinus officinalis L.	herb
	Thyme	Thymus vulgaris L.	herb
	Peppermint	Mentha x piperita L.	herb
	Basil	Ocimum basilicum L.	herb

	Patchouli	Pogostemon cablin Benth.	leaves
RUTACEAE	Neroli	Citrus aurantium L.	flowers
	Petitgrain	Citrus aurantium L.	leaves
	Orange, bitter	Citrus aurantium L.	fruit
	Orange, sweet	Citrus sinensis (L.) Osbeck	fruit
	Bergamot	Citrus bergamia Risso.	fruit
	Lemon	Citrus limon (L.) Burm.	fruit
	Mandarin	<i>Citrus nobilis</i> Lour.	fruit
	Grapefruit	Citrus paradisi Macfad.	fruit
	ASTERACEAE (COMPOSITAE)	Chamomile, Roman	Chamaemelum nobile (L.) All.
Chamomile, German		Matricaria recutita L.	flowers
MYRTACEAE	Eucalyptus	Eucalyptus globulus Labill	leaves
	Eucalyptus	<i>Eucalyptus citriodora</i> Hook	leaves
	Eucalyptus	<i>Eucalyptus dives</i> Schauer	leaves
	Eucalyptus	<i>Eucalyptus smithii</i> R.T. Baker	leaves
	Tea tree	<i>Melaleuca alternifolia</i> Cheel	leaves
GERANIACEAE	Geranium	Pelargonium graveolens L'Her.	leaves
PIPERACEAE	Pepper, black	Piper nigrum L.	fruit
APIACEAE (UMBELLIFERAE)	Fennel	Foeniculum vulgare Mill.	fruit
ROSACEAE	Rose, damask	Rosa damascena Mill.	flowers
	Rose, cabbage	<i>Rosa x centifolia</i> L.	flowers
OLEACEAE	Jasmine	Jasminum grandiflorum L.	flowers
ANNONACEAE	Ylang-ylang	Cananga odorata (Lam.) Hook.f. & Thoms.	flowers
SANTALACEAE	Sandalwood	Santalum album L.	wood
BURSERACEAE	Frankincense	Boswellia sacra Flueck.	resin
	Myrrh	Commiphora myrrha Engl.	resin
STYRACACEAE	Benzoin	Styrax benzoin Dryand.	balsam
ZINGIBERACEAE	Ginger	Zingiber officinale Rosc.	rhizome
POACEAE (GRAMINAE)	Lemongrass	Cymbopogon citratus Stapf.	grass
	Vetivert	Vetiveria zizanioides Nash ex Small	roots
PINACEAE	Cedarwood, Atlas	Cedrus atlantica Manetti	wood
CUPRESSACEAE	Cypress	Cupressus sempervirens L.	twigs
	Juniper	Juniperus communis L.	berry

Other media

Liquid wax: Simmondsiaceae – Jojoba (*Simmondsia chinensis*)

Creams, lotions, gels, water, shea butter

Equipment

Couch, couch carrying case, couch covers, diffusers, trolley, towels, essential oils/essences, carrier oils, essential oil boxes/carrying cases, cotton wool, wipes, bolster pillows and cushions, stool, footstool/step

Aromatherapy treatment techniques

Massage (effleurage, petrissage, friction, acupressure, neuromuscular, lymphatic drainage. Adaptation of techniques: speed and depth), inhalation, water, topical application, compress, diffusion in air

Satisfaction of the client

Evaluation, reflection, book next appointment

Agreed plan, focus on specific areas, within time allocated or extended time by agreement, depth of pressure, comfort and dignity, towel draping, appropriate communication, physical comfort (warmth, lighting, music), effectiveness

Commercially acceptable time

Full body massage – one hour

Full body massage with face and scalp – one hour – one and a half hours

Back massage – 30 minutes

Evaluate the results

Discuss and review outcomes of treatment and it's effectiveness with clients, encourage clients to offer their opinions, where continued treatment is considered advisable agree revised goals and further treatment, encourage clients to think how they might promote their own health and well-being

Labelling requirements

Medicines & Healthcare Products Regulatory Agency (MHRA), Advertising Standards Agency (ASA), Aromatherapy Trade Council (ATC)

Guidelines for labelling blends following a face-to-face consultation:

- the name of the client/patient to whom the product is to be administered. It is important that patients realise that this blend has been made specifically for them and is not transferable
- the name and contact number of the aromatherapist who prescribed it in case of sensitization, irritation or 3rd party misuse
- the date that the product was blended and a use before guidance date
- carrier(s) types & the Latin name(s) of the oils used (the dilutions & reasons for use will be added to the client/patient consultation sheet)
- directions for use (how often, where and how)
- any precautions– eg for external use only, not to be used in pregnancy where relevant, guidance for phototoxicity where appropriate etc.

Aftercare and homecare advice

12-24 hours following treatment: preferably no physical exercise, do not bathe or go swimming, ensure light food intake, no alcohol or caffeine, rest, increase water intake, care when driving, specific oil information on potential toxicity, explanation of possible contra-actions. Suggest further treatment, recommend lifestyle changes, recommend essences or provide blends for home use with safety instructions, postural awareness, recommend to counsellor/lifestyle coach/ another complementary therapist, refer to GP/pharmacist leave oils on for up to eight hours lifestyle changes, relaxation/stress management techniques, healthy eating, avoid strenuous activity/heat treatments, if driving open window, basic/simple skin care routine, leave oil on skin and hair.

Record

Taking and keeping confidential client notes, to include consultation, consent, treatment record, aftercare advice, evaluation and reflection

History, philosophy and role

Plant medicine through the ages, history of first distillation of essential oils, uses through various world history from Ancient China, Mesopotamia, Greece, Egypt, The Romans, Arabia, Middle East, Middle Ages, importance of herbalists work in the 16th/17th Century, 19th Century Medicine and the

effects of the Industrial revolution, Gattefosse, Valnet, Madame Marguerite Maury, the modern role of aromatherapy and regulation of the profession.

Individual characteristics

Muscle bulk, bone health, medical conditions, skin sensitivity, age related (eg. growth plates in children), deformities, areas of scar tissue, pregnant women, elderly, frail, children

Taxonomy, nomenclature, structure and function of plants

The hierarchy of the Plant Kingdom, naming and classification (genus, species and hybrids), evolution, plant biology (formation, reproduction, biosynthesis and reason for production of essential oil in glandular trichomes)

Methods of extraction

Essences - Steam distillation, cold expression, solvent extraction (concrete & absolute), carbon dioxide extraction, hydrodistillation, (hydrodiffusion) enfleurage, maceration

Fixed Oils

Pre-heating, passing through an Expellor, virgin cold-pressed, solvent extraction, filtration, refinery

Fixed carrier oils

Plant Family	Common Name	Botanical Name
ROSACEAE	Almond	<i>Prunus communis</i>
	Apricot kernel	<i>Prunus armeniaca</i>
	Peach kernel	<i>Prunus vulgaris</i>
FABACEAE	Soya	<i>Glycine max</i>
	Peanut	<i>Arachis hypogaea</i>
ASTERACEAE	Sunflower	<i>Helianthus annuus</i>
VITACEAE	Grapeseed	<i>Vitis vinifera</i>
OLEACEAE	Olive	<i>Olea europaea</i>
LAURACEAE	Avocado	<i>Persea americana</i>
PEDALIACEAE	Sesame	<i>Sesamum indicum</i>
LINACEAE	Linseed	<i>Linum usitatissimum</i>
CORYLACEAE	Hazel	<i>Corylus avellana</i>
JUGLANDACEAE	Walnut	<i>Juglans regia</i>
PROTEACEAE	Macadamia	<i>Macadamia ternifolia</i>
ARECACEAE	Coconut	<i>Cocos nucifera</i>
ONAGRACEAE	Evening primrose	<i>Oenothera biennis</i>
POACEAE	Wheatgerm	<i>Triticum vulgare</i>
EUPHORBIACEAE	Castor	<i>Ricinus communis</i>

Significant chemical constituents

Name of Chemical Group	Important information	Examples of Constituents
HYDROCARBONS	The simplest organic compound	Limonene, Pinene, Camphene,

	containing only hydrogen and carbon	Myrcene
MONOTERPENES	2 isoprene units joined head to head	Ocimene, Sabinene, Terpinene, Menthene
SESQUITERPENES	3 isoprene units joined together head to tail to make a longer heavier chain	Chamazulene, Bisabolene, Cadinene, Caryophyllene, Patchoulene, Ylangene
DITERPENES	4 isoprene units Found in trace amounts in Clary Sage & Cypress	Camphorene
KETONES	Oxygen can be attached to a molecule through a double bond. The resulting group is called a carboxyl group; if the oxygen is attached to a carbon located within a carbonic chain, the resulting molecule is a ketone	Thujone, Pulegone, Pinocamphone, Carvone, Menthone, Jasmone, Camphor, Fenchone
ALDEHYDES	Oxygen is attached to a carbon atom that is also linked to a hydrogen atom	Citral, Citronellal, Neral, anial, Cinnamaldehyde, Piperonal, Valeranal
ESTERS	Double bond between carbon and hydrogen. A second oxygen molecule is bonded to the carboxyl group rendering it an ester group. Acids react with alcohol to form esters. There are no acids present in essential oils, they are temporary as part of the process	Linalyl acetate, Geranyl acetate, Benzyl acetate, Borynl acetate, Methyl salicylate
ALCOHOLS	This is the hydroxyl group and has very strong reactive powers. If an alcohol is introduced into a terpene, the resulting compound is a terpene alcohol. A monoterpenols is a monoterpene with an attached alcohol group	Linalool, Borneol, Citronellol, Geraniol, Myrtenol, Santalol, Nerol, Terpeneol, Terpin-4-ol
	A sesquiterpenols is a sesquiterpene with an attached alcohol group	-Bisabolol - Santalol, Farnesol, Patchoulol, Cedrol
ETHERS (mistakenly called oxides in many books)	These a compounds in which an oxygen atom is bonded to two alkyl or two aryl groups, or one alkyl and one aryl group.	1,8 Cineole (mistakenly called eucalyptol)
Phenolic Quality Note – this is not another functional group. Essential oils with a phenolic ring have a stronger more potent effect because they are	In organic chemistry when molecules are formed, they can be quite diverse. Carbon atoms do not always join in a straight line. Sometimes they join together in a ring to form a benzene ring - also known as a phenol ring and aromatic	Thymol, Carvacrol, Eugenol, Cresol Phenolic ethers: Anethole, Safrole, Methyl chavicol

stronger.

ring.

LACTONES

Lactones are Phenolic esters. They are similar to esters but being Phenolic it means they will be more potent, so can be hazardous. The Lactones are responsible for phototoxicity

Bergaptene (a furanocoumarin). The Apiaceae family plants; parsley and celery and carrot all have lactones – umbelliferone; a coumarin. Angelica also has some.

Blending techniques

Learning the chemistry, plant families, perfumery notes, synergy. Essential oils usually form between 0.5 and 3 % of the total blend. The amount of EO in your blend will vary from 0.5 – 3% depending on the person’s condition and size. The average is: 2 - 2.5% for an adult, or small areas, 1% for face, children elderly, very slim or pregnant clients, 3% for obese clients.

Oil Blend Tables for Aromatherapy

0.5 Percent Blend

Carrier Oils (mils)	5	10	15	20	25	30	35	40	45	50
Essential Oils (drops)		1	1	2	2	3	3	4	4	5

1 Percent Blend

Carrier Oils (mils)	5	10	15	20	25	30	35	40	45	50
Essential Oils (drops)	1	2	3	4	5	6	7	8	9	10

2 Percent Blend

Carrier Oils (mils)	5	10	15	20	25	30	35	40	45	50
Essential Oils (drops)	2	4	6	8	10	12	14	16	18	20

2.5 Percent Blend

Carrier Oils (mils)	5	10	15	20	25	30	35	40	45	50
Essential Oils (drops)	2.5	5	7.5	10	12.5	15	17.5	20	22.5	25

3 Percent Blend

Carrier Oils (mils)	5	10	15	20	25	30	35	40	45	50
Essential	3	6	9	12	15	18	21	24	27	30

Oils (drops)										
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10 mils of base oil to 1 drop of essential oil is a half percent blend.

2 percent blends are for general massage and 3 percent is the maximum you would use. If you use a blend before you finish a massage just continue with carrier oil it is safer.

To use three different oils for a one percent blend you would need to use fifteen mils of carrier oil to one drop of each of the three oils.

Oils can interfere with medications such as grapefruit with blood pressure medication so always take care.

Use (therapeutic properties and effects)

Term	Meaning
Analgesic	pain-relieving
Abortifacient	can cause a miscarriage
Anthelmintic	expels intestinal worms
Anaphrodisiac	reduces sexual response
Antidepressant	helps to lift depression
Anti-fungal or fungicidal	inhibits mould and fungi growth
Antibiotic	kills pathogenic bacteria
Antiseptic	Combats bacterial infection
Anti-inflammatory	helps to reduce and prevent inflammation
Antispasmodic	reduces muscle spasm
Antiviral	inhibits growth of viruses
Astringent	tightens body tissue
Antibacterial or bactericidal	kills bacteria
Aphrodisiac	arousing sexual desire
Bacteriostatic	inhibits growth of bacteria
Bechic	eases coughing
Carminative	Settles the digestive system – relieves flatulence
Cephalic	clears the mind – remedy for the head
Cicatrisant	promotes healing by forming scar tissue
Cholagogue	stimulates the flow of bile
Cytophylactic	cell regenerator
Decongestant	reduces congestion
Depurative	helps combat impurity in the blood
Detoxifying	helps the body to get rid of waste products
Diuretic	increases urine production
Anti-Emetic	reduces frequency of vomiting and counteracts nausea
Emmenagogue	encourages/stimulates menstruation
Expectorant	encourages expel phlegm
Febrifuge	helps reduce fever

Fungicidal	kills or inhibits yeast growth
Haemostatic	stops bleeding
Hepatic	strengthens the liver
Hypertensive	helps raise blood pressure
Hypotensive	lowers blood pressure
Mucolytic	dissolves mucus
Nervine	strengthens the nervous system
Parturient	aids childbirth
Rubefacient	promotes warmth and redness to the skin by bringing blood to the surface
Sedative	an agent to reduce functional activity
Stomachic	digestive aid and tonic
Sudorific	promotes sweating
Tonic	strengthens and enlivens the body or parts of the body
Uterine	tonic action to the uterus
Vasoconstrictor	causes capillaries to constrict
Vasodilator	causes capillaries to dilate
Vermifuge	expels intestinal worms
Vulnerary	helps wounds to heal

Origin of essences, fixed carrier oils and other media

Country of origin, part of plant used, plant families, common and Latin names of essences and fixed carrier oils

Safe handling, maintenance and storage

Manufacturer's instructions, safe and correct storage according to manufacturer's instructions and current legislation

Skin types and characteristics

The four most common skin types are:

- Balanced (no apparent signs of oily or dry areas)
- Oily (shine appears on skin, no dry areas at all)
- Dry (flaking can appear, no oily areas at all)
- Combination (oily and dry or normal areas)

Also important to recognise Sensitive Skin

- Sensitive skin can be easily irritated.
- Typical reactions are itching, burning, chafing and stinging.
- After a wash it feels dry in places.
- Reactive to touch

Contra-actions – Positive and Negative

Allergic reactions, insomnia, hallucination, respiratory reactions, headache, nausea, muscle aches, skin irritations, increased secretions, lethargy, heightened emotions, dizziness, changes in appetite, increased bowel movements, frequency in urination, skin irritation/redness/urticaria, allergic reaction to essential oil/carrier oil and blend used, drink water, rest, fresh air, flu like symptoms, change in sleep pattern, erythema, feeling faint.

Methods of evaluating

Visual, verbal, written feedback, repeat business, reflective practice, testimonials, client involvement in own health and well-being.

Unit 305 Provide Aromatherapy for Complementary Therapies

Outcome 3 Be able to reflect upon aromatherapy treatment

Practical skills

The candidate can:

- 1 **reflect** on own attitudes, beliefs, interests, priorities and values in relation to personal growth as an aromatherapist
- 2 evaluate own knowledge and practice of aromatherapy in relation to professional codes of conduct and current working practices
- 3 identify own strengths and weaknesses in order to best serve self and client

Underpinning knowledge

The candidate can:

- 1 describe the **basic elements of reflective practice**
- 2 describe how own **self-awareness** impacts on personal and professional life
- 3 identify **lifelong learning opportunities** to plan for self-development
- 4 describe how to **record evidence** of own knowledge and practical experience
- 5 explain the importance of acting on own evaluation to improve aromatherapy treatment

Range

Compare differing theories of reflective practice.

eg Kolbs Learning Cycle, Gibbs Reflective Cycle, Bolton.

Reflect

Reflection in action – decisions in the moment (ie during a treatment and the decisions you make for a particular client)

Reflection on action – looking back retrospectively (evaluating the results of a case study and developing a treatment plan for the future)

Reflective journals are useful for the student and tutor to evaluate and adapt on student needs

Strengths and weakness of your training and experiences ie (case studies)

Develop personal growth for the future

Basic elements of reflective practice

- Keeping an open mind about what, why, and how we do things
- Awareness of what, why, and how we do things
- Questioning what, why, and how we do things
- Asking what, why, and how other people do things
- Generating choices, options and possibilities
- Comparing and contrasting results
- Seeking to understand underlying mechanisms & rationales
- Viewing our activities and results from various perspectives
- Asking "What if...?"

- Seeking feedback and other people ideas & viewpoints
- Using prescriptive (advice) models only when carefully adapted to the individual situation
- Analysing, synthesizing and testing
- Searching for, identifying, and resolving problems & result limitations (Roth (1989))

Self awareness and evaluation of self

Attitudes, beliefs, knowledge, understanding, practical skills.

How did you feel at the start/end of the treatment, what did you observe, what would you change, what has the treatment taught you, how could you improve your/client experience.

Lifelong learning opportunities – Self development

Develop a personal plan for continual professional development, awareness of NOS, on going research, independent study, areas for improvement in practice, CPD, technical training, personal development plan, reflective practice log/diary

Record evidence

Own knowledge and practical experience, records of treatment detail, outcomes achieved, effectiveness of treatments, client comments, comply with data protection, current legislation, codes of ethics, professional codes of practice

Level: 3

Credit value: 25

Unit aims

The aim of this unit is to provide the learner with the knowledge and skills to carry out reflexology.

The skills developed by the learner include: communication skills, organisation skills, the ability to work unsupervised, how to adapt techniques according to the situation, the ability to plan and promote services and advise on aftercare.

The knowledge acquired by the learner will enable them to understand how the related body systems work, the effect reflexology treatments can have on each of these systems and the theory behind each technique performed.

Entry requirements

It is recommended that learners have completed or have made arrangements to attend a first aid course.

Learning outcomes

There are **three** outcomes to this unit. The candidate will:

- 1 Be able to prepare for reflexology treatment
- 2 Be able to provide a reflexology treatment
- 3 Be able to reflect upon reflexology treatment

Guided learning hours

It is recommended that **112** guided learning hours are allocated for this unit. This may be on a full time or part time basis.

Details of the relationship between the unit and relevant national occupational standards

The unit maps to the Core Curriculum for Reflexology and is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health SSC.

Connections with other qualifications

This unit contributes towards the knowledge and understanding required for the following qualification:

- 7607-31 Level 3 Diploma in Complementary Therapies
- 7607-32 Level 3 Diploma in Reflexology
- 7607-83 Level 3 Certificate in Reflexology for Complementary Therapies

Functional Skills

This unit contributes towards the Functional Skills in the following areas:

- English Level 3

Assessment

This unit will be assessed by:

- Assignment covering practical skills and underpinning knowledge
- Portfolio of evidence including reflective practice
- Evidence of reflective practice in case studies

Unit 306 Provide Reflexology for Complementary Therapies

Outcome 1 Be able to prepare for reflexology treatment

Practical skills

The candidate can:

- 1 **prepare self, client and work area** in accordance with current legislation and working practice requirements
- 2 **consult** with clients to identify **factors** which may influence treatment objectives
- 3 provide clear recommendations to the client based on the outcome of the consultation
- 4 select **materials and equipment** to suit client treatment needs

Underpinning knowledge

The candidate can:

- 1 describe the requirements for preparing self, client and work area for reflexology treatment
- 2 describe the **environmental conditions** suitable for reflexology treatment
- 3 describe the **objectives and possible benefits** of reflexology treatment
- 4 explain the **contra-indications** that may prevent or restrict reflexology treatment
- 5 describe the influencing **factors** that need to be considered when carrying out a client consultation
- 6 explain the reasons why the client may be referred to a **healthcare practitioner**
- 7 describe the **employer's and employee's health, safety and security responsibilities**

Range

Prepare self, client and work area

Behave in a professional manner throughout treatment, positive body language, personal hygiene, sanitised hands, nails, no nail varnish/extensions, hair tied back off face, no jewellery, position of self/client throughout the aromatherapy massage to ensure privacy, comfort and well-being, PPE, health & safety in accordance with current legislation

Consult

Medical and lifestyle history taking and evaluation of the client, checking for contra-indications and cautions, assessing the clients' needs, referral to other healthcare professionals and where appropriate obtaining the client's consent to pass on confidential information, agree a confidential treatment plan, client consent to treatment, client's signature and date, record outcomes.

Factors

Postural faults, general health, medication, client lifestyle, client expectations, contra-indications, local contra-indications, cautions, time, personal, cultural and social situations, age, skin conditions, skin type, allergies, anxiety or stress levels, previous treatments, underlying body structures, level of stress, foot posture and bone structure of the feet, cost, time, frequency

Select appropriate equipment and materials

Treatment couch/chair, therapist chair, chair/stool with backrest and wheels, foot stool/steps, couch covers, couch roll, waste bin, trolley, antiseptic wipes/foot spray, cotton wool, tissues, disposable gloves, individually wrapped band aid, scissors, foot medium, rolled ankle and knee support, backrest support, towels, bowl for feet, foot soak solution

Environmental conditions

Warmth, ventilation, privacy, lighting, space, cleanliness, volume and type of music/sounds, pleasant aroma, taking into account all current legislation

Objectives and possible benefits

Relaxation, stimulation, invigoration, sedation, loosening, warming, calming, stretching, reassuring
Improves energy flow around the body, balances energy in order to return the body to a balanced mental and physical level, increases circulation, lymphatic system boosted as it helps remove toxins and impurities from the body

Deeply relaxing, relieves/reduces stress levels and tension, soothes and stimulates the nervous system, enable organs to work to their optimum, helps with PMS and menopausal problems, rejuvenate tired aching feet.

Absolute Contra-indications

(Please follow the core curriculum of the Reflexology Forum)

Acute undiagnosed pain, cellulites if severe, contagious/infectious/notifiable diseases, cancer unless CPD qualified, drugs alcohol abuse if unstable, full stomach/following a heavy meal, gangrene, haemorrhage, imminent medical tests or procedures on a completely empty , stomach/very hungry, pregnancy unless CPD qualified, thrombosis, unstable heart conditions

Local contra-indications (Restrict)

(Please follow the core curriculum of the Reflexology Forum)

Athletes' foot, bone fracture, skin abrasion, contusion, wart, verrucae, muscle injury, pain, severe vascular distention

Cautions

(Please follow the core curriculum of the Reflexology Forum)

Aids/HIV/hepatitis, aneurism, phlebitis, varicose veins, asthma, diabetes, epilepsy, cellulites, skin and nail disorders, medication, recent inoculations, arthritis, osteoporosis, immediately prior and following surgery, injury to feet/hands, dysfunction of the nervous system, recent long haul flight, hypertension/hypotension, hyper/hypo thyroid, general heart conditions, migraine type headaches, heavy menstruation, any disorders or suspected disorder of internal organs

Healthcare practitioners -referral

Medical practitioner, nurse, physiotherapist, osteopath, chiropractor, counsellor or another complementary therapist, GP, pharmacist, when outside limits of own knowledge or responsibility.

Employer's and employee's health, safety and security responsibilities

Safe working equipment, safe working environment, PPE, risk assessment, Data Protection, Safe guarding vulnerable adults and children, all current legislation and working practice.

Unit 306 Provide Reflexology for Complementary Therapies

Outcome 2 Be able to provide reflexology treatment

Practical skills

The candidate can:

- 1 **communicate and behave** in a professional manner
- 2 **position self and client throughout treatment** to ensure privacy, comfort and wellbeing
- 3 use **working methods** that meet professional, legal and organisational requirements
- 4 carry out visual analysis of the feet
- 5 perform and adapt reflexology treatment using **materials, equipment** and techniques correctly and safely to meet the needs of the client
- 6 during treatment locate underlying **body structures**
- 7 during treatment locate **reflex points** on the hands and feet
- 8 during treatment locate **zones**, transfer lines and cross reflexes on hands and feet
- 9 complete treatment to the **satisfaction of the client** in a **commercially acceptable time**
- 10 **evaluate the results** of the treatment
- 11 provide suitable **aftercare and homecare advice**
- 12 **record** treatment accurately and store information securely in line with current legislation

Underpinning knowledge

The candidate can:

- 1 describe the **history, philosophy and role** of reflexology
- 2 explain the principles of **reflexology theory**
- 3 explain how **reflexology techniques** can be adapted to suit the **individual characteristics** of a client
- 4 explain the principles of all **reflexology techniques**
- 5 describe the importance of the **supporting hand**
- 6 explain the uses of different **media**
- 7 describe safe handling and use of products, **materials**, tools and **equipment**
- 8 describe the importance of the correct maintenance and storage of products, **materials**, tools and **equipment**
- 9 describe the **contra-actions** that may occur during and following treatment and how to respond
- 10 explain the **aftercare and homecare advice** that should be provided
- 11 describe the **methods of evaluating** the effectiveness of treatment

Range

Communicate

Verbal: questioning techniques, language used, tone of voice

Non-verbal: listening techniques, body language, eye contact, facial expressions

Use of: visual aids, client records. Professional communication techniques, encourage clients to express their feelings/requirements during the treatment, agreed treatment plan

Behave

Working cooperatively with others, follow salon requirements, respect colleagues and clients professional manner (respectful, reliable, honest, ethical, supportive)

Position self, client for treatment

Self - sitting posture – feet/hips even weight couch at correct working height, working methods to avoid RSI

Client – modesty, towel positioning, supports (head, legs, arms, face) enhance benefit of treatment, prevent injury, maintain client comfort and relaxation

Working methods

Safe working methods, hygienic working methods, ethical practice, professional codes of conduct, (see International Federation of Reflexologists (IFR), manner, posture, client preparation, treatments required, COSHH, special treatment licensing Act & Regulations, HSE Risk assessments

Materials and equipment

Treatment couch/chair, therapist chair, chair/stool with backrest and wheels, foot stool/steps, couch covers, couch roll, waste bin, trolley, antiseptic wipes/foot spray, cotton wool, tissues, disposable gloves, individually wrapped band aid, scissors, foot medium, ankle and knee support, backrest support, towels, bowl for feet, foot soak solution, correct selection process, hygiene/sanitation procedures, storage

Location of body structures

Major skeletal muscles, vital organs, bones, major skeletal muscles of feet and hands, bones of feet and hands, major nerves of feet and hands, major tendons and ligaments of feet and hands, underlying body structures

Reflex points

Ear, eye and taste

Organ/Zone Relationship

10 longitudinal zone lines that were established by William Fitzgerald. These zone lines start at the toes on the feet and rise through the body to the top of the head and back down to the fingers on each hand. This is why the reflexes on the hands and feet are similar. Each zone on the foot contains the reflexes for each organ along that line through the body. Walking over the zones to complete a treatment ensures that every organ has been worked on. The table below shows the organs found along each zone.

Right Foot/Hand

Zone 1 Centre	Big Toes/Thumbs	Pituitary, Brain, Hypothalamus, Thyroid, Sinuses, Trachea, Oesophagus, Spine, Small Intestine, Transverse Colon, Pancreas, Stomach, Duodenum, Adrenal Gland, Urethra, Bladder
Zone 2 Right	2 nd Toe/Index Finger	Sinus, Eye, Lung, Diaphragm, Liver, Oesophagus, Duodenum, Transverse Colon, Small Intestine, Kidney
Zone 3 Right	3 rd Toe/Middle Finger	Sinuses, Eustachian Tube, Lung, Diaphragm, Liver, Transverse Colon, Small Intestine

Zone 4 Right	4 th Toe/Ring Finger	Sinuses, Ear, Lung, Diaphragm, Liver, Gall Bladder, Transverse Colon, Small Intestine
Zone 5 Right	5 th Toe/Little Finger	Sinuses, Shoulder, Diaphragm, Liver, Knee, Ascending Colon, Ileo-Caecal Valve

Left Foot/Hand

Zone 1 Centre	Big Toes/Thumbs	Pituitary, Brain, Hypothalamus, Thyroid, Sinuses, Trachea, Oesophagus, Spine, Small Intestine, Transverse Colon, Pancreas, Stomach, Adrenal Gland, Urethra, Bladder, Sigmoid Flexure
Zone 2 Left	2 nd Toe/Index Finger	Sinuses, Eye, Oesophagus, Lung, Diaphragm, Stomach, Pancreas, Kidney, Transverse Colon, Small Intestine, Sigmoid Flexure
Zone 3 Left	3 rd Toe/Middle Finger	Sinuses, Eustachian Tube, Lung, Diaphragm, Pancreas, Transverse Colon, Small Intestine, Sigmoid Flexure
Zone 4 Left	4 th Toe/Ring Finger	Sinuses, Ear, Lung, Diaphragm, Spleen, Transverse Colon, Small Intestine, Sigmoid Flexure
Zone 5 Left	5 th Toe/Little Finger	Sinuses, Shoulder, Knee, Descending Colon

Satisfaction of the client

Appropriate communication, consent, agreed plan, depth of pressure, focus on specific reflexes, comfort, dignity, relaxation, evaluation, reflection, aftercare, agreed plan, focus on specific areas, within time allocated or extended time by agreement, depth of pressure, comfort and dignity, towel draping, appropriate communication, physical comfort (warmth, lighting, music), effectiveness

Commercially acceptable time

First treatment 1 hour 30 minutes, following treatments 1 hour each including; 45 minutes of treatment and 15 minutes for after care advice and recording.

Evaluate the results

Effectiveness of treatment, client's opinions, further treatment, revised goals, clients involvement in own health and well – being, discuss and review outcomes of treatment and it's effectiveness with clients, encourage clients to offer their opinions, where continued treatment is considered advisable agree revised goals and further treatment, encourage clients to think how they might promote their own health and well-being

Aftercare and homecare advice

Limit physical exercise, modify diet, for 12- 24 hours ensure light food, no alcohol, or caffeine rest, ensure light food, gradually increase water intake , explanation of healing reactions suggest further treatment, recommend lifestyle changes (if appropriate), recommend self help reflexology (if appropriate) referral to medical/non medical practitioner, time management, smoking habits,

lifestyle changes, relaxation/stress management techniques, healthy eating, avoid strenuous activity/heat treatments, if driving open window.

Record

Confidential client notes, consultation, continuous consent, treatment record, aftercare advice, evaluation and reflection, signed treatment plans.

History

Ancient Egypt - appears to be 'Reflexology' to include the tomb wall relief translation
Practices in China, far East, India, North America, Europe and Africa

Zone Theory:

Longitudinal zones, transverse zones, cross reflexes, referral zones, related areas -
Sir Henry Head, Sir Charles Sherrington, Dr William Fitzgerald, Jo Shelby (Selby) Riley, Edwin Bowers
Joseph Corvo, Hanne Marquardt, Eunice Ingham, Dwight Byers, Doreen Bayly, ongoing development

Zone Theory to Reflexology:

Eunice Ingham the three transitions it is believed she established to build reflexology from zone therapy - identified feet as target, mapped the feet in detail locating the original reflexes, added the technique of variable and alternating pressure as an alternative to the constant pressure of zone therapy

Philosophies of Reflexology

Hypothesis

Pain gate control
Placebo effect
Energy blockage theories
Endorphin/enkephalin release theory
Autonomic & somatic integration theory
Therapeutic Relationship
Proprioceptive theory
Electromagnetic theory
Lactic acid theory/'U' bend theory
Meridian Theory
Nerve impulse theory
The reflexology package
Attendant Philosophies
Holism, complementary medicine, alternative medicine, CAM

Reference

Melzak & Wal, 1965
Tanner 1978
Tanner 1983, Kunz & Kunz, 1985
Ginsberg & Famey 1987
Kunz & Kunz 1988
Tanner 1988, NOS 2001
Kunz & Kunz 1988
Bliss & Bliss 1999
Tanner 1983 Bliss & Bliss 1999
Dougan 1996 Crane 1996
Bliss & Bliss, 2000
Mckereth & Tiran 2000

Reflexology techniques

Foot and hand support, warm up massage, Thumb and finger walking (caterpillar crawl), bent thumb technique, index finger slide forward – backward crawl (swim treat), index finger crawl forward – pull distal joint back immediately (the dance), pin pointing, rotating, rolling, pinch & push, hook in backup (bee sting), rocking, lateral edge walk, pinch 'n' rotate, webbing pinch. Toe/ankle rotation, spinal stretch/stroking

Individual characteristics

Muscle bulk, bone health, medical conditions, skin sensitivity, age related (eg. growth plates in children), deformities, areas of scar tissue, pregnant women, elderly, frail, children

Supporting hand

Five main functions of the supporting hand:

- To support the foot being worked and to keep it stationary
- To protect the foot from pressure to the opposite facet of the foot to where the pressure technique is directed, to avoid pinching and confusing the assessment of sensitive areas
- To act as a platform off which the working hand fingers or thumb can lever
- To spread or stretch an area of the foot so deep reflex points can be brought more to the surface to be accessed more easily by the working thumb or finger
- To maintain client contact and transmit reassurance

Media

Carrier oils, skin lotion, skin cream, corn flour, liquid talc

Contra-actions Positive and Negative

Mild insomnia, mild headache, mild nausea, increased secretions, lethargy, heightened emotions, increased micturition, increased frequency of bowel movement

Reflexology relaxation techniques

Effleurage, ankle rotation, side to side rocking, metatarsal spread, stretching, spinal twist, inner relaxer, Effleurage foot, Pull up heel to toe, Toe wiggles (flex toes), Spread toes, Rotate toes (clockwise and anti-clockwise), Big toe – figure of eight, Push / pull, Spinal twist, Diaphragm press (push in when client breathes in on solar plexus reflex, Achilles stretch, Ankle rock (if applicable), Fanning on sole of foot, Foot shake (medial and lateral rub)

Methods of evaluating

Visual, verbal, written feedback, repeat business, reflective practice, testimonials, client involvement in own health and well-being

Unit 306 Provide Reflexology for Complementary Therapies

Outcome 3 Be able to reflect upon reflexology treatment

Practical skills

The candidate can:

- 1 **reflect** on own attitudes, beliefs, interests, priorities and values in relation to personal growth as a reflexologist
- 2 evaluate own knowledge and practice of reflexology in relation to professional codes of conduct and current working practices
- 3 identify own strengths and weaknesses in order to best serve self and client

Underpinning knowledge

The candidate can:

- 1 describe the **basic elements of reflective practice**
- 2 describe how own **self-awareness** impacts on personal and professional life
- 3 identify **lifelong learning opportunities** to plan for self-development
- 4 describe how to **record evidence** of own knowledge and practical experience
- 5 explain the importance of acting on own evaluation to improve reflexology treatment

Range

Compare differing theories of reflective practice.

eg (Kolbs Learning Cycle, Gibbs Reflective Cycle, Bolton

Reflect

Reflection in action – decisions in the moment (ie during a treatment and the decisions you make for a particular client)

Reflection on action – looking back retrospectively (evaluating the results of a case study and developing a treatment plan for the future)

Reflective journals are useful for the student and tutor to evaluate and adapt on student needs

Basic elements of reflective practice

- Keeping an open mind about what, why, and how we do things
- Awareness of what, why, and how we do things
- Questioning what, why, and how we do things
- Asking what, why, and how other people do things
- Generating choices, options and possibilities
- Comparing and contrasting results
- Seeking to understand underlying mechanisms & rationales
- Viewing our activities and results from various perspectives
- Asking "What if...?"
- Seeking feedback and other people ideas & viewpoints

- Using prescriptive (advice) models only when carefully adapted to the individual situation
- Analysing, synthesizing and testing
- Searching for, identifying, and resolving problems & result limitations (Roth (1989))

Self awareness and evaluation of self

Attitudes, beliefs, knowledge, understanding, practical skills.

How did you feel at the start/end of the treatment, what did you observe, what would you change, what has the treatment taught you, how could you improve your/client experience.

Lifelong learning opportunities – Self development

Develop a personal plan for continual professional development, awareness of NOS, on going research, independent study, areas for improvement in practice

CPD, technical training, personal development plan, reflective practice log/diary

Record evidence

Own knowledge and practical experience, records of treatment detail, outcomes achieved, effectiveness of treatments, client comments, comply with data protection, current legislation, codes of ethics, professional codes of practice,

Unit 307

Healthy Eating and Wellbeing for the Complementary Therapy Client

Level: 3

Credit value: 6

Unit aims

The aim of this unit is to provide the learner with the knowledge and skills required to have a basic understanding of healthy eating and wellbeing.

Learning outcomes

There are **two** outcomes to this unit. The candidate will:

- 1 Understand the role and sources of nutrients required for a balanced diet to maintain good health
- 2 Be able to provide general information on healthy eating

Guided learning hours

It is recommended that **30** guided learning hours are allocated for this unit. This may be on a full or part time basis.

Details of the relationship between the unit and relevant national occupational standards

The unit is linked to the Skills for Health NOS, please see Appendix 1 for details.

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health SSC.

Connections with other qualifications

This unit contributes towards the knowledge and understanding required for the following qualifications:

- 7607-31 Level 3 Diploma in Complementary Therapies
- 7607-32 Level 3 Diploma in Massage
- 7607-33 Level 3 Diploma in Aromatherapy
- 7607-34 Level 3 Diploma in Reflexology

Functional Skills

This unit contributes towards the Functional Skills in the following areas:

- English Level 1 and 2

Assessment

This unit will be assessed by:

- An assignment covering practical skills and underpinning knowledge

Unit 307

Healthy Eating and Wellbeing for the Complementary Therapy Client

Outcome 1

Understand the role and sources of nutrients required for a balanced diet to maintain good health

Underpinning knowledge

The candidate can:

- 1 explain the functions of protein, fat/lipids, carbohydrates, roughage/fibre, water, vitamins and minerals in the diet, identifying examples of **common food sources**
- 2 describe how **nutrients may be effected by:**
 - the cooking process
 - refining food
 - environmental pollutants
- 3 explain what constitutes a **balanced diet**
- 4 explain the importance and benefits of eating regularly
- 5 explain how **nutritional imbalance can affect health and wellbeing**
- 6 explain metabolism, **Basal Metabolic Rate (BMR)** and units of energy
- 7 identify the basic rules/guidelines to **food labelling**

Range

Common food sources

Carbohydrate:

- Simple carbohydrate: Monosaccharides Disaccharides (sugars, sweets, chocolate, fruit)
- Complex carbohydrates – polysaccharides (beans, bread, pasta, potatoes, rice, corn)Fibre eg fruit, breakfast cereals, wholegrain cereals and breads
- Protein: eg (meat, fish, eggs, lentils, pulses, dairy products, beans, leafy vegetables)
- Vitamins A, B₁ B₂, B₃, B₆, B₁₂, C, D, E, F, K (vegetables, fruit, milk, fish, eggs)
- Minerals: iron, calcium, zinc, magnesium, potassium, sodium, phosphorous, selenium, (milk, nuts, vegetables, meats)
- Lipids/fats (saturated and unsaturated, polyunsaturated)(meat, dairy products, processed foods, cakes, biscuits, pies, oils)
- Water

Nutrients effected by:

Cooking, storage, freezing, blanching, re-heating, additives, preservatives, commercial antioxidants, flavour enhancer, thickener, emulsifiers, colouring

Refined, colour, texture, taste, nutritional value.

Environmental pollutants, pesticides, CO₂ emissions

Balanced diet

Reference to government guidelines, balanced intake of nutrients, regular timing of food intake, high fibre, low in fat, low in salt, five portions of fruit and vegetable a day

Importance of healthy eating

Physical/mental benefits – improved health, physical fitness, self confidence,
Mood/concentration, metabolism

Nutritional imbalance – health and well-being

Common ailments; common cold, influenza, cystitis, water retention, arthritis, PMT, sinusitis,
migraine, asthma, stress, eczema. Psoriasis, cellulite, hypoglycaemia, diabetes

Basal metabolic rate (BMR)

BMR is the minimum calorific requirement needed to sustain life in a resting individual. Calories and kilojoules are a measure of the energy contained in both the foods we eat and our body fat.

Calories – kcal

Kilojoules – kj

Food labelling

Nutrition labels help you choose between products, keep a check on the amount of foods high fat, salt and added sugars that you are eating. Labels on the back or side of packaging, traffic light colour coding, guidelines daily amount (GDAs)

Nutrition (SACN), food standards agency, DEFRA

Unit 307 **Healthy Eating and Wellbeing for the Complementary Therapy Client**

Outcome 2 Be able to provide general information on healthy eating

Practical skills

The candidate can:

- 1 **evaluate** the client's present **eating habits** in line with current healthy eating guidelines
- 2 provide **general information** to maintain health and wellbeing.

Underpinning knowledge

The candidate can:

- 1 explain the **factors** that should be considered when planning healthy eating for the complementary therapy client

Range

Evaluate

Basic medical and lifestyle history taking and evaluation of the client, checking for contra-indications and cautions and assessing the clients' needs

Eating habits

Frequency of consumption, snacking, eating routine, type of food – processed or fresh, 7 day food diary

General information (lifestyle)

Healthy eating, importance of exercise, sleep and adverse effects of nicotine, alcohol and drugs, fluid/water intake, supplements, posture, hobbies, rest, relaxation, time management, stress levels

Factors

Age, body type, gender, occupation, activity level, food and fluid intake, pre disposed conditions, stress, lifestyle changes: diet, increase of fluid intake and leisure activity, pregnancy, psychological, economics, sociological, environmental, [culture, religion](#)

Appendix 1 Connections to other qualifications

City & Guilds has identified the connections to other qualifications and the NOS. This mapping is provided as guidance and suggests areas of overlap and commonality between the qualifications. It does not imply that candidates completing units in one qualification are automatically covering all of the content of the qualifications listed in the mapping.

Centres are responsible for checking the different requirements of all qualifications they are delivering and ensuring that candidates meet requirements of all units/qualifications.

Relationship to NOS Standards

The following grid maps the knowledge and the practical skills covered in the City & Guilds Level 3 Diploma in Complementary Therapies against the National Occupational Standards produced by Skills for Health.

		CNH1	CNH2	CNH4	CNH7	CNH11
Vocational Level 3 Diploma	Unit 301	✓	✓	✓	✓	✓
	Unit 302	✓	✓	✓	✓	✓
	Unit 303	✓	✓	✓	✓	✓
	Unit 304	✓	✓	✓		
	Unit 305	✓	✓		✓	
	Unit 306	✓	✓			✓

Appendix 2 Qualification structure

The suite of units included in the qualifications is shown below:

Unit number	Unit title	Assessment requirements
Unit 301	Principles and Practice of Complementary Therapies	Centre assessed assignment – 3 knowledge related tasks
Unit 302	Business Practice for Complementary Therapies	Centre assessed assignment – 4 knowledge related tasks and a practical observation
Unit 303	Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies	Online multiple choice examination, on demand examination using E-volve system
Unit 304	Provide Body Massage for Complementary Therapies	Records of 36 treatments including evidence of reflective practice. Practical assessment and viva by independent assessor. Written case study assessment.
Unit 305	Provide Aromatherapy for Complementary Therapies	Records of 60 treatments including evidence of reflective practice. Practical assessment and viva by independent assessor. Written case study assessment.
Unit 306	Provide Reflexology for Complementary Therapies	Records of 100 treatments including evidence of reflective practice. Practical assessment and viva by independent assessor. Written case study assessment.
Unit 307	Healthy Eating and Wellbeing for the Complementary Therapy Client	Centre assessed assignment, practical assessment, case studies

Appendix 3 Functional/Core Skills signposting

The qualifications provide opportunities to gather evidence for the accreditation of Functional/Core skills as shown in the table below. However, to gain Functional/Core Skills certification the Functional/Core Skills would need to be taken as an additional qualification.

Unit 301 Principles and Practice of Complementary Therapies Communication

- English Level 3

Unit 302 Business Practice for Complementary Therapies Communication

- English Level 3

Unit 303 Knowledge of Anatomy, Physiology and Pathology for Complementary Therapies

- English Level 3
- Mathematics Level 2

Unit 304 Provide Body Massage for Complementary Therapies

- English Level 3

Unit 305 Provide Aromatherapy for Complementary Therapies

- English Level 3

Unit 306 Provide Reflexology for Complementary Therapies

- English Level 3

Unit 307 Healthy Eating and Wellbeing for the Complementary Therapy Client

- English Level 1 and 2

Appendix 4 The wider curriculum

Delivery of these units can contribute to the learner's understanding of spiritual, moral, ethical, social and cultural issues in the following manner:

Spiritual/Moral/Ethical: Providing quality of service and value for money has an important moral/ethical dimension, as does the importance of respecting client confidentiality. Appreciating and respecting other's beliefs, values, gender and disabilities is key to building good client and working relationships. It underpins all of the units in these qualifications.

Social/Cultural: Learning how to communicate effectively and to develop good relationships with others – their peers, assessors/teachers, supervisors, and clients – will be key to their career success and the success of the salon. It underpins all of the units in these qualifications.

Environmental/Health and Safety: Understanding the importance of maintaining cleanliness in the salon, the safe disposal of waste products, and ensuring that the salon environment is congenial and free of avoidable risks, is key to providing good service. It underpins all of the units in these qualifications.

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Useful contacts

Type	Contact	Query
UK learners	T: +44 (0)20 7294 2800 E: learnersupport@cityandguilds.com	<ul style="list-style-type: none"> • General qualification information
International learners	T: +44 (0)20 7294 2885 F: +44 (0)20 7294 2413 E: intcg@cityandguilds.com	<ul style="list-style-type: none"> • General qualification information
Centres	T: +44 (0)20 7294 2787 F: +44 (0)20 7294 2413 E: centresupport@cityandguilds.com	<ul style="list-style-type: none"> • Exam entries • Registrations/enrolment • Certificates • Invoices • Missing or late exam materials • Nominal roll reports • Results
Single subject qualifications	T: +44 (0)20 7294 8080 F: +44 (0)20 7294 2413 F: +44 (0)20 7294 2404 (BB forms) E: singlesubjects@cityandguilds.com	<ul style="list-style-type: none"> • Exam entries • Results • Certification • Missing or late exam materials • Incorrect exam papers • Forms request (BB, results entry) • Exam date and time change
International awards	T: +44 (0)20 7294 2885 F: +44 (0)20 7294 2413 E: intops@cityandguilds.com	<ul style="list-style-type: none"> • Results • Entries • Enrolments • Invoices • Missing or late exam materials • Nominal roll reports
Walled Garden	T: +44 (0)20 7294 2840 F: +44 (0)20 7294 2405 E: walledgarden@cityandguilds.com	<ul style="list-style-type: none"> • Re-issue of password or username • Technical problems • Entries • Results • GOLLA • Navigation • User/menu option problems
Employer	T: +44 (0)121 503 8993 E: business_unit@cityandguilds.com	<ul style="list-style-type: none"> • Employer solutions • Mapping • Accreditation • Development Skills • Consultancy
Publications	T: +44 (0)20 7294 2850 F: +44 (0)20 7294 3387	<ul style="list-style-type: none"> • Logbooks • Centre documents • Forms • Free literature

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