

ABC
AWARDS

LEVEL 3 DIPLOMA
IN
REFLEXOLOGY





www.abcawards.co.uk

LEVEL 3 DIPLOMA
IN
REFLEXOLOGY

Customer Service Statement

ABC Awards strives to provide a prompt, high quality service to enable its centres, in turn, to meet the needs of its customers. A full copy of ABC Awards' Customer Service policy can be seen on the web site. Any comments or suggestions are welcome.

Enquiries

Any enquiries relating to the qualification contained within this specification should be directed to:

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Those without Internet access may also wish to contact this office.

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Background

ABC Awards, its Portfolio and Qualifications

ABC Awards (ABC) is approved by the Qualifications and Curriculum Authority (QCA) to offer qualifications throughout the United Kingdom. QCA is the regulatory body for public examinations and publicly funded qualifications and also has the authority to monitor awarding bodies through quality audits. ABC has offices in Chorley, Nottingham and Taunton. ABC Awards' current portfolio contains qualifications accredited onto the National Qualifications Framework (NQF) ranging from Entry Level to Level 6. NQF qualifications are eligible for funding under the Learning and Skills Act 2000. More information on funding can be obtained from the Learning and Skills Council (LSC) – **www.lsc.gov.uk**

ABC specialises in developing Vocationally Related Qualifications (VRQs). These are designed to underpin much of the knowledge for the National Occupational Standards (NOS) and assist in the development of practical skills. In turn, NOS form the basis of National Vocational Qualifications (NVQs). Therefore, although VRQs have links with NVQs, they are not designed to deliver occupational competence and as such do not require delivery and assessment in the workplace. All ABC VRQs are mapped to the NOS for purposes of future accreditation of prior learning (APL) should candidates opt to achieve the NVQ at a later date.

Centres offering ABC qualifications may be colleges, private training providers, community groups, adult education centres, schools, prisons and businesses.

ABC works closely with the relevant Sector Skills Council (SSC) when developing a qualification for the NQF. A network of SSCs exists to lead the skills and productivity drive in industry recognised by employers. They bring together employers, trade unions and professional bodies working with the government to develop the skills that UK business needs. The Sector Skills Development Agency (SSDA) has been established to underpin the SSC network and promote effective working between sectors – **www.ssda.org.uk**

ABC has the support of Skills for Health for this particular qualification
www.skillsforhealth.org.uk

This specification has been developed in partnership with the Association of Reflexologists. The Association of Reflexologists is a member of the Reflexology Forum, which has developed National Occupational Standards for the reflexology sector. The specification is designed to match the National Occupational Standards. Details of the work of the Association of Reflexologists can be obtained from their web site at **www.aor.org.uk**

ABC VRQs are signposted for Key Skills or Basic Skills wherever possible. Whilst Key Skills are not a part of ABC VRQs, it is recognised that they are transferable skills that play an important role in developing personal effectiveness in adult and working life. Signposting illustrates which Key Skills may be realistically achieved through completion of this qualification; candidates may apply to other Key Skills awarding bodies for certification once they have achieved and been assessed in the relevant units.

ABC VRQs also provide opportunities for developing an understanding of the wider curriculum (spiritual, moral, ethical, social and cultural issues and an awareness of environmental issues, health and safety considerations and European developments). Each component of the wider curriculum is signposted as appropriate.

Finally, ABC qualifications are generally available throughout the UK, unless otherwise stated. Please note however that different regulations exist in Scotland. ABC provides all printed materials in English, however can provide materials in Welsh and/or Irish (Gaeilge) where requested and where appropriate.

Further information, policies, procedures and forms can be obtained from **www.abcawards.co.uk**

Centre Recognition and Qualification Approval

The policies and quality systems of a centre must be approved as a guarantee that candidates will receive their entitlement to fair and equal treatment and have access to a high standard of tuition, resources and fair assessment opportunities. Centres must complete the appropriate application form when requesting to deliver an ABC qualification.

If a centre is approved to run qualifications by another awarding body within a sector in which an ABC qualification / unit sits it will be given approval to deliver that qualification. However, if there is a need to check any specific resources, human or physical that may be a particular requirement of that qualification and/or its assessment additional approval may be required. A fee may be charged for the external moderation or verification of these additional requirements.

Submission of any approval documentation will be checked by a subject specialist by means of a visit to the centre or through postal moderation.

Centres should apply for approval prior to enrolling candidates in order to guarantee the appropriate resources are in place to allow candidates the maximum chance of success.

Health and Safety

Centres are required to ensure that health and safety regulations are adhered to at all times with regard to the health and well being of all staff and candidates. Centres will be expected to demonstrate ongoing compliance particularly in relation to specific qualification requirements.

Staffing

It is expected that all staff involved with the delivery of the course will be appropriately qualified to assess candidates against the standards. Generally teaching staff should be qualified and / or vocationally experienced to at least the level above that which they are teaching. ABC's quality assurance procedures will monitor the way in which the centre's resources support candidates' achievement.

Evaluation and Review

There should be ongoing evaluation by the staff and candidates and this should take place in the following ways

- candidate self-evaluation
- regular review of learning outcomes against agreed criteria
- validation by suitably qualified and experienced internal assessor and internal moderator

Internal Moderation

ABC requires centres to implement a programme of internal moderation to ensure that:

- candidates gain access to fair and reliable assessment opportunities
- everyone assesses to the same standards
- assessment decisions of assessors are sampled and monitored to ensure consistency
- assessors are supported with advice and guidance
- all work carried out is within agreed systems and procedures

Internal moderators must not, under any circumstances, check their own assessment decisions.

Further guidance on internal moderation can be seen on the web site.

External Moderation

ABC will appoint, train and allocate external moderators to

- visit each centre on ABC's behalf, usually once per academic year
- monitor and sample candidates' work to ensure that assessment decisions are fair, reliable, valid and consistent with required standards
- liaise between centres and ABC to establish standardisation
- establish goodwill and assist with any problems arising from the delivery of an ABC qualification

External moderators will only be appointed if they fulfil the following requirements

- have a minimum of five years practitioner experience in reflexology
- hold membership of a recognised professional organisation of reflexologists
- show evidence that they are engaged in Continuing Professional Development (CPD) with reflexology

Further guidance on external moderation can be seen on the web site.

Accreditation of Prior Learning (APL)

ABC encourages its centres to recognise the previous achievements of candidates through APL. Prior achievements may have resulted from past or present employment, previous study or voluntary activities. Once the assessor is satisfied that the evidence is authentic and current, s/he should assess the evidence against the requirements of the ABC unit(s) in the normal manner. Any queries should be referred to the internal moderator.

Unit Design

Unit 1 “Principles and Practice of Reflexology” contains

Learning Outcomes: defines what the candidate needs to do.

This unit consists of 4 elements, each divided into sub-sections containing

Knowledge Requirements: defines what the candidate needs to know. The **minimum** requirements are outlined.

Unit 2 “Techniques of a Reflexology Treatment” contains **Learning Outcomes** (as above) and

Assessment Guidance: explains how the assessment may be carried out, depth of coverage expected, what *should* be included and what *could* be included.

Diversity

ABC will endeavour to ensure that through its policies, procedures and actions all candidates entered for assessment are treated fairly and on an equal basis. All centres will be expected to have a clear commitment in support of this objective.

Access to ABC qualifications is open to all candidates irrespective of gender, ethnic origin, creed, employment status, nationality, sexual orientation, marital status or special assessment arrangements. Centres must ensure that no candidate is subjected to unfair discrimination on any of these grounds in relation to access to assessment and to the fairness of the assessment.

A copy of ABC’s full policy can be seen on the web site.

Level 3 Diploma in Reflexology

QCA Accreditation No: 100/2798/1

Accreditation Start Date: 01/01/2003

Accreditation End Date: 31/12/2010

Certification End Date: 31/12/2013

Introduction

This specification has been produced to satisfy a need to provide the public with a well-structured vocationally-related qualification for practising reflexologists. Public interest in complementary therapies and reflexology in particular, is growing year on year.

The demand for reflexology in the workplace continues to grow rapidly as companies are increasingly aware of the problems caused by stress at work. Significant numbers of companies now employ reflexologists to help combat the effects of stress.

The NHS is increasingly aware of the effectiveness of reflexology in some areas of patient care. As a result, reflexologists are being employed or contracted into the NHS hospitals and GPs' surgeries.

This qualification has the support of other key interest groups in this vocational sector.

The qualification was originally developed in the 1980's by the Association of Reflexologists and was entitled 'A Practitioners' Certificate in Reflexology'. The Association of Reflexologists was an awarding body at that time. The AoR worked with between 60 and 100 private and publicly funded centres that were accredited to deliver its qualification. In response to QCA policy to maintain a separation between the interests of membership bodies and the management of the qualification, the AoR went into partnership with the awarding body AQA. A revised specification was developed by AoR to meet the needs of the NQF and the awarding body. The draft National Core Curriculum closely matches the qualification. This qualification was entitled the AQA Level 3 Diploma in Reflexology and came into effect from January 2003. On 1 October 2004 the qualification was passed by AQA to ABC and AQA's partnership with AoR dissolved. The AoR and ABC are now working in partnership to maintain and develop the qualification. The AoR's accredited centres have now also undergone centre and scheme approval with ABC.

ABC's Partner for this Qualification

The AoR was founded in 1984. It arose from a need to regulate standards and to provide a network of qualified practitioners within a responsible organisation to which the public can refer with confidence.

The aims of the AoR are to maintain a high standard of practice among its members and to promote the therapy. The AoR has approximately 9000 members in the UK and overseas. There is an ongoing educational programme for members; talks and discussions are held which relate to reflexology; and speakers from other disciplines are invited to widen members' understanding of the whole field of complementary therapies. The AoR is a member of the Reflexology Forum which has developed National Occupational Standards and is developing a core curriculum.

The AoR publishes Reflexions Journal, a quarterly magazine, which keeps members informed of developments and provides a platform for their news and views.

Contact details for AoR are

Association of Reflexologists
5 Fore Street
Taunton
TA1 1HX

Telephone: 0870 567 3320
Fax: 01823 336646
Web site: www.aor.org.uk

Aims

A course based on this specification should encourage candidates to

- develop an essential knowledge and understanding of the theory and practice of reflexology
- develop an essential knowledge and understanding of anatomy and physiology
- sustain, motivate and develop an enjoyment of, and interest in reflexology
- show a knowledge of, and an understanding of, the facts, principles and concepts of reflexology

Assessment Objectives

The scheme of assessment will assess candidates' ability to

1. Client-based practical reflexology

- carry out therapeutic reflexology practices, and interpret observations
- make and record information relating to the presenting condition
- carry out and record a planned course of treatment
- conclude and evaluate the treatment process and make recommendations for further treatment

2. Knowledge with understanding

- recognise, record and show understanding of the facts, terminology, principles, concepts and techniques of anatomy and physiology

- use knowledge to show an understanding of the ethical, socio-economic and environmental implications and applications of reflexology
 - select, organise and present relevant information clearly and logically using appropriate specialist vocabulary
- 3. Application of knowledge**
- describe, explain and interpret information in terms of reflexology principles and concepts
 - present arguments and ideas clearly and logically using specialist vocabulary
 - apply reflexology principles and concepts in problem-solving
- 4. Synthesis and evaluation**
- collate principles and concepts from different areas of reflexology
 - evaluate the results and effects of reflexology treatment

Target Group

Candidates should have reached the age of 19 years in order to be entered for this qualification and must be enrolled for a course at an Accredited Centre.

Entry Requirements

There are no formal academic entry requirements for this Diploma, but entrants would benefit from having a knowledge of Biology or Human Biology equivalent to that of GCSE Higher Tier, and additionally of Chemistry and Physics equivalent to GCSE Foundation Tier.

Centre admission policy, should, however, include an interview or selection procedure to ensure the suitability of candidates for acceptance on a course leading to this qualification.

Prospective candidates should be made aware that they will be called upon to exercise a high level of personal responsibility when receiving personal and sensitive information confidentially and in a non-judgemental way. Before being admitted to the course, they must be considered capable of maintaining high ethical standards.

Progression Opportunities

This qualification is designed principally to lead directly into employment as a reflexologist. It will also enable progression to a First Degree in Health Sciences in a number of Higher Education Programmes in the UK universities. There are post-graduate programmes available, for which this qualification is a prerequisite.

Qualification Structure

The ABC Level 3 Diploma in Reflexology is made up of the following units

Unit 1 - Mandatory Principles and Practice of Reflexology	Knowledge and understanding of subject content. Externally assessed
Unit 2 - Mandatory Techniques of a Reflexology Treatment	Reflexology skills and techniques. Internally assessed

To be awarded the ABC Level 3 Diploma in Reflexology, candidates must have achieved a pass in the two mandatory Assessment Units 1 and 2.

The qualification has been allocated 100 'guided learning hours' minimum, plus a minimum of 60 home study hours for completion.

The LSC definition of 'guided learning hours' is "all times when a member of staff is present to give specific guidance towards the learning aim being studied on a programme. This includes lectures, tutorials, and supervised study in, for example, open learning centres and learning workshops. It also includes time spent by staff assessing learners' achievements. It does not include time spent by staff in the day-to-day marking of assignments or homework where the learner is not present. It does not include hours where supervision or assistance is of a general nature and is not specific to the study of the learners".

Centres should bear this in mind when planning qualification delivery.

Qualification Delivery

Centres should adopt a delivery approach that supports both the vocational nature of the Level 3 Reflexology qualification and the particular group of candidates. Units in the Diploma in Reflexology contain both practical learning outcomes and more theoretical knowledge requirements, so delivery should ensure appropriate association between theory and practice. There is no requirement that the topics be taught in the order presented in Elements 1-4 of the Qualification Content. The aims, aspirations and experience of the candidates should also be considered.

Delivery may be enhanced by

- liaising with employers with reference to delivery, work experience and/or resources
- visits to appropriate places of interest
- the provision of information and guidance to candidates on the availability and type of employment the qualification may lead to and on the progression routes available for further education and training

It is hoped that opportunities provided by the specification will be fully used to introduce related and general/key skills studies.

Centres must ensure that adequate arrangements are in place for supporting candidates. This could be either through separate tutorial/assessment sessions or through the use of time within structured study sessions.

Resources

No specific resources are required.

Assessment

The ABC Level 3 Diploma in Reflexology comprises internal and external assessment in equally weighted proportions.

Internal assessment is conducted by the course tutor and externally moderated by ABC.

External assessment is by a test externally set and marked by ABC in accordance with the Awarding Bodies' common *Instructions for the Conduct of Examinations*, as current at the time of the examination. The pass mark for the external assessment is 60%.

Candidates must be successful in both of the above assessment components to achieve the ABC Level 3 Diploma in Reflexology.

External assessment

Unit 1 – Principles and Practice of Reflexology – will assess the following content areas

- anatomy and physiology*
- some causes of ill health*
- reflexology theory and practice*
- practice management and the law*

* The topics within these areas of knowledge are outlined in the Qualification Content.

The assessment will comprise compulsory structured questions: some questions can be answered with a single phrase or sentence; others will require extended answers. The pass mark for the externally assessed unit is 60%.

The approximate percentage weightings of the externally assessed assessment objectives are as follows

Knowledge with understanding	45%
Application of knowledge	30%
Synthesis and evaluation	25%
Total	100%

Some questions may be set in contexts that are different from those included in the content detail. Such questions will contain sufficient information for candidates to answer them correctly.

The identification, labelling, interpretation or completion of simple diagrams may be required in examination questions. However, candidates will not be required to draw diagrams from memory.

They may be expected to extract information from tables, graphs, bar-charts, pie-charts and diagrams but will not be expected to construct such items from data.

Unless specific phrases (see Qualification Content – “Presentation of qualification content”) are used to introduce specific items of content, candidates will be expected to know or recall specific information or data. They may be expected to provide evidence within the written examination paper of their ability to present factual information, both qualitative and quantitative, without stimulus material being presented in the question.

Internal Assessment

Unit 2 – Techniques of a Reflexology Treatment – will assess the ability of the candidate in the skills and competencies of practical reflexology. Detailed information is provided on pages 58 and 59.

1. Forming an initial impression of the client
2. Research of the client's condition
3. Condition of the client's feet/hands
4. Client treatment plan
5. Initial treatment
6. Subsequent treatments (case studies only)
7. Drawing a conclusion
8. Presentation of studies

Unit 2 uses coursework to assess practical reflexology skills. The specification is designed so that the contexts derived from **Anatomy and Physiology, Causes of Ill Health, Reflexology Theory and Practice, and Practice Management and the Law** underpin the teaching and assessment of practical reflexology.

The percentage weighting of the internally assessed assessment objective is as follows

Practical Reflexology	100%
Total	100%

Candidates' work for assessment must be undertaken under conditions that allow their tutor to supervise the work and to authenticate each candidate's whole work with confidence.

The work assessed must solely be that of the candidate concerned. Any assistance given to an individual candidate that is beyond that given to the group as a whole must be recorded on the Candidate Record Form (see Assessment Documentation, Appendix 2).

Both the candidate and the tutor are required to sign declarations confirming that the work submitted for assessment is the candidate's own (see Appendix 1).

All internally assessed work and associated assessment records are to be available for the moderator to select a sample for inspection during the Centre Visit. Where postal moderation takes place, Accredited Centres will be advised as to the composition of the sample they should provide.

Tutors should be able to accommodate the occasional absence of candidates by ensuring that they are given the opportunity to make up missed assessments.

Special Consideration should be requested for candidates whose work has been affected by illness or other exceptional circumstances. Information about the procedure to be followed is issued separately by ABC.

Where candidates suffer from a permanent handicap, special arrangements can be requested from ABC. Centres should contact ABC at the earliest possible stage for advice about appropriate arrangements in individual cases.

Further information on internal assessment can be found in Appendix 6, Tutor Guidance Notes.

Certification

Awarding is at Level 3.

Individual assessment units will be graded and certificated as: P – Pass, R - Refer

The qualification itself is not graded. The award of the Diploma is based on the minimum requirements set out below

Candidates must satisfy all Elements of Competence in the internally assessed Unit 2 to be awarded a P grade.

The award of the Diploma requires candidates to have a P grade in both Units 1 and 2.

Qualification Content

Summary of Qualification Content

1. Anatomy and Physiology

- 1.1 Overview of the Human Body
- 1.2 Cells, Tissues and Organs
- 1.3 The Integumentary System
- 1.4 The Skeletal System
- 1.5 The Muscular System
- 1.6 The Nervous System
- 1.7 The Circulatory System
- 1.8 The Lymphatic System
- 1.9 The Respiratory System
- 1.10 The Glandular Systems
- 1.11 The Reproductive System
- 1.12 Special Senses
- 1.13 The Renal System
- 1.14 The Digestive System and Nutrition

2. Some Causes of Ill Health

- 2.1 Diseases and Disorders

3. Reflexology Theory and Practice

- 3.1 History of Reflexology
- 3.2 Theories and Philosophies of Reflexology
- 3.3 Reflexology Practice
- 3.4 The Role and Responsibility of a Reflexologist
- 3.5 Voluntary and Statutory Support Services

4. Practice Management and the Law

- 4.1 Codes of Practice and Ethics
- 4.2 Business Management
- 4.3 Treatment Records

Presentation of Qualification Content

The detailed qualification content that follows for Unit 1, Elements 1 – 4, defines and limits the material on which examination questions may be set, and provides clarification and amplification of the depth of treatment required for every topic.

Addenda A and B to the qualification content will help Accredited Centres and candidates check their coverage of syllabus content in both teaching and revision.

Certain specific phrases should be interpreted as follows

Knowledge of diseases and disorders	As part of the subject content, various diseases or disorders are mentioned. A definitive list of these diseases or disorders is also provided as content Addendum A. For such diseases or disorders candidates are required to provide a definition of the condition, know only the macroscopic symptoms, a possible cause and an example of a "conventional" method of treatment.
	For example: anaemia . Candidates are required to define anaemia: " <i>Inadequate levels of haemoglobin in the blood</i> " and know only that this condition is characterised by tiredness, exhaustion and pale complexion; that one cause may be a lack of iron to make haemoglobin, and may be corrected by the administration of iron through prescribed medication. cystitis . The inflammation of the lining of the bladder, often caused by infection or trauma and causing frequency of urination and pain or discomfort in so doing. An example of a conventional method of treatment would be antibiotics to treat the infection.

Unit 1 Principles and Practice of Reflexology

Element 1 Anatomy and Physiology

Learning Outcomes

The candidate will be expected to

- a) acquire an understanding of the body's organisation and function, to include the appropriate use of anatomical terminology (see Addendum B)
- b) acquire an understanding of the way in which the separate systems relate to each other
- c) begin to understand some of the diseases and disorders that can affect or impair the functioning of the systems and the organs which comprise them
- d) begin to understand some of the ways in which these diseases and disorders are treated and managed

Knowledge Requirements

1.1 Overview of the Human Body

The body is a collection of cells, organised into tissues, organs and systems.

Cell, tissue, organ and system

Candidates should know the meaning of the terms

- cell
- tissue
- organ
- system

and how they are organised and related within the human body.

Effects of lifestyle on the human body

Candidates should be able to demonstrate an awareness of the effects of lifestyle upon the human body. These effects are limited to those of

- smoking
- drinking
- alcohol
- diet and obesity
- lack of exercise
- stress

Stress

Candidates should have an understanding of stress

- causes
- effects
- endocrine response
- nervous system response

Blood pressure

Candidates should know how blood pressure is measured and interpreted, including

- an understanding of systolic and diastolic

<p>Temperature control</p>	<p>pressure</p> <ul style="list-style-type: none">• how blood pressure is affected by<ul style="list-style-type: none">○ renin-angiotensin-aldosterone○ hydration○ exercise○ stress○ diet <p>Candidates should know the mechanisms that control body temperature.</p> <p><i>Recall of numerical data is not required.</i></p>
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Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.2 Cells, Tissues and Organs	
Every living organism is made from a collection of cells, each evolving to carry out specific functions.	
Cell, structure and function	<p>Candidates will be expected to identify the principal structures of a typical human cell as being</p> <ul style="list-style-type: none"> • membrane • cytoplasm • organelles • nucleus
Cell processes	<p>Candidates should be able to recognise different types of cell, as specified in the relevant system.</p> <p>Candidates should know the meaning of diffusion, osmosis and the "sodium pump".</p>
Cell division	<p>Candidates should be able to recall the processes of cell division by mitosis and meiosis. Candidates should be aware of the current thinking on cell over-production and the formation of tumours of any type, e.g. benign, malignant.</p>
Tissues	<p>Candidates should be able to recall the names and functions of body tissues</p> <ul style="list-style-type: none"> • epithelial • connective • nervous • secretory

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.3 The Integumentary System The skin is the largest organ in the body. It not only covers the body, but also lines every orifice, tube and cavity.	
Distribution and functions of skin	Candidates should be able to identify the structure and function of epithelium and endothelium <ul style="list-style-type: none"> • epithelium – detailed structure of <ul style="list-style-type: none"> ○ epidermis ○ dermis and the following functions <ul style="list-style-type: none"> ○ sensation ○ protection ○ excretion ○ the production of vitamin D ○ temperature control, including the qualitative composition of sweat • endothelium, limited to specialist function • skin integrity <ul style="list-style-type: none"> ○ how skin is maintained, repaired and replaced ○ mechanisms leading to wound healing ○ the roles of essential vitamins and minerals
Maintaining a healthy skin	Candidates should be able to name and describe the types of specialised endothelium in the following systems <ul style="list-style-type: none"> • respiratory • female reproductive • gastro-intestinal
Effects of systemic disease	Candidates are expected to be able to describe the changes that are manifest in the skin as a result of <ul style="list-style-type: none"> • liver disease • diabetes • circulatory disorders • an under-active thyroid gland <p>Candidates should know that changes in the skin are brought about by exposure to sunlight, shock and emotional changes.</p>

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.4 The Skeletal System	
The skeleton is the body's framework of bones.	
Skeleton, bones and joints	<p>Candidates should be able to identify skeletal</p> <ul style="list-style-type: none"> • functions <ul style="list-style-type: none"> ○ for movement ○ to protect underlying organs ○ to act as a reservoir for minerals ○ to manufacture blood cells ○ to give shape, strength and support to the human body, and, by the attachment of muscles • structures • organisation <ul style="list-style-type: none"> ○ the division of the skeleton into an axial and appendicular skeleton ○ the arrangement of girdles, attendant limb bones and attached major muscles ○ the location and function of the four arches of the foot
Bones	<p>Candidates are expected to know, label diagrams & recall information relating to</p> <ul style="list-style-type: none"> • the five types of bones with examples of each • the number of bones • the names of individual bones, including the ossicles and hyoid
Bone structure and the composition	<p>The distinction between compact and cancellous bone, and bone marrow.</p>
Hand and foot conditions	<p>A knowledge of diseases and conditions is expected, including identification of common causes of the above and their conventional treatment.</p>
Ligaments and articulations	<p>Candidates are expected to know the basic structure and function of each of the three types of joint</p> <ul style="list-style-type: none"> • fibrous joints • cartilaginous joints • synovial joints including <ul style="list-style-type: none"> ○ the way in which such joints facilitate movement ○ the sub-classifications of synovial joints and be able to give examples of each <p>Candidates are also expected to know the retaining ligaments at the wrist (flexor and extensor retinaculum) and ankle (superior and inferior extensor retinaculum).</p> <p>Candidates are expected to have an awareness of replacement joints.</p>

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.5 The Muscular System	
Muscle moves the bones of the skeleton, tissues, organs and fluids within the body.	
Skeletal muscle	<p>Candidates should know the functions, structure, and locations of skeletal muscles and their tendons</p> <ul style="list-style-type: none"> • leg/foot <ul style="list-style-type: none"> ○ quadriceps and hamstrings ○ tibialis anterior ○ gastrocnemius ○ soleus ○ plantaris ○ peroneus longus ○ hallucis longus ○ flexor and extensor digitorum longus ○ achilles tendon • arm/hand <ul style="list-style-type: none"> ○ triceps, biceps, flexors and extensors of the wrist, thumb and fingers <p>Candidates are expected to have an understanding of the terms "origin" and "insertion".</p>
Cardiac Muscle	Candidates should know the functions and structure of the cardiac muscle.
Visceral Muscle	Candidates should know the functions, structure and location of the visceral muscles, including sphincters

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.6 The Nervous System The nervous system co-ordinates all body movement and activities, voluntary and involuntary actions.	
Neurones	<p>Candidates are expected to</p> <ul style="list-style-type: none"> • know the basic structure and function of a neurone • understand the terms <ul style="list-style-type: none"> ○ sensor (afferent) ○ motor (efferent) nerves ○ synapse <p><i>The mechanism and chemicals involved in impulse transmission are not required.</i></p>
Parts of the Nervous System	<p>Candidates should know the names, positions and basic functions only of the organs comprising</p> <ul style="list-style-type: none"> • the Central Nervous System (CNS) - (brain and spinal cord) to include <ul style="list-style-type: none"> ○ the hypothalamus ○ medulla oblongata ○ pons varolii ○ meninges ○ spinal cord • the Peripheral Nervous System (PNS) - (cranial and spinal nerves) to include specific functions of the vagus nerves. <i>Recall of the remaining eleven pairs of cranial nerves is not required.</i> Candidates are expected to have seen diagrams showing the distribution of spinal nerves (<i>recall of such is not required</i>) • the Autonomic Nervous System (ANS) - (sympathetic and para-sympathetic nerves) - the opposite or opposing effects of sympathetic and parasympathetic systems, limited to “fight or flight” and “rest” respectively
Reflex Action	<p>Candidates should be able to explain the terms</p> <ul style="list-style-type: none"> • reflex action • reflex arc
Relationship with other major systems of the body	<p>Candidates should be able to describe the inter-relationship of the nervous and endocrine systems.</p>

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.7 The Circulatory System	
The circulatory system transports nutrients and oxygen to all body organs and tissues, and removes waste products for elimination and excretion.	
The Heart	Candidates should be able to describe the location, structure and function of the heart.
Circulation	<p>Candidates should be able to recognise arteries, veins and capillaries from diagrams of the same.</p> <p>It is expected that candidates will be able to label diagrams of the circulatory system and portal system.</p> <p>Candidates should know the names and location of blood vessels entering and leaving the heart, lungs, kidneys, liver, spleen and brain.</p>
Blood	<p>Candidates should know the composition of blood including the structure and function of</p> <ul style="list-style-type: none"> • erythrocytes (red cells). <i>Equations for the transport of oxygen and carbon dioxide are not required</i> • thrombocytes (platelets) and the clotting mechanism • types and respective functions of leucocytes (white cells)

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.8 The Lymphatic System	
The lymphatic system drains fluid from the spaces between cells, transports dietary fats and protects against invading organisms.	
Lymph, lymph vessels, lymph nodes	<p>Candidates should know</p> <ul style="list-style-type: none"> • the composition and derivation of lymph • the structure, function and organisation of the lymphatic system, including lymphatic capillaries, vessels, nodes and ducts • lacteals and Peyer's patches • the thymus gland, spleen, tonsils, adenoids • bone marrow <p>Candidates should be able to</p> <ul style="list-style-type: none"> • label diagrams showing the location of lymph vessels and lymph nodes • identify the characteristics of plasma, lymph, synovial fluid and cerebro-spinal fluids • describe the stages of the onset, progress and recovery from infection
Immunity	<p>Candidates will be able to explain</p> <ul style="list-style-type: none"> • immunity - active and passive, natural and acquired • autoimmunity
Inflammation and infection	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • explain the inflammatory process • explain the organisms that cause infection:- bacteria, viruses, fungi and parasites • appreciate the anti-bacterial properties of gastric juice, tears, saliva, sebum, mucus and vaginal and penile secretions
Allergic response	<p>Candidates should understand how allergies may be triggered and also the body's response.</p>

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.9 The Respiratory System	
Air is taken into and out of the body through the lungs, supplying oxygen for the body's cells, and removing excess carbon dioxide.	
Organs of respiration	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • explain the location, function and structure of the organs of respiration <ul style="list-style-type: none"> ○ nose, pharynx, larynx, trachea, bronchi, lungs, bronchioles, alveoli, pleura ○ ribs ○ diaphragm, intercostal muscles • state the location and function of the paranasal sinuses
Respiratory process	<p>Candidates should be able to describe the mechanism of respiration.</p> <p>Candidates should be able to define and describe external, internal respiration and "oxygen debt".</p>

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.10 The Glandular Systems	
1.10.1 Endocrine 1.10.2 Exocrine	
1.10.1 Endocrine Hormones Location and function of ductless glands	Ductless glands secreting hormones into the bloodstream which have their effect on distant parts of the body. Candidates should know the definition and overall function of a hormone. Candidates should know the location and function of the following glands and the names and actions of hormones produced <ul style="list-style-type: none"> • hypothalamus • pineal • pituitary • thyroid • parathyroid • thymus • adrenals • pancreas (Islets of Langerhans) • ovaries • testes Candidates should have an awareness of the other body tissues that have an endocrine function, including the heart, kidney, skin and liver
1.10.2 Exocrine	Ducted glands release their secretions via a tube (duct) onto an epithelial surface (lining of hollow organs, body cavities or the skin). Candidates should know the location and function of glands including <ul style="list-style-type: none"> • salivary • sebaceous • lachrymal • sweat • pancreas • gall bladder • mammary

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.11 The Reproductive System	
The primary biological function of the body is to produce offspring so as to continue the human species.	
Human development	<p>Candidates are expected to</p> <ul style="list-style-type: none"> • describe the process and stages involved in human growth and development • state the location, structure and function of the organs and glands of the female and male reproductive systems • describe the physical changes that occur at puberty and the menopause, in both genders • explain the menstrual cycle • describe the structure and function of the breast
Conception and infertility	<p>Candidates should know the definitions of the terms</p> <ul style="list-style-type: none"> • conception, assisted conception, and infertility • gestation, parturition and lactation • gamete and zygote formation
Foetal development	<p>Candidates should be able to outline the stages of foetal development.</p>

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.12 Special Senses	
Receptors for the five “special” sense organs detect stimuli arising from outside the body. Candidates are expected to know the structure and functions of the following organs and senses	
Eyes and binocular vision	Parts of the eye limited to: the conjunctiva, cornea, lens, iris, ciliary muscles, eyelids and lachrymal glands.
Ears and bi-aural hearing	Structures of the ear limited to: pinna (auricle), auditory canal, tympanic membrane (ear drum), ossicles, cochlea, and eustachian tube. The location and function of the bony labyrinth (semi-circular canals) and their effect on balance.
Tongue and taste	The tongue is responsible for detecting different tastes.
Nose and sense of smell	Nasal membranes are rich in chemical receptors which, when stimulated, are translated by the brain into a "smell". <i>The micro-structure is not expected.</i>
Skin, touch, pressure and pain	The occurrence and location of touch, pain, pressure, and temperature receptor cells. The connection between the eyes/nose, and ear/nose/throat.

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.13 The Renal System	
The Renal system filters and excretes waste products from the blood.	
Structures	Candidates should know the location, structure and function of the kidneys, ureters, bladder and urethra (to include the prostate gland in the male).
Regulation and filtration	Candidates should be able to explain the process of blood filtration in the kidneys and the formation of urine.
Urine	Candidates should be able to identify the constituents of urine and explain why they vary.
Osmosis	Candidates should be able to explain the process of osmosis.
Blood pressure	Candidates should be able to explain the role of renin-angiotensin-aldosterone.

Element 1 Anatomy and Physiology	
Knowledge Requirements	
1.14 The Digestive System and Nutrition	
The digestive system utilises food by breaking it down and absorbing its nutrients to be used by the body, for energy, growth, and repair.	
Alimentary canal	<p>Candidates should know the location, structure and function of the parts of the alimentary canal and its accessory organs</p> <ul style="list-style-type: none"> • mouth • teeth • tongue • throat • oesophagus • stomach • duodenum • jejunum • ileum • ileo-caecal valve • appendix • colon (caecum, ascending, transverse, descending and sigmoid) • rectum • anus <p>Accessory organs</p> <ul style="list-style-type: none"> • liver • gall bladder • pancreas
Mechanical and chemical digestion	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • describe the role of water in efficient digestion • describe the process of mechanical digestion and chemical digestion • explain the stages by which large complex molecules are broken down into simpler molecules that can be absorbed and assimilated by the tissues of the body, including the actions of <ul style="list-style-type: none"> ○ teeth and tongue ○ peristalsis – throughout the gut ○ digestive enzymes (amylases, peptidases and lipases) affecting <ul style="list-style-type: none"> § starch - in the mouth, stomach and small intestine § proteins - in the stomach and small intestine § fats - in the small intestine ○ hydrochloric acid - in the gastric juice ○ bile – in the duodenum ○ mass movement - in the colon <p><i>Candidates should know about the pH conditions within the alimentary canal, limited to the gastric juice which is strongly acidic and that this acidity is partly neutralised by the alkaline conditions in the duodenum.</i></p>

Egestion	Candidates should know the composition of digestive waste material and that it is coloured and deodorised by bile pigment, has water removed in the colon and is expelled as faeces.
Nutrition	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • describe a balanced diet • state the importance of fibre and water • explain the role of the following <ul style="list-style-type: none"> ○ nutrients: proteins, carbohydrates and fats ○ vitamins: A, B, C, D, E, K ○ minerals: calcium, magnesium, iron, iodine, potassium, sodium, phosphorus, zinc
Cultivation, farming, manufacturing and processing of food	Candidates should have an appreciation of how intensive farming practices of crops and livestock, genetic modifications, organically produced food, manufacturing, refining, and processing, impact upon the food we eat and may affect the body's systems.

Element 2 Some Causes of Ill Health	
Knowledge Requirements	
2.1 Diseases and Disorders	
If the body's control systems fail to maintain a stable state, disease may result.	
Disease development	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • define acute, sub-acute, chronic, neoplastic and degenerative as they relate to disease • explain how the physiology of the body may be affected by any of the disease processes
Signs and symptoms of diseases, disorders and conditions	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • suggest and/or identify the main signs and symptoms of common diseases • predict a likely common disease from a given set of signs and symptoms <p>A definitive list of disorders and conditions is contained in Addendum A. For the disorders and conditions listed, candidates should be able to</p> <ul style="list-style-type: none"> • define and describe the disease or condition • list the associated signs and symptoms • identify relevant reflexology reflexes • suggest one complementary, and one conventional, treatment and medication when applicable • suggest referral or aftercare advice that may be offered to a client presenting with these disorders or conditions
Stress response	<p>Candidates should</p> <ul style="list-style-type: none"> • be able to define stress • understand the stress response (both nervous and endocrine) • be able to describe the alarm, resistance and exhaustion phases of the stress response • be able to describe the short and long-term effects of stress and the physiological diseases that may result from long-term stress • body language – posture and gesture
“Referred Pain”	<p>Candidates should know the meaning of the term "referred pain" and know of its significance.</p>
Applications of Reflexology	<p>Candidates should be able to explain how the application of individualised reflexology treatments may have an effect on the disease process.</p>

Unit 1 Principles and Practice of Reflexology

Element 3 Reflexology Theory and Practice

Learning Outcomes

The candidate will be expected to

- a. explain how early theories of reflexology have evolved
- b. describe current theories that seek to explain the efficacy of reflexology in the holistic treatment of disease and disorders
- c. discuss the need for clients to be referred for other forms of treatment
- d. describe the phases of a consultation
- e. state the principles underlying the formulation of a programme of treatments
- f. explain ways of personalising treatments
- g. suggest appropriate after-care advice and self-help measures
- h. know of the voluntary and statutory support services that may be available to their clients

Element 3 Reflexology Theory and Practice	
Knowledge Requirements	
3.1 History of Reflexology	
Historical perspective	Candidates should be aware of the past contributions to reflexology made by the Egyptians, Native Americans, Chinese and Indian cultures.
National organisations and bodies in the UK	<p>Candidates should be aware of</p> <ul style="list-style-type: none"> • the changes in regulation within the profession • the existence of <ul style="list-style-type: none"> ○ regulatory bodies ○ professional membership organisations • the influence of the Government on education <p>They should be aware of the main tenets of the November 2000 <i>House of Lords Report - Complementary and Alternative Medicine</i>. They should also be aware of the areas of focus of these organisations.</p>
International bodies	Candidates should be aware of the growing networking/co-operation of Reflexology bodies world-wide such as the Reflexology in Europe Network (RIEN) and International Council of Reflexologists (ICR).
Eminent contributors to reflexology	<p>Candidates will be expected to know</p> <ul style="list-style-type: none"> • the major scientific discoveries of Sir Henry Head, Sir Charles Sherrington • the contributions made by Dr William Fitzgerald, Dr Joe Shelby-Riley, Eunice Ingham, Doreen Bayly, Father Joseph Eugster and Hanne Marquardt • an awareness of contemporary theorists

Element 3 Reflexology Theory and Practice	
Knowledge Requirements	
3.2 Theories and Philosophies of Reflexology	
Main tenets and theories of Reflexology	
	<p>Candidates should demonstrate an awareness of the following theories relating to reflexology</p> <ul style="list-style-type: none"> • the Holistic Approach • the Therapeutic Relationship • the Energetic Framework <ul style="list-style-type: none"> ○ aura ○ chakras ○ meridians • the placebo effect <p>and how reflexology may be thought to affect bodily systems</p> <p>Theories will be limited to</p> <ul style="list-style-type: none"> • nervous system responses • the electromagnetic theory • the endorphin/encephalon release theory • the placebo effect • reflection/mirror • congestion (U-bend theory) <p><i>Candidates will not be required to recall facts about the Aura, the Meridian and Chakra models of the energetic system, or Subtle Energies.</i></p> <p><i>Questions will not be set on horizontal and longitudinal zones.</i></p> <p><i>Candidates will not be required to recall information on the working of cross reflexes on the hands and feet.</i></p>

Element 3 Reflexology Theory and Practice	
Knowledge Requirements	
3.3 Reflexology Practice	
Conduct of the principal techniques of Reflexology	
	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • explain the purpose and importance of <ul style="list-style-type: none"> ○ a relaxation routine ○ a treatment routine ○ an end-of treatment routine for both hands and feet • demonstrate these techniques (<i>without reference to paperwork</i>) <p><i>The above will be subject to assessment in Unit 2, but not tested in the Unit 1 written examination paper.</i></p>
Contra-indications	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • explain the contra-indications and the need for caution when practising reflexology • describe their responsibility to refer patients with undiagnosed medical conditions to their General Practitioner
Treatment planning	<p>Candidates should be able to personalise a treatment, taking into account the following</p> <ul style="list-style-type: none"> • the client's lifestyle • diet • state of health & well-being • medication • family circumstances • employment <p>Candidates must be able to justify their plan.</p> <p>Candidates should be able to use this information, based on working with successive clients, to arrive at a better understanding of the treatment process, so as to develop future treatment programmes.</p>
Identifying reflexes	<p>Candidates should be able to identify and justify</p> <ul style="list-style-type: none"> • a key reflex • two or more secondary reflexes <p>that would be of benefit to treat specific conditions and associated disorders of each client.</p>
Foot templates; therapeutic strategies	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • demonstrate the use of foot templates for charting, recording and recalling information • plan therapeutic strategies • determine the frequency of treatment as appropriate to meet the needs of each client

<p>Hering's Law</p>	<p>Candidates should be able to describe and explain</p> <ul style="list-style-type: none"> • Hering's Law • The Healing Crisis
<p>Giving advice to clients</p>	<p>Candidates should be able to suggest self-help strategies and explain their purpose relating to</p> <ul style="list-style-type: none"> • water intake • basic dietary guidance • exercise • sleep patterns • relaxation
<p>Professional relationships</p>	<p>Candidates should be able to state the</p> <ul style="list-style-type: none"> • facets of a professional relationship • professional boundaries
<p>Hygiene</p>	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • demonstrate best practice hand hygiene • describe ways that hygiene may be achieved within the practice environment • be conversant with Health and Safety Regulations currently in force

Element 3 Reflexology Theory and Practice	
Knowledge Requirements	
3.4 The Role and Responsibility of a Reflexologist	
Need for an appropriate client treatment venue	
Explanations to client/ public	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • explain reflexology to potential clients and members of the public • state the correct information to be given to a client prior to their initial treatment <p>Candidates should also be aware of those factors that contribute towards a good environment for the treatment venue.</p>
Communication skills	Candidates should demonstrate appropriate communication with clients
Consultation and treatment process, record keeping	<p>Candidates should</p> <ul style="list-style-type: none"> • understand the importance of obtaining relevant information prior to, and during treatment • know the process of consultations and treatments • be able to vary their approach to suit and support the client's needs • be able to evaluate treatment outcomes and discuss these with their client • demonstrate the use of suitable formats for recording details of consultation and treatment • list the elements of good client record keeping • state the benefits of good record keeping
Consent	Candidates should understand the requirement to obtain consent to treatment, and for such consent to be documented.
Professional boundaries	Candidates should appreciate the need for professional boundaries regarding consultation and the treatment of clients. They should appreciate the need to make referrals to, and provide information on, other therapies.
Complementary and Alternative Medicine (CAM) knowledge	<p>Candidates are expected to know the basic principles of the following CAM disciplines</p> <p>Acupuncture Alexander Technique Aromatherapy Bowen Technique Chiropractic Counselling Cranio-Sacral Massage Emotional Freedom Technique</p>

<p>Insurances</p>	<p>Flower Essences Healing (Faith, Reiki, Spiritual) Herbalism Homeopathy Hopi candles Hypnotherapy Indian Head Massage Iridology Kinesiology Massage Neuro Linguistic Programming Nutrition Occupational Therapy Osteopathy Physiotherapy seated Acupressure Massage (on-site massage) Shiatsu Sports Therapy Yoga</p> <p>Candidates should know the importance of, and the reasons for, holding Professional Indemnity and Public Liability insurances.</p>
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Element 3 Practice Management and the Law	
Knowledge Requirements	
3.5 Voluntary and Statutory Support Services Other parallel sources of help and support	
Multi-agency support	Candidates should be able to describe <ul style="list-style-type: none"> • voluntary and statutory services • the role they may have in assisting clients • the role of a reflexologist in identifying such a service
Voluntary Services	Candidates should know the area of focus, the range of services, type of support and advice offered by the following <ul style="list-style-type: none"> • AA • Age Concern and Help the Aged • AIDS Helpline • British Red Cross • CAB • CRUSE • Macmillan • NSPCC • RELATE • RNIB • RNID • Samaritans • WRVS and specific disease support groups
Government Services	<ul style="list-style-type: none"> • Department of Work & Pensions (DWP) • Her Majesty's Revenue & Customs (HMRC) • Local government (Borough, City and County Councils) • National Health Service (NHS Direct, medical and health centres, walk-in centres, hospitals) • Social Services
Statutory Services	In law a 'Statutory Service' is any service provided by a practitioner who must be <ol style="list-style-type: none"> a) qualified in the particular skill, and b) on the current register of practitioners <p>For health purposes this includes all varieties of medical and nursing qualifications, radiography, physiotherapy, opticians, dentists, etc. This also includes osteopaths and chiropractors and acupuncturists.</p>

Unit 1 Principles and Practice of Reflexology

Element 4 Practice Management and the Law

Learning Outcomes

The candidate will be expected to

- a. describe the legal framework that applies to reflexology practice
- b. explain the business models in which a reflexologist may operate
- c. state the importance of keeping accurate financial records
- d. explain the different business and professional insurances
- e. state how to maintain a set of professional client records and store these in a way that maintains client confidentiality

Element 4 Practice Management and the Law

Knowledge Requirements

4.1 Codes of Practice and Ethics

Main tenets and how they apply to Reflexology Practice

Candidates will be expected to

- describe the main purpose of a Code of Practice
- explain the rationale for each tenet
- state relevant examples of how the Code influences reflexology practice

Element 4 Practice Management and the Law	
Knowledge Requirements	
4.2 Business Management	
Small Business Operations	
	<p>Candidates should be able to state the fundamental principles under which a small business operates</p> <ul style="list-style-type: none"> • advertising and marketing, including promotional talks, demonstrations and practice information • Income Tax and National Insurance requirements for the self-employed • methods of keeping accounts and other financial records • insurance, e.g. Professional Indemnity and Public Liability, business premises, car • business models for therapists and their relative merits limited to <ul style="list-style-type: none"> ○ sole trader - self-employment at home, in a clinic or providing a mobile service = own business ○ partnership ○ Limited Company - business employing staff ○ employee - an employed position within a clinic/salon ○ volunteer - voluntary models, e.g. hospice ○ workers co-operative • legal constraints on therapists including the following <ul style="list-style-type: none"> ○ Trade Descriptions Act ○ Advertising Standards Agency ○ Health & Safety at Work Act (HASAWA) ○ licensing ○ Prohibited Appellation = Statutory Instruments Regulations ○ Serious Ailments List, which governs what we may/not advertise to treat <p><i>Recall of legal statements or legislation will not be required other than those of the Prohibited Appellation and Trade Descriptions Act.</i></p>

Element 4 Practice Management and the Law	
Knowledge Requirements	
4.3 Treatment records	
Appropriate formats for creating and storing client records	
	<p>Candidates should be able to</p> <ul style="list-style-type: none"> • state the reasons for keeping detailed client records • describe a range of formats • list storage methods available for such records • explain the need for confidentiality • know that client records consist of a consultation sheet and treatment records and that there is a need to complete the latter after each treatment <p><i>Candidates may be required to interpret client information presented to them.</i></p>

Addenda A and B to Unit 1 Qualification Content

Addendum A

Human diseases and conditions that candidates should know to the extent defined in “Presentation of Qualification Content”.

The table is organised by sections representative of the Anatomy and Physiology sections of the Qualification Content, with the addition of “Miscellaneous” for conditions that affect many systems or have multiple causes.

Section/Condition	Description
<i>Miscellaneous - Involving one or more systems</i>	
Cancer	Any malignant tumour. Tumours arise from the abnormal and uncontrolled division of cells that then invade and destroy surrounding tissue. Spread may be through the bloodstream, lymph channels or across body cavities, setting up secondary tumours at distant sites.
Candida (Thrush)	A yeast infection caused by the candida species of fungus. Candida is normally found on the skin, in the stomach, colon, vagina, rectum, mouth and throat
Glandular fever	An infectious disease caused by the Epstein Barr virus, resulting in fever, lymphadenopathy, pharyngitis, fatigue of muscles
Hypertension	High blood pressure, i.e. consistently higher than the normal range expected for a particular age group. There are many causes including renal disease, endocrine disorders, arterial diseases, and some instances where the cause cannot be identified. Hypertension is described as either "essential" (primary) or "secondary" to other diseases.
Hypotension	Low blood pressure, usually occurring as a complication of other conditions, e.g. shock, Addison’s Disease. Leads to inadequate blood supply to the brain and possible unconsciousness.
Insomnia	Inability to fall asleep, or remain asleep for an adequate length of time, so that tiredness is almost permanent.
ME	Chronic fatigue syndrome extreme disabling fatigue for at least 6 months, which cannot be attributed to other disorders
Migraine	A condition causing recurrent throbbing headache, which usually affects one side of the head. It is due to alternate spasm and over- dilation of certain arteries in the brain.
Oedema	Excessive amount of fluid in the body tissues. Swelling may be local such as after an injury, or generalised as with heart or kidney failure. Oedema occurs when there is a disruption of the mechanisms that maintain homoeostasis.
Stress	Any factor that threatens the health of the body or has an adverse effect on its functioning, such as injury, disease or worry. The existence of one form of stress often reduces resistance to other forms. Constant stress brings about changes in the balance of hormones in the body. When the

	body is under stress, homeostasis is disturbed, bringing about changes in the balance of hormones in the body. The effects of these hormones in the long term increase or decrease the response to stress, in turn causing other diseases or conditions.
Tuberculosis Pulmonary TB	An infectious disease characterised by the formation of nodular lesions within the tissues. In some cases the bacilli spread through the lymphatics or bloodstream to other areas of the body such as the joints or meninges. Droplets containing bacilli or dust contaminated by infected sputum are inhaled into the lungs and set up a primary lesion, which spreads to the lymph nodes.
Tumour	A tumour or "neoplasm" (literally meaning "new growth") is an abnormal mass of tissue, which can be benign or malignant. Benign tumours are contained within a fibrous capsule, therefore remaining localised, whereas malignant tumours are not contained, and so can metastasise or spread, causing secondary (metastatic) tumours.
Ulcer Types: <u>Digestive</u> Gastric, peptic, duodenal <u>Skin</u> Varicose, decubitus	A break in the skin or mucous membrane that fails to heal and is often accompanied by inflammation. Ulcers involving different parts of the stomach and intestines. Ulcers involving poor circulation and/or continued pressure in various areas of the body.
<i>Integumentary system</i>	
Abscess, Boil	Tender, inflamed area of skin, containing pus. Bacteria usually enter through a hair follicle or a break in the skin. Vesicles containing small amounts of pus are called boils. Vesicles containing large amounts of pus are called abscesses.
Alopecia (baldness)	Absence of hair from where it normally grows. May be due to age, auto-immune diseases, pregnancy or severe shock. If due to underlying diseases such as lichen planus or 'lupus' the hair will not re-grow.
Athlete's foot (Tinea Pedis)	Fungal infection between the toes, causing softening and splitting/blistering of the skin.
Callus	A hard, thick area of skin occurring in parts of the body subject to pressure or friction. The soles of the feet and palms of hands are common sites. If a lot of hard, dead skin accumulates a callosity may become painful.
Chilblain	Dusky red, itchy swellings that appear on the extremities in cold weather. They usually settle untreated, though there may be a genetic predisposition to chilblains.
Clubbed finger/toe	Where the ends of the fingers or toes alter shape to resemble a club. This may result from poor circulation, heart disease, respiratory disease, and occasionally from chronic gastro-intestinal conditions.

Corn	An area of hard, thickened skin on or between the toes, a type of callosity. The horny skin layers form an inverted pyramid that presses into the deeper skin layers causing pain.
Cyst	An abnormal sac or closed cavity lined with epithelium and filled with liquid or semi-solid matter. There are many varieties occurring in different parts of the body.
Dermatitis	An inflammatory disease of the skin caused by outside agents e.g. latex.
Eczema	An itchy skin disease characterised by redness and vesicle formation, which may lead to weeping and crusting. It is endogenous i.e. the cause is not external.
Fissure	A groove or cleft. In this case, slits through the whole thickness of the skin around the heel, usually when it is very dry.
Gangrene	Death and decay of part of the body due to interruption of the blood supply. Caused by disease, injury, frostbite, burns, diabetes, atheroma or Raynaud's disease.
Hyperhidrosis	Excessively sweaty feet, which may or may not smell.
Koilonychia	A concave deformity of the nail plate, generally in the finger nails. It may be idiopathic or due to iron deficiency anaemia.
Melanoma	A malignant tumour of melanin-producing cells found in the skin, eyes and mucous membranes. They may or may not contain melanin, and may spread to lymph or liver.
Nails	
Ingrowing	A toenail whose free distal margin grows into or is pressed into the skin of the toe causing an inflammatory reaction. Secondary infection is common as granulation tissue may develop.
Brittle	Due to lack of minerals, or to eczema.
Ridged	Vertical ridges due to eczema, alopecia or auto-immune disease.
Pitting	Minute depressions in the nail plate, which look like punctures.
Vertical streaks	Due to psoriasis or alopecia areata.
White nails	Due to fungal growth or cirrhosis of the liver.
Brown nails	Due to renal disease.
Yellow nails	Due to deficiency of the lymph or in jaundice (where the skin under the nail is yellow, rather than the nail itself).
Onychogryphosis	Overgrown thickened nails, found mainly in the elderly who are unable to care for their feet.
Onycholysis	Detachment of the nail plate from the bed. Due to psoriasis, fungal infection, trauma or thyrotoxicosis.
Onychomycosis	An acute nail infection, usually caused by a fungus, which penetrates the nail causing it to thicken, and the colour and texture to alter.

Paronychia	Infection of tissues around the nail, due to a moist environment or mild trauma.
Psoriasis	A skin disease characterised by scaly pink patches - usually on elbows, knees and scalp. It sometimes occurs in association with arthritis.
Verruca	Benign growth on the skin caused by an infection with human papilloma virus. Found on the soles of the feet, and often tender.
Wart	Benign growth on the skin caused by an infection with human papilloma virus. The common site is the back of the hand, and most warts clear spontaneously within two years.
Musculo-skeletal system	
Ankylosing Spondylitis	'Bamboo spine' fusion of a group of bones in the vertebra – usually the synovial joints of the cervical or sacro-iliac regions. Affects predominantly young males.
Bone spur/Heel spur	A sharp projection of bone, most often on the back of the heel. Overweight people develop spurs due to excess weight bearing down on heels. Spurs are the result of torn longitudinal ligaments that bleed, generate fibrous tissue and ultimately calcify. Can be painful and inflamed; surgery may be required.
Bunion (Hallux valgus)	A bone deformity, when the big toe deviates laterally, often accompanied by a medial deviation of the 1st metatarsal.
Bursitis* (see Housemaid's Knee)	Inflammation of a bursa - a pad of fibrous tissue, lined with synovial membrane and containing synovial fluid, usually over part of a joint to protect the joint from friction/pressure and to cushion it, though not part of the synovial joint.
Cramp	An acute, painful contraction of a muscle. May be the result of strenuous exercise due to lactic acid build up, though can occur at any time. Night time cramp responds to Quinine (in tonic water).
Dupuytren's contracture	A painless thickening and contracture of the palmar fascia, which may need surgery to release the tightness affecting flexor tendons.
Fibromyalgia	Rheumatic disorder.
Fibrositis	Inflammation of fibrous tissue, especially of the lower back muscles and their sheaths, causing pain and stiffness.
Flat feet (pes planus)	No arch to the foot, so the sole lays flat on the ground. Often inherited, but may develop due to weakness in the joints, overloading the feet, or as a result of long illness. The weaker the foot, the greater the possibility of this condition developing.
Foot drop	When the foot cannot be dorsiflexed at the ankle, due to damage or paralysis of the muscles.

Fractures	Broken bones are common and occur in any bone, at any age. Usually the result of trauma but may be due to any of several diseases. Recognised by pain, swelling (usually), deformity, reduced movement.
Ganglion	An abnormal, hard cyst, formed in a tendon sheath - often in the wrist.
Golfer's elbow	Painful inflammation of the tendon at the medial epicondyle (inner elbow), caused by overuse of the forearm muscles.
Gout	A disease due to incorrect metabolism of uric acid. Urates accumulate in the blood and joints, causing destruction of the joint and bouts of arthritis. Urates are deposited in the skin and cartilage (especially the ears), and also damage the kidneys.
Hammer toe	A deformity (usually the second toe) caused by fixed flexion of the first joint.
High arch (pes cavus)	An exaggerated arch, giving an unnaturally high instep. Sometimes due to an imbalance between the toe flexors and extensors. It is often genetic, or exacerbated by certain positions of feet during childhood growth, such as point-work in ballet. Often only requires a metatarsal arch support and good fitting shoes to support correct weight-bearing.
Housemaid's Knee	Pre-patellar bursitis. A swelling of the bursa in front of the kneecap, often as a result of much kneeling.
Kyphosis	Hunchback, an exaggerated thoracic curve - prevalent in the elderly and may be the result of a working life spent over a desk/workbench.
Lordosis	An abnormal, exaggerated concave curve of the lumbar spine.
Muscular dystrophy	A group of diseases with weakness of particular muscles. The affected muscles degenerate and are replaced by fatty tissue. There is an inherited pattern.
Osteo-arthritis	Wearing out of the cartilage on bone ends, and outgrowths of bone, causing friction and pain. Most common in elderly persons, usually in weight bearing joints, often when there has been a previous injury.
Osteogenesis Imperfecta or Brittle Bone Disease	This is a group of conditions in which there is a congenital defect of osteoblasts, resulting in failure of ossification. The bones are brittle and fracture easily, either spontaneously or following very slight trauma.
Osteomalacia (adults) Rickets (in children)	In children, bones <u>remain</u> soft, and in adults they <u>become</u> soft. Lower limbs become bowed by the weight of the body, and are prone to fractures. Both are caused by a deficiency of vitamin D, preventing correct calcification of the bones. Vitamin D deficiency can be due to a deficient diet, problems with absorption in the small intestine (as a result of disease or surgery), lack of exposure to sunlight (elderly, cultural stress), excess secretion of vitamin D (renal disease), long continued use of anticonvulsant drugs (renders vitamin D inactive).
Osteomyelitis	An infection of the bone, whereby microbes gain access to bones through the skin in compound fractures, by spread from a local focus of infection (e.g. tooth abscess) during a surgical procedure, or blood-borne from elsewhere in the

	body (eg. from a boil or nail-bed infection - paronychia). The most common infecting organism is staphylococcus aureus.
Osteoporosis	In this condition the amount of bone tissue is reduced because the new bone deposited (by osteoblasts) does not keep pace with the bone being reabsorbed (by osteoclasts). This is also known as osteoclast dominance.
Rheumatoid arthritis	Inflammation of the capsule of synovial joints, causing an increase of synovial fluid. This results in pain, reduced movement, and deformity. May be caused by sensitivity or autoimmune process. Juvenile arthritis (Still's Disease) is also possible.
Scoliosis	An abnormal, exaggerated sideways curvature of the spine (usually thoracic). Usually due to abnormalities of muscle, posture or diseases such as polio.
Slipped disc (prolapsed intervertebral disc)	When the disc between two vertebrae bursts, and the jelly-like contents leak out. This may press on nerve roots causing a burning pain and dysfunction e.g. sciatica. Pain reduces as the jelly shrinks and scars.
Spondylitis	Inflammation of the synovial joints of the vertebral column.
Spondylosis	Spinal condition caused by degeneration of the intervertebral discs that may result in pain and stiffness.
Sprain	Overstretching injury to a ligament. May take several months to heal.
Strain	Over-use of a muscle, causing pain and swelling of the muscle.
Synovitis	Inflammation of the membrane that lines a joint capsule, resulting in pain and swelling (arthritis).
Tennis elbow	Painful inflammation of the tendon at the lateral epicondyle (outer elbow), caused by overuse of the forearm muscles.
Tumours	Growths in bone occur at any age, they are most likely in the 10-16 yr age range, or in adults secondary to tumours elsewhere.
Circulatory systems	
Anaemia	A deficiency of mature red blood cells in the circulation, i.e. not enough haemoglobin available to carry sufficient oxygen from lungs to supply the needs of the tissues. Red cells will then become abnormal (large, nucleated, pale) or normal but reduced in numbers.
Angina Pectoris	Pain in the centre of the chest, which may radiate to the jaw or arm, brought on by exercise, relieved by rest. It happens when the heart muscle needs more oxygen than is being supplied.
Arteriosclerosis	A progressive degenerative condition of the walls of the arteries. Associated with ageing and accompanied by hypertension.
Atheroma	Patchy changes (atheromatous plaques) develop in the tunica intima of large and medium-sized arteries. These consist of accumulations of cholesterol and other liquid compounds, excess smooth muscle and fibroelastic cells. As plaques grow they spread along the artery wall forming swellings that protrude into the lumen. Eventually the whole thickness of the wall and long sections of the vessel may be affected. Arteries most commonly involved are those in the heart, brain, kidneys, small intestine and lower limbs,

	possibly leading to thrombosis, angina, heart attacks, strokes and gangrene.
Gangrene	Death and decay of part of the body due to interruption of the blood supply. Caused by disease, injury, frostbite, burns, diabetes, atheroma or Raynaud's disease.
Heart Attack (Myocardial Infarction)	Death of part of the heart muscle due to obstruction of the arteries supplying the heart muscle - a coronary thrombosis.
Raynaud's disease	A condition where the fingers react to the cold by spasm of the arteries or veins, resulting in pallor, numbness and pain.
Stroke (Cerebro-vascular accident)*	Occurs when a vascular disease suddenly interrupts the flow of blood to the brain. The nature and extent of cerebral impairment depends on the size and location of affected blood vessels.
Thrombosis	A thrombus is an intravascular blood clot, causing thrombosis. It may partially or completely occlude an artery or vein, interfering with the circulation of blood.
Deep vein thrombosis	A clot within the deep leg veins.
Coronary thrombosis (Myocardial infarction)	When a branch of a coronary artery is occluded, causing the myocardium (heart muscle) to die. A heart attack.
Cerebral Thrombosis	A clot formed within one of the arteries to the brain. A cause of stroke or cerebro-vascular accident.
Embolism	If a fragment of thrombus (an embolus) becomes detached, it travels in the bloodstream until it lodges in and blocks a smaller vessel. The tissue supplied by the vessel becomes ischaemic and dies; this is infarction. An embolus is a mass of any material (blood clot, fat - from bone marrow, air, or foreign object) carried in the bloodstream and large enough to block a blood vessel. Emboli in veins move towards the heart. The effects of an embolus are determined by the site and size of the blood vessel occluded, not its composition.
Pulmonary embolism	When a piece of a deep vein thrombosis detaches and travels to the lungs and obstructs a pulmonary artery (see Thrombosis).
Varicose veins	A varicose vein is one which is so dilated that the valves do not close to prevent backward flow of blood. Such veins lose their elasticity, become elongated and tortuous, fibrous tissue replaces tunica media. Common sites include legs, oesophagus, scrotum and anus (haemorrhoids).
<i>Lymphatic system</i>	
Lymphoedema	An accumulation of lymph in the tissues, results in swelling. It may be congenital or due to obstruction of the lymphatic vessels by tumour, trauma, inflammation or parasites.
Lymphoma	A malignant tumour of the lymph nodes.
<i>Respiratory system</i>	
Asthma	Narrowing of the bronchial airways causing a cough, wheezing and difficulty in breathing (out). May be due to allergic reaction, emotion, pollution or chest infections.
Bronchitis	Inflammation of the lining of the airway, which may be due to

	bacteria or virus.
Cystic Fibrosis	An hereditary disease affecting cells of exocrine glands, which results in the production of thick mucus that may clog the intestinal glands, pancreas and bronchi.
Emphysema Pulmonary emphysema	Air in the tissues. Enlargement of and damage to the alveoli, such that the surface area for exchange of carbon dioxide and oxygen is reduced. It is more common in men and associated with smoking, chronic bronchitis and increasing age.
Hay fever	A form of allergy to inhaled particles such as dust, pollen or mould spores. There is inflammation of the mucous membrane of the nose and sometimes conjunctiva. Symptoms of sneezing, runny nose, watering eyes are due to histamine release.
Hyperventilation	Rapid, deep breathing, resulting in too much oxygen/too little carbon dioxide in the blood. This causes pins and needles and tetany.
Laryngitis	Inflammation of the larynx and vocal cords. The voice may be hoarse or lost, breathing difficult and there is often a painful cough.
Pleurisy	Inflammation of the pleura, often due to pneumonia in the underlying lung, and always to some other disease of the lung, diaphragm, chest wall or abdomen.
Pneumonia	Infection of the lungs due to bacteria or virus.
Sinusitis	Inflammation of the sinuses of the facial, frontal and ethmoid bones, causing pain particularly on moving the head.
<i>Special senses</i>	
Cataract	Opacity of the lens of the eye, common in the elderly. The extent of visual impairment depends on the location and extent of opacity.
Glaucoma	This is a group of conditions in which there is increased intraocular pressure due to defective drainage of aqueous fluid through the scleral venous sinus, in the angle between the iris and the cornea in the anterior chamber. The extent of visual impairment varies from minor to complete blindness.
Ménière's Disease	Disorder in which excess fluid builds up in the inner ear causing vertigo, noises in the ear and gradual deafness. Cause unknown.
Tinnitus	The sensation of noises (usually ringing) in the ears, when there is no external source of sound. May be due to age, wax blocking the ear canal, eardrum damage, inner ear diseases, drugs (aspirin and quinine) and damage to the auditory nerve pathways.
Vertigo	Spinning sensation in the head which is often accompanied by nausea and vomiting. Usually caused by a disease affecting the organ of balance in the inner ear.
<i>Nervous system</i>	
Alzheimer's disease	Progressive form of dementia, occurring in middle age or later, resulting in loss of short-term memory, deterioration in behaviour and intellectual performance, and slow thought processes. May mimic depression.
Bell's Palsy	Paralysis of the 7 th cranial facial nerve in the temporal bone foramen. The immediate cause is inflammation and oedema

	of the nerve, but the underlying cause is unknown. The symptoms are weakness down one side of the face, and an inability to close the eye. Sometimes hearing and taste are affected. Recovery is usually complete in a few months.
Carpal Tunnel Syndrome	A collection of symptoms caused by pressure on the median nerve, where it crosses the wrist between the carpals and the ligament (flexor retinaculum) - the carpal tunnel. Symptoms include pain, numbness and "pins and needles" in the thumb, 1 st 2 nd 3 rd fingers and across the thumb half of the palm. May be triggered by swelling from such conditions as pregnancy, hypothyroidism, trauma, RSI.
Depression	A mental state characterised by excessive sadness. Sleep, appetite and concentration are disturbed, though activity may be agitated and restless or slow and retarded.
Epilepsy	A disorder of the brain, characterised by sudden seizures (fits). There are many different classifications and there may or may not be structural damage to the brain.
Headaches	Pain felt deep within the skull. Most are due to emotional stress or fatigue, but may be the symptom of serious intracranial disease.
Meningitis	Inflammation of the meninges may be due to bacteria or viruses. Inflammation may also occur following a compound fracture of the skull that is accompanied by leakage of cerebral spinal fluid and blood, through the skin at the site of the fracture, through the ears or through the nose. This provides an entry route for microbes.
Motor Neurone Disease	Progressive degenerative disease of the motor system. Motor neurones in the cerebral cortex, brain stem and anterior horns of the spinal cord are destroyed and replaced by gliosis (cell atrophy). The legs are usually affected last. Death is usually due to impairment of the respiratory centre in the medulla oblongata.
Multiple Sclerosis	Degeneration of the white matter of the myelin sheath throughout the brain and spinal cord.
Paralysis	Muscle weakness, varying in severity and extent, depending upon the disease, its distribution and the areas of brain and nervous tissue or muscles affected. Paralysis may be flaccid or spastic.
Parkinson's disease	A degenerative disease of the brain/nervous system. May be due to ageing, or induced by certain drugs, coal gas poisoning, encephalitis or Wilson's Disease.
Poliomyelitis	An infectious viral disease affecting the nervous system, which may result in paralysis.
Referred pain (synalgia)	Pain felt in a part of the body other than where it might be expected. This is because sensory nerves from different parts of the body share common pathways when they reach the spinal cord.
Sciatica	Inflammation of the sciatic nerve. Caused by degeneration of the intervertebral disc or compression of it at the sciatic nerve origin, between L5 and S3. Pain is experienced down the length of the sciatic nerve, through the sciatic foramen into the buttock, down the posterior aspect of the thigh, middle femur and division into the tibial and common peroneal nerve.

Stroke	See circulatory system.
Tetanus (lockjaw)	An acute infectious disease affecting the nervous system. The bacterial spores infect deep wounds, producing a toxin that irritates nerves, causing muscle spasms and stiffness, first in the affected area and later the jaw, neck and may spread to include the whole body.
Glandular system	
Diabetes Insipidus	A rare disorder in which the patient produces large quantities of very dilute urine and is constantly thirsty. It is due to a deficiency of the hormone vasopressin, which regulates the reabsorption of water in the kidneys.
Diabetes Mellitus	The inability of the pancreas to produce sufficient insulin to metabolise carbohydrate sugars into energy. There is accumulation of sugar in the blood, then in the urine. Fats are used by the body as an alternative source of energy, leading to a disturbed acid-base balance and ketones in the blood stream and eventually to coma.
Thyroid disease Hyperthyroid	Thyrotoxicosis, where there are excessive amounts of thyroid hormones in the bloodstream, causing a variety of symptoms such as rapid heart rate, tremor weight change, intolerance to heat. May be accompanied by swelling in the neck and protruding eyes when it is called Graves' disease.
Hypothyroid	Myxoedema; in adults. Symptoms include coarsening of the skin, mental dullness and cold intolerance.
Genito-urinary system	
Cystitis	The inflammation of the lining of the bladder, often caused by an infection or trauma and causing frequency of urination and pain or discomfort in so doing.
Impotence	Inability to obtain an erection. Almost always due to emotional or psychological causes.
Incontinence	Inappropriate, involuntary voiding of urine, resulting in wetting.
Kidney stones	Kidney stones - or Renal Calculi - form when constituents normally in solution crystallise. "Stones" consist of more than one substance deposited in layers. They originate in the kidney tubules usually, then pass into the kidney pelvis where they increase in size, often becoming too big to pass in urine, causing extreme spasmodic pain. If they are too big to be passed, this can lead to renal failure. Some do pass to the bladder, and they are then excreted or increase in size further and obstruct the urethra. Causes of kidney stones usually include dehydration, the pH of the urine, infection or tumour.
Nephritis	Inflammation of the kidney (Bright's Disease - which reflexologists may not advertise that they treat).
Prostatic hypertrophy (Enlarged prostate)	The enlargement of the prostate gland in older men, which can interfere with urination.
Pyelonephritis	Inflammation of the pelvis of the kidney.
Urethritis	Inflammation of the urethra.

Female Reproductive system	
Endometriosis	Excessive activity of the womb's lining. Tissue may migrate to other parts of the body.
Fibroid	Fibrous growth of any size in the uterine cavity.
Infertility	The inability of a woman to conceive. May be due to failure to ovulate, blocked Fallopian tubes or disease of the uterus. In men – a failure to induce conception due to no sperm or dead sperm in ejaculate.
Sub fertility	Reduced fertility levels due to infrequent ovulation, age etc. In men, low sperm count or slow swimming sperm.
PMS	Pre-menstrual syndrome, the physical/emotional/mood changes prior to a menstrual period.
Digestive system	
Coeliac disease	The result of intolerance to gliadin – a protein found in gluten from wheat & rye (may also be oats & barley). This causes malabsorption – resulting in stunted growth, abdominal distension and foul stools. Treated by a gluten-free diet for life. May be diagnosed at any age, but often children, teenagers or around middle age.
Colitis	Inflammation of the colon. Cause often unknown. May be due to infection by bacteria or amoeba, or in Crohn's Disease. Symptoms usually include diarrhoea, with blood or mucus and low abdominal pain.
Ulcerative colitis	Interruption of the blood supply (ischaemic colitis) - nearly always involves the rectum as well as other parts of the colon.
Constipation	Infrequent passing of hard small stools (faeces). May give rise to other problems such as reduced appetite, nausea, haemorrhoids.
Crohn's Disease	Inflammation of the ileum, possibly due to sensitivity to certain foodstuffs.
Diarrhoea	The frequent passing of loose unformed faecal matter. This may be due to infection or consuming foodstuffs that are "off".
Diverticulitis	Inflammation of the diverticula in the colon, which may lead to pain, colic, constipation, abscess formation and perforation. Sometimes as a result of food becoming trapped and its subsequent fermentation.
Gastro-enteritis	Acute inflammation of the stomach and intestine, usually due to viral or bacterial infection or food poisoning toxins.
Haemorrhoids	Varicose veins of the anus/rectum. May be the result of constipation or can occur as the result of increased pressure in pregnancy.
Hiatus hernia	A protrusion of the stomach (or part of it) through the diaphragm at the hiatus (hole) for the oesophagus.
Indigestion	When there is epigastric discomfort, maybe with acid reflux/heartburn.
Irritable Bowel Syndrome	A collection of symptoms including alternating diarrhoea and constipation, mucus, bloating, and pain without any

	inflammation of the digestive tract.
Oesophagitis	Inflammation of the oesophagus – often due to regurgitation of acid and peptic juices from the stomach (reflux oesophagitis). Main symptoms – heartburn, dysphagia regurgitation of bitter fluids.
Pyrosis ('Heartburn')	Discomfort or burning behind the breastbone. May be due to gastric reflux or oesophagitis.

Definitions are mostly based on

Baillière's Nursing Dictionary, 20th Edition 1986
Oxford Concise Medical Dictionary, 5th Edition 2000

Addendum B

Candidates should know the meaning of the following health-related terms

Name	Definition
Arter - (arteri, arterio-)	Prefix relating to arteries.
Arthro -	Prefix relating to the joints.
Articulation	The meeting of two bones – a joint
Cyst-/cysto-	Prefix meaning "a bladder".
Inter-	Prefix meaning "between".
Intra-	Prefix meaning "inside" or "within".
Sub-	Prefix meaning "under".
Abdominal	Relating to the abdomen
Abduct	To move (e.g. a limb) away from the midline of the body.
Adduct	To move (e.g. a limb) towards the midline of the body.
Acute	Sudden, severe, short-lived disease or condition, e.g. "flu".
Anterior	Relating to the front of the body.
Antibody	Any one of a group of specialised blood proteins, synthesised in the lymphatic system, each programmed to attack a specific antigen and neutralise it.
Antigen	Any substance that the body regards as foreign, and produces antibodies to attack. Usually proteins - examples include bacteria or pollen.
Artery	A blood vessel carrying blood away from the heart.
Aural	Relating to the ear.
Auto-immune	Where body tissues destroy themselves reacting as though to foreign proteins e.g. rheumatoid arthritis.
Axillary	Relating to the armpit.
Benign	A tumour that neither invades surrounding tissue, nor spreads to distant sites. A disorder that causes no harmful effects.
Biliary	Relating to the gall bladder and its ducts.
Blood pressure	The pressure of blood against the walls of the main arteries.
Systolic pressure	Highest pressure when ventricles are contracting.
Diastolic pressure	Lowest pressure as the ventricles relax and refill.
	Adjustment to normal is by sympathetic nervous system and hormone controls.
Brachial	Relating to the arm.
Caesarean section	The surgery performed to deliver a baby through an incision in the abdominal wall, when it may not be delivered vaginally.
Capillary	Small blood vessels forming networks in the tissues. The walls are one cell thick to allow exchange of nutrients, gases and waste.
Cardiac	Relating to the heart.
Carpal	One of the 8 bones forming the carpus (wrist).
Cervical	Relating to the neck.
Chronic	Denotes long-lasting diseases, usually with gradual onset and which becomes progressively worse e.g. arthritis.
Circumduction	A circular movement, such as that achieved by the shoulder, hip, ankle or wrist joints.

Communicable	Diseases spread from person to person or from animal to human, e.g. measles.
Condition	A particular state of being.
Congenital	Present from birth e.g. spinal bifida.
Contagious	Caught from direct contact with a sufferer - human or animal, e.g. herpes simplex (cold sores).
Coronal	Relating to the crown of the head.
Costal	Relating to the ribs.
Cranial	Relating to the skull.
Deep	Within a body, organ, or system e.g. the deep veins of the leg.
Deficiency	Due to lack of vitamins or glandular secretions e.g. diabetes or scurvy.
Degenerative	When tissue or function deteriorates, more common in the elderly, e.g. osteo-arthritis.
Dermis	The true skin. The layer of living tissue below the epidermis.
Diastole	The period of relaxation of the heart.
Digit	Finger or toe.
Disease	Want of ease; want of health; ailment. Any departure from normal health or homoeostasis. A disorder with a specific cause & recognisable signs & symptoms.
Local disease	Affects one part or a limited area of the body.
Systemic disease	Affects the entire body or several parts.
Disorder	A disease. Any failure of function.
Distal	Furthest from the trunk of the body.
Diverticulum (pl-Diverticula)	A pouch or pocket in the lining of an organ (bladder, oesophagus, colon).
Dorsal	Relating to the back.
Endocrine	A gland that manufactures one or more hormones, and secretes them directly into the bloodstream e.g. the thyroid.
Endogenous	Originating within, or derived from, the body.
Epidermis	Most superficial layer of the skin, which is itself divided into 4 layers.
Erythrocyte	Red blood cell.
Eversion	Turning the sole of the foot to the outside
Exocrine (gland)	A gland that discharges its secretion by means of a duct, which opens into an epithelial surface, e.g. sweat gland.
Exogenous	Originating outside the body, or part of the body.
Extend	To straighten (a joint).
Exterior	On the outside.
Facial	Relating to the face.
Flex	To bend (a joint).
Frontal	Relating to the forehead.
Ganglion	A structure containing a collection of nerve cell bodies and often a number of synapses. Found in the Sympathetic and Parasympathetic Nervous System and CNS. The swellings of the posterior spinal nerve roots are termed ganglia.
Gastric	Relating to the stomach.

Gland	Either a single cell or a collection of specialised epithelial cells that secrete substances into ducts, onto surfaces or into the blood. See exocrine & endocrine above.
Hallux (pl. halluces)	Big toe.
Hepatic	Relating to the liver.
Hernia	A protrusion of an organ or tissue outside the body cavity in which it normally lies
Homoeostasis	A state of balance and harmony.
Idiopathic	A disease or condition that arises spontaneously or of which the cause is not known.
Immunity	The body's ability to resist infection by white blood cells and specific antibodies to each antigen.
Infection	Result of an invasion of body tissues by organisms causing disease. May result from direct or indirect contact with any of the following: (a) infected objects such as crockery or bed linen (b) people and carriers (exhibit no symptoms themselves) (c) the air (d) infected food, milk and water (e) flies, rats and other animals
Infectious	Having a known incubation period. Signs and symptoms last a certain number of days, and may cause known complications.
Inferior	Lower in relation to another organ or structure.
Inflammation	Reaction of body tissues to injury - mechanical, chemical, or bacterial - the result of an influx of blood cells to the area. The affected area may be large or small. The signs and symptoms are: deformity, swelling, heat, redness, pain, dysfunction, tenderness.
Inguinal	Relating to the groin.
Inversion	Turning the sole of the foot inwards
Lateral	Relating to the outer side of the body.
Leucocyte	White blood cells, including granulocytes, lymphocytes and monocytes.
Lumbar	Relating to the area of the back of the waist/pelvis.
Malignant	Refers to a tumour that is capable of invading and spreading to new tissues; cancer is a disorder that becomes life-threatening if untreated.
Mammary	Relating to the breasts.
Mandible	Relating to the lower jaw.
Maxillary	Relating to the upper jaw.
Medial	To the midline of the body.
Melanin	Dark brown to black pigment in the hair, skin and the iris and choroid layer of the eyes.
Metabolism	The use of foods by the body following digestion, absorption and circulation to the body cells. Ingested foods are used both as an energy source and, after being broken down chemically during digestion, as basic materials for making complex chemical compounds required by the body.
Metacarpal	One of the five bones in the hand.
Metatarsal	One of the five bones in the foot.
Neoplastic	Identified by new growths of tissue – either benign or

	malignant.
Notifiable	Serious infectious diseases that must be notified to the health authorities, e.g. tuberculosis.
Oblique	Diagonal.
Occipital	Relating to the back of the head.
Oesophageal	Relating to the oesophagus.
Oral	Relating to the mouth.
Parietal	Relating to the inner walls of a body cavity OR relating to the parietal bone of the skull.
Pathogen	Any micro-organism (e.g. bacterium) that parasitizes and causes disease.
Pathological	Arising from disease, or relating to it.
Pelvic	Relating to the pelvis.
Peptic	Relating to the stomach.
Phalanx (pl – phalanges)	The finger or toe bones.
Plantar	Relating to the sole of the foot.
Pollex (pl - pollices)	Thumb.
Popliteal	Relating to the back of the knee.
Posterior	Relating to the back of a body or organ.
Proximal	Closer to the trunk than another structure.
Reflex	An automatic or involuntary action without the necessary involvement of consciousness. A simple reflex arc involves a message from a sensory nerve to the spinal cord, that crosses a synapse on the grey matter of the cord <i>via</i> an interneurone, and sends a message out to the relevant motor nerve.
Renal	Relating to the kidneys.
Secondary	Occurs as a consequence of an original condition, e.g. pneumonia after measles.
Sesamoid bone	An oval nodule of bone formed within a tendon and sliding over another bony surface, e.g. the kneecap.
Severe	Hard to endure, rigorous, unsparing.
Sign	Something you can see as an indication of a problem e.g. redness.
Splenic	Relating to the spleen.
Sub-acute	A disease that progresses more rapidly than a chronic one, but does not become acute.
Superficial	On or near the surface.
Superior	Above; the upper of two parts.
Symptom	Something the “patient” complains of as an indication of a problem, e.g. pain.
Synapse	A minute gap across which nerve impulses pass from one neurone to the next, at the end of a nerve fibre.
Systole	The period of contraction of the heart.
Tarsal	One of the seven bones forming the tarsus (ankle).
Tetany	Spasm and twitching of the muscles, particularly of the face, hands and feet. Caused by a reduction in the blood calcium level, as a result of under-active parathyroid gland, rickets, or alkalosis (high alkalinity of body fluids and tissues) due to loss of acids, high bicarbonate levels of hyperventilation.
Thoracic	Relating to the chest area.
Thrombocyte	Blood cell necessary for clot formation.

(platelet)	
Thrombus	A blood clot.
Transverse	Across, horizontal.
Vagus nerve	The 10 th cranial nerve, which originates in the medulla (motor component) and ends in the Pons varolii and Medulla oblongata (sensory component). It transmits information from the larynx, trachea, oesophagus, stomach, intestines, gall bladder, large arteries and veins. It transmits impulses to the pharynx, larynx, trachea, oesophagus, stomach, small intestine, ascending colon, pancreas, liver, spleen, kidneys, heart and visceral vessels.
Vein	A blood vessel carrying blood from the tissues towards the heart.
Visceral	Relating to the organ(s) of the body.

Definitions are mostly based on:

Baillière's Nursing Dictionary, 20th edition 1986
Oxford Concise Medical Dictionary, 5th edition 2000.

Unit 2 Techniques of a Reflexology Treatment

Unit Summary

This unit provides candidates with opportunities to plan and carry out a course of treatment, in a suitable environment, on clients known and unknown to them, performing the treatment in accordance with established and accepted techniques, keeping appropriate records and case notes, and evaluating the outcome of the treatment.

Learning Outcomes

The candidate will be expected to

- a) conduct a consultation with a client and obtain the necessary information (see Appendix 6 "Tutor Guidance Notes", "Criteria for Written Outcomes" *Element of Competence 4* and *Element of Competence 11* in "Criteria for Practical Ability")
- b) prepare themselves and the work area for the treatment (see *Element of Competence 9*)
- c) examine the client's feet and hands (see *Element of Competence 5*), record and interpret their findings
- d) describe the presenting condition (see *Elements of Competence 3, 4*)
- e) demonstrate the application of the appropriate techniques, having due regard to the client's comfort throughout (see *Element of Competence 12*)
- f) demonstrate an appropriate way of ending the session and arranging the client's departure (see *Elements of Competence 13 14*)
- g) evaluate the treatment process (see *Element of Competence 15*)

Assessment Guidance

This unit uses coursework to assess practical reflexology skills. The specification is designed so that the contexts derived from **Anatomy and Physiology, Causes of Ill Health, Reflexology Theory and Practice**, and **Practice Management and the Law** underpin the teaching and assessment of practical reflexology.

The scheme of assessment requires that all candidates should demonstrate competence in all aspects of a reflexology treatment including

- self-presentation
- preparing for, and receiving the client
- carrying out a consultation
- making and recording observations of the client and their feet/hands
- identifying an appropriate treatment for the presenting condition
- applying the appropriate techniques for the treatment
- reviewing, and reporting on, the outcome of the treatment on the client
- identify an appropriate support agency (statutory or voluntary)

Candidates will be assessed on these areas of competence through their performance in a minimum of **three clinic** treatments carried out with the tutor present.

For the purposes of assessment, the treatments are grouped into **Client Studies** and **Case Studies**.

A *Client Study* is defined as a "one-off" reflexology treatment performed on clients during contact hours/clinic sessions when the tutor is present to observe and assess the practical techniques employed by the candidates in conducting the therapy. Clients must be unknown to the candidates, and no candidate should treat the same client more than once for assessment.

A minimum of **three** Client Studies is required for assessment.

A *Case Study* is defined as a course of reflexology treatments performed outside the contact hours/clinic sessions; the tutor will not be present to observe the practical skills of the candidates directly. It consists of a client undergoing a minimum of six treatments.

A minimum of **six** Case Studies is required for assessment.

Any remaining balance of the required sixty treatments can be any combination of single or multiple treatments, to be written up as clinic notes. These should include consultation forms, treatment records and a summary at the conclusion of the treatment(s).

Appendices

1 Authenticity Statement

The authenticity statement should be copied and given to candidates to complete and sign, and then the tutor/assessor should countersign.

2 Assessment Documentation

This section contains 3 Candidate Record Forms for Centre-assessed work

- case studies
- client studies
- practical assessment

The forms are to be used by the tutor for recording assessments and are to be made available to the External Moderator.

3 National Occupational Standards Mapping

For information purposes, this mapping shows the links to the national standards. Candidates completing this qualification may be able to use some of their evidence for APL against the associated NVQ; however this would be at the discretion of the NVQ Awarding Body.

4 Key Skills Signposting

For information purposes, this signposting shows the links to the Key Skills. Candidates completing this qualification may be able to use some of their evidence for APL against the associated Key Skill; however this would be at the discretion of the Key Skill Awarding Body.

5 Wider Curriculum Signposting

For information purposes, this signposting shows how the ABC Level 3 Diploma in Reflexology provides opportunities for the candidate to develop an understanding of the wider curriculum (spiritual, moral, ethical, social and cultural issues and an awareness of environmental issues, health and safety considerations and European developments).

6 Tutor Guidance Notes

This section contains the Assessment Criteria – 15 Elements of Competence - associated with the client/case studies

- Criteria for Written Outcomes (Elements 1-8)
- Criteria for Practical Ability (Elements 9-16)

7 Glossary and Acronyms

An explanation of some of the terms, phrases and abbreviations commonly used throughout ABC documentation



DECLARATION OF AUTHENTICITY

This declaration must be completed and signed by the candidate and countersigned by the tutor/assessor.

Candidate Name:

Candidate Number:

Centre:

Candidate statement of authenticity

I confirm that the attached assignment/portfolio is all my own work* and does not include any work completed by anyone other than myself. I have completed the assignment/portfolio in accordance with the Awarding Body instructions and within the time limits set by my Centre.

Signature:

Date:

Centre confirmation of authenticity

On behalf of (insert centre name), I confirm that the above mentioned candidate, to the best of my knowledge, is the sole author of the completed assignment/portfolio attached.

Signed:

Date:

Name:

Job Description:

*Unless otherwise stated e.g. for some entry level qualifications candidates can work together but should show sections which are their own work.



Centre name Centre no

Candidate name Candidate no

*This form is to be used by the Tutor for recording assessments for the required minimum of six case studies.
 It is to be made available to the External Moderator.*

Study No.	Date	Introduction/ impression		Research		Client's feet		Treatment Plan		Initial treatment		Subsequent treatments		Conclusion		Bibliography		Comments	
		P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R		
1																			
2																			
3																			



Study No.	Date	Introduction/ impression		Research		Client's feet		Treatment Plan		Initial treatment		Subsequent treatments		Conclusion		Bibliography		Comments	
		<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>	<i>P</i>	<i>R</i>		
4																			
5																			
6																			

Overall: Pass

Refer

Assessor signature

Date

.....

Internal Verifier signature

Date

External Moderator signature (if sampled)

Date

.....

.....



Centre name Centre no

Candidate name Candidate no

This form is to be used by the Tutor for recording assessments for the required minimum of three occasions. It is to be made available to the External Moderator.

Study No.	Date	Introduction/ impression		Research		Client's feet		Treatment Plan		Initial treatment		Subsequent treatments		Conclusion		Bibliography		Comments <i>P=Pass/R=Refer</i>
		P	R	P	R	P	R	P	R	P	R	P	R	P	R			
1												Not applicable						
2												Not applicable						
3												Not applicable						

Overall: Pass Refer

Assessor signature
 Date

Internal Verifier signature
 Date

External Moderator signature (if sampled)
 Date



Centre name Centre no

Candidate name Candidate no

--	--

This form is to be used by the Tutor for recording assessments for the required minimum of three occasions. It is to be made available to the External Moderator.

Session No./ Date	Professional Presentation		Work area		Receiving the client		Consultation		Treatment		Post treatment		Concluding the session		Evaluation		Comments <i>P=Pass/R=Refer</i>	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R		
1																		
2																		
3																		

Overall: Pass Refer

Assessor signature
Date

Internal Verifier signature
Date

External Moderator signature (if sampled)
Date

3 National Occupational Standards Mapping

The ABC Level 3 Diploma in Reflexology is mapped to the following national standards
National Occupational Standards for Reflexology (2002), (Skills for Health)

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 1 Principles and Practice of Reflexology	
<p>Element 1 Anatomy and Physiology (1.1 – 1.14)</p> <ul style="list-style-type: none"> a) acquire an understanding of the body's organisation and function, to include the appropriate use of anatomical terminology b) acquire an understanding of the way in which the separate systems relate to each other c) begin to understand some of the diseases and disorders that can affect or impair the functioning of the systems and the organs which comprise them d) begin to understand some of the ways in which these diseases and disorders are treated and managed 	<p>H Anatomy and physiology (including that relating particularly to reflexology)</p>

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 1 Principles and Practice of Reflexology	
<p>Element 2 Some Causes of Ill Health (2.1 Diseases and Disorders)</p> <p>a) understand something of disease processes and the ways in which health is affected by the presence of pathogens</p> <p>b) understand some of the ways in which the body responds to stress</p> <p>c) be able to recognise the symptoms of named diseases and disorders</p> <p>d) be able to appreciate that appropriate reflexology techniques may help the client respond positively to diseases and disorders</p> <p>e) know the symptoms that relate to common medical conditions for each system of the body</p>	<p>I Health and social well-being</p> <p>J Illness and its treatment</p>

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 1 Principles and Practice of Reflexology	
<p>Element 3 Reflexology Theory and Practice</p> <ul style="list-style-type: none"> a) explain how early theories of reflexology have evolved b) describe current theories that seek to explain the efficacy of reflexology in the holistic treatment of disease and disorders c) discuss the need for clients to be referred for other forms of treatment d) describe the phases of a consultation e) state the principles underlying the formulation of a programme of treatments f) explain ways of personalising treatments g) suggest appropriate after-care advice and self-help measures h) know of the voluntary and statutory support services that may be available to their clients 	(See below)
3.1 History of Reflexology	K The benefits, limitations and scope of reflexology
3.2 Theories and Philosophies of Reflexology	K The benefits, limitations and scope of reflexology
3.3 Reflexology Practice	K The benefits, limitations and scope of reflexology L Reflexology principles and treatment methods N Health, safety and the control of infection P Assessing clients' needs in relation to reflexology Q Courses of action following assessment R Planning programmes of reflexology

<p>3.4 The Role and Responsibility of a Reflexologist</p>	<p>R1.3 Determine the nature and extent of clients' needs: (3), (4), (5), (9), (11)</p> <p>R1.4 Agree courses of action with clients following assessment: (2), (3), (4)</p> <p>R2.1 Plan programmes of reflexology with clients: (4), (5)</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (13), (14)</p> <p>R2.3 Enable clients to treat reflex areas for themselves: (3), (4), (5)</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients: (8)</p> <p>F Confidentiality</p> <p>K The benefits, limitations and scope of reflexology</p> <p>L Reflexology principles and treatment methods</p> <p>N Health, safety and the control of infection</p> <p>O Assessing clients' needs and the appropriateness of reflexology</p> <p>P Assessing clients' needs in relation to reflexology</p> <p>R Planning programmes of reflexology</p> <p>S Reviewing the effectiveness of programmes of reflexology</p> <p>R1.1 Evaluate and process requests for reflexology: (1) – (9)</p> <p>R1.2 Agree the nature and purpose of assessments with clients: (1), (2)</p> <p>R1.4 Agree courses of action with clients following assessment: (4), (6), (7)</p> <p>R2.1 Plan programmes of reflexology with clients: (6), (7)</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (1), (10), (11), (15)</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients: (2), (3), (4), (10), (11)</p>
<p>3.5 Voluntary and Statutory Support Services</p>	<p>No mapping</p>

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 1 Principles and Practice of Reflexology	
<p>Element 4 Practice Management and the Law</p> <ul style="list-style-type: none"> a) describe the legal framework that applies to reflexology practice b) explain the business models in which a reflexologist may operate c) state the importance of keeping accurate financial records d) explain the different business and professional insurances e) state how to maintain a set of professional client records and store these in a way that maintains client confidentiality <p>4.1 Code of Practice and Ethics</p> <p>4.2 Business Management</p> <p>4.3 Treatment Records</p>	<p>A Professional standards and codes of practice</p> <p>Q Courses of action following assessment</p> <p>B Legislation</p> <p>C Employment and organisational policies and practices</p> <p>M Practice management</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (15)</p>

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Addendum A and B	
Addendum A: Human diseases and conditions Addendum B: Health-related terms	H Anatomy and physiology (including that relating particularly to reflexology) J Illness and its treatment

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 2 Techniques of a Reflexology Treatment	
<ul style="list-style-type: none"> a) conduct a consultation with a client and obtain the necessary information b) prepare themselves and the work area for the treatment c) examine the client's feet and hands record and interpret their findings d) describe the presenting condition e) demonstrate the application of the appropriate techniques, having due regard to the client's comfort throughout f) demonstrate an appropriate way of ending the session and arranging the client's departure g) evaluate the treatment process 	(See below)

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 2 Techniques of a Reflexology Treatment	
Element of Competence 1: Forming an initial impression of the client	<p>O Assessing clients' needs and the appropriateness of reflexology</p> <p>R1.2 Agree the nature and purpose of assessments with clients: (4)</p> <p>R1.3 Determine the nature and extent of clients' needs: (3), (13)</p> <p>R2.1 Plan programmes of reflexology with clients: (1)</p>
Element of Competence 2: Research of presenting condition	<p>R1.3 Determine the nature and extent of clients' needs: (13)</p> <p>R2.1 Plan programmes of reflexology with clients: (1)</p>
Element of Competence 3: Condition of the client's feet	<p>P Assessing clients' needs in relation to reflexology</p> <p>R1.3 Determine the nature and extent of clients' needs: (5), (6), (13)</p> <p>R2.1 Plan programmes of reflexology with clients: (1)</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (9)</p>

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 2 Techniques of a Reflexology Treatment	
Element of Competence 4: Client treatment plan	<p>P Assessing clients' needs in relation to reflexology</p> <p>R1.3 Determine the nature and extent of clients' needs (7), (13)</p> <p>R2.1 Plan programmes of reflexology with clients (6)</p>
Element of Competence 5: Initial treatment	<p>R2.2 Stimulate clients' reflex areas to promote the body's healing process (9)</p> <p>R2.3 Enable clients to treat reflex areas for themselves (1)</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients (2), (8), (9)</p>
Element of Competence 6: Subsequent treatments (case studies only)	<p>E Work role and practice – reflecting and developing</p> <p>R1.3 Determine the nature and extent of clients' needs: (3), (12), (13)</p> <p>R2.1 Plan programmes of reflexology with clients: (9)</p>
Element of Competence 7: Drawing a conclusion	<p>E Work role and practice – reflecting and developing</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients: (12)</p>
Element of Competence 8: Presentation of studies	No mapping

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 2 Techniques of a Reflexology Treatment	
Element of Competence 9: Professional presentation of the practitioner	<p>N Health, safety and the control of infection</p> <p>R1.2 Agree the nature and purpose of assessments with clients: (2)</p> <p>R1.3 Determine the nature and extent of clients' needs: (14)</p>
Element of Competence 10: Preparation for work	<p>N Health, safety and the control of infection</p> <p>O Assessing clients' needs and the appropriateness of reflexology</p> <p>R1.2 Agree the nature and purpose of assessments with clients: (1)</p> <p>R2.1 Plan programmes of reflexology with clients: (7)</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (1), (14)</p>
Element of Competence 11: Receiving the client	<p>R1.2 Agree the nature and purpose of assessments with clients: (5)</p>

Element of Competence 12: The Consultation Process	<ul style="list-style-type: none"> O Assessing clients' needs and the appropriateness of reflexology P Assessing clients' needs in relation to reflexology R Planning programmes of reflexology S Reviewing the effectiveness of programmes of reflexology R1.1 Evaluate and process requests for reflexology: (2) – (9) R1.2 Agree the nature and purpose of assessments with clients: (3), (6) – (10) R1.3 Determine the nature and extent of clients' needs: (1), (2) R1.4 Agree courses of action with clients following assessment: (1), (3) R2.1 Plan programmes of reflexology with clients: (2), (3), (5), (10) R2.2 Stimulate clients' reflex areas to promote the body's healing process: (2) R2.4 Review the effectiveness of reflexology programmes with clients: (3), (6)
Element of Competence 13: Carrying out the treatment	<ul style="list-style-type: none"> R Planning programmes of reflexology R 1.3 Determine the nature and extent of clients' needs: (5) R2.2 Stimulate clients' reflex areas to promote the body's healing process (3) – (8), (9), (11), (15) R2.4 Review the effectiveness of reflexology programmes with clients: (3)

Qualification	Skills for Health
ABC Diploma in Reflexology	NOS for Reflexology
ABC Level 3	2002
Unit 2 Techniques of a Reflexology Treatment	
Element of Competence 14: Post treatment	<p>Q Courses of action following assessment</p> <p>R Planning programmes of reflexology</p> <p>R1.4 Agree courses of action with clients following assessment: (2), (5)</p> <p>R2.1 Plan programmes of reflexology with clients: (8)</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (10), (12), (13), (15)</p> <p>R2.3 Enable clients to treat reflex areas for themselves: (1), (2), (7)</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients: (1), (2), (4), (7), (8), (10)</p>
Element of Competence 15: Concluding the session	<p>Q Courses of action following assessment</p> <p>R Planning programmes of reflexology</p> <p>R1.4 Agree courses of action with clients following assessment: (2), (5)</p> <p>R2.1 Plan programmes of reflexology with clients: (8)</p> <p>R2.2 Stimulate clients' reflex areas to promote the body's healing process: (10), (12), (13), (15)</p> <p>R2.3 Enable clients to treat reflex areas for themselves: (1), (2), (7)</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients: (1), (2), (4), (7), (8), (10)</p>
Element of Competence 16: Evaluation	<p>R Planning programmes of reflexology</p> <p>S Reviewing the effectiveness of programmes of reflexology</p> <p>R2.3 Enable clients to treat reflex areas for themselves: (8)</p> <p>R2.4 Review the effectiveness of reflexology programmes with clients: (12)</p>

4 Key Skills Signposting

The ABC Level 3 Diploma in Reflexology is mapped to the following Key Skills

Level 3 Communication

Level 3 Working with Others

Level 3 Improving own Learning and Performance

Communication Level 3		
Key Skill	ABC Unit	Signposting
C3.1a Contribute to a discussion	Unit 2	Evidence could be derived during interaction with the client in the course of a consultation, eliciting information and encouraging responses from the client.
C3.1b Make a presentation	Unit 2	Evidence could be derived when explaining reflexology and developing the treatment plan.
C3.2 Read and synthesise information	Unit 2	Evidence could be derived when researching reference books and documents for information about the client's presenting condition.
C3.3 Write different types of document	Unit 2	Evidence could be derived when recording observations; producing treatment notes; reviewing the whole treatment process; writing up a complete Client/Case Study with appendices, bibliography, tables.

Working with Others Level 3		
Key Skill	ABC Unit	Signposting
WO3.1 Plan the activity with others	Unit 2	Evidence could be derived when discussing a treatment/strategy with the client.
WO3.2 Work towards achieving the agreed objectives	Unit 2	Evidence could be derived when advising the client on lifestyle, and appropriate after-care or self-treatment.
WO3.3 Review the activity with others	Unit 2	Evidence could be derived when obtaining appropriate feedback from the client; evaluating the progress made; reflecting on own performance.

Improving Own Learning and Performance Level 3		
Key Skill	ABC Unit	Signposting
LP3.1 Agree targets and plan how these will be met	Unit 2	Evidence could be derived when utilising information provided by the client, and own observations, to establish what form of treatment would be beneficial, and its frequency.
LP3.2 Use your plan, seeking feedback and support, to help meet targets	Unit 2	Evidence could be derived when obtaining feedback from the client during and after treatment, and establishing a future treatment plan.
LP3.3 Review progress, establish evidence of achievements and agree action for improving performance	Unit 2	Evidence could be derived when evaluating the treatment and the progress made by the client with tutor and peers, to inform own future practice.

5 Wider Curriculum Signposting

With regard to the enhancement of spiritual understanding, two definitions within the Oxford English dictionary state *'of the human spirit or soul, not physical or worldly'* and *'of the Church or religion'*. The study of reflexology is essentially a holistic enterprise. A course of study based on this specification can contribute to candidates' understanding of spiritual issues.

The word 'Moral' can be defined as *'of or concerned with the goodness and badness of human character or with the principles of what is right and wrong in conduct'*. In the delivery of the qualification a tutor must undertake to instil in a student the difference between good and bad practice, most significantly in those practices relating directly to their employment. So in the context of the latter definition, an understanding of moral issues may be gained from this qualification. The holistic nature of this qualification also means it can contribute to moral issues. Candidates will become aware of the effect their intervention will have on the lives of others, and consequently the high degree of moral responsibility they must assume.

A definition of 'Ethical' is given as *'morally correct, honourable'*, and can be attributed to a reflexology practitioner, as nearly every activity that they will undertake as part of their working life will require their compliance with given procedures and processes. To integrate into a working environment, an individual will always be required to conform to accepted principles of conduct, professionally as well as personally, and the lessons learnt during this programme of study should stand them in good stead. They will appreciate the importance of working within a strict ethical framework and structure in all aspects of assessing, advising and treating clients.

A definition of 'Social' is *'of the mutual relations of people or classes living in an organised community'*. In learning how to optimise the health and social well-being of clients, candidates will have constantly impressed upon them the importance of professional comportment, and the need to exercise sensitivity in carrying out therapeutic procedures and processes.

'Cultural' can be defined as *'the customs and civilisation of a particular people or group'*. This specification acknowledges the contributions made to reflexology by different ethnic groups and cultures. It helps to bridge attitudes and philosophies of Europe and the USA and those of the Middle and Far East. Such diversity of ideas and attitudes is explicitly mentioned within the specification. In terms of European developments knowledge is required of relevant UK and European Legislation governing business activity and advertising.

Health and Safety issues impinge constantly on Healthcare related occupations. This specification ensures that candidates will be familiar with appropriate standards of safety and hygiene to be observed in all aspects of treatment.

Environmental awareness - In so far as environmental issues affect the delivery of courses leading to this qualification, they must be taken into account.

6 Tutor Guidance Notes

Assessment Criteria

There are fifteen Elements of Competence associated with the Client/Case Studies; those listed as 1-8 (below) relate to written outcomes; those listed as 9-16 (below) relate to practical ability in carrying out a treatment.

For purposes of the Client Studies, the tutor will assess the candidates in all sixteen Elements.

For purposes of the Case Studies, the tutor will assess the candidates in Elements 1-8 listed below.

Tutors will use the Performance Criteria associated with each of the Elements to judge whether the candidates have provided sufficient evidence of mastery.

Candidates should present all work in one file, to include

- an overall index of content
- a completed Declaration of Authenticity

Criteria for Written Outcomes

Element of Competence	Performance Criteria
1. Forming an initial impression of the client	Candidates must ensure that they <ul style="list-style-type: none">• complete a consultation form for the client• provide an holistic picture of the client, using the consultation form as a basis, to include<ul style="list-style-type: none">○ medical history○ employment or voluntary work○ diet and lifestyle○ family circumstances○ stress levels○ client's appearance and body language
2. Research of presenting condition	Candidates must ensure that they collate information including <ul style="list-style-type: none">• a description of the presenting condition• possible causes• how the condition affects this client• an outline of conventional treatment / medication• a second complementary therapy with rationale• an appropriate referral agency
3. Condition of the client's feet	Candidates must ensure that they record and interpret the condition of the client's feet, from observation and palpation, to include <ul style="list-style-type: none">• position of the feet• colour• temperature• texture• areas of hard skin

4. Client treatment plan	Candidates must ensure that they develop a treatment plan from the information gained from the client
5. Initial treatment	Candidates must ensure that they record the following after the treatment <ul style="list-style-type: none"> • client's reactions during and immediately after the treatment • your findings • appropriate after-care advice given • reflections on the treatment session
6. Subsequent treatments (case studies only)	Candidates must ensure that they record the following <ul style="list-style-type: none"> • client's feedback from previous treatment and/or any referrals • changes to the treatment plan • client's reactions during and after the treatment • findings during treatment • appropriate after-care advice given • reflections on the treatment session
7. Drawing a conclusion	Candidates must ensure that they <ul style="list-style-type: none"> • evaluate the effectiveness of the course of treatments • reflect on and evaluate practitioner's performance
8. Presentation of studies	Candidates must ensure that they include the following for each study <ul style="list-style-type: none"> • an evaluation form completed by each client, listing the dates of each treatment session • a bibliography for each case and client study

By fulfilling the above Criteria, candidates should meet the requirements of the following National Occupational Standards for Reflexology.

Element	Performance Criteria	Performance Criteria of the National Occupational Standards
1	(all)	R1.3 (13); R2.1
1	(a)	R1.3 (3)
1	(c), (d)	R1.2 (4)
2	(a), (b)	R2.1 (1)
4	(a), (b)	R1.3 (8); R2.1 (1); R2.1 (6)
3	(a)	R1.3 (5, 6); R2.2 (9)
3	(b)	R1.3 (6)
5	(a)	R2.2 (9)
5	(b)	R2.4 (8, 9)
5	(b) - (d)	R2.3 (1)
5	(c)	R2.4 (2)
6	(all)	R1.3 (12)
6	(a)	R2.4 (12)
6	(b)	R2.1 (9)

Elements 1-6 generally support R1.3 (13): "Make complete, accurate records ..."

Criteria for Practical Ability

Element of Competence	Performance Criteria
9. Professional presentation of the practitioner	Candidates must ensure that they <ul style="list-style-type: none"> • have clean, tidy hair; long or mid-length hair tied back off the face • have clean hands with short, clean nails • cover any open cuts or abrasions with waterproof dressings • remove jewellery from hands and arms with the exception of a wedding ring (other jewellery or body piercing to be discreet) • wear clean appropriate clothing • wear appropriate footwear (if any)
10. Preparation for work	Candidates will be assessed on <ul style="list-style-type: none"> • setting up and taking down the appropriate equipment • the safe use of equipment • care and maintenance of equipment • the use of appropriate facilities for the disposal of waste • washing their hands with regard to current infection control procedures
11. Receiving the client	Candidates should <ul style="list-style-type: none"> • introduce themselves • guide the client to the work area, using positive body language and a welcoming manner
12. The consultation process	Candidates should <ul style="list-style-type: none"> • communicate effectively with their client to <ul style="list-style-type: none"> ○ conduct the consultation respectfully ○ ask personal questions in a sensitive manner • include in the first session <ul style="list-style-type: none"> ○ an explanation of the theory and philosophy of reflexology ○ a description of the treatment session ○ discussion of the likely after effects of reflexology ○ negotiation of the treatment plan with the client and documentation of their agreement/signature
13. Carrying out the treatment	Candidates should <ul style="list-style-type: none"> • offer the client assistance onto the couch or chair • check client comfort • record any visual and palpatory findings • carry out a coherent, flowing <ul style="list-style-type: none"> ○ relaxation sequence ○ treatment routine as in treatment plan ○ closing sequence

14. Post treatment	Candidates should <ul style="list-style-type: none"> • wash their hands • offer a glass of water while allowing the client to rest • record the condition of reflexes • record any spontaneous feedback from the client • discuss the treatment findings and possible referrals • remind clients of the common reactions to treatment • offer appropriate after-care advice
15. Concluding the session	Candidates should <ul style="list-style-type: none"> • offer to assist the client off the couch or up from the chair • escorting them from the clinic area • clean and tidy the work area • ensure documentation is completed accurately and stored securely
16. Evaluation	Candidates should evaluate the treatment process with the tutor, identifying one positive feature and one area for improvement for future practice

By fulfilling the above Criteria, candidates should meet the requirement of the following National Occupational Standards for Reflexology

Element	Performance Criteria	Performance Criteria of the National Occupational Standards
9	(all)	R1.2 (2); R1.3 (14)
10	(a-d)	R1.2 (1, 3); R2.1 (7); R2.2 (1)
10	(a)	R2.2 (14)
11	(a)	R1.2 (5)
12	(all)	R1.1 (2-8); R1.2 (7,8); R2.4 (7)
12	(a)	R2.1 (2, 5)
12	(b)	R1.3 (1)
12	(c)	R1.3 (1); R2.1 (2)
12	(d)	R1.2 (7, 9); R1.3 (2); R1.4 (1, 13); R2.4 (3)
12	(e)	R1.2 (10); R1.4 (3); R2.1 (3, 10), R2.2 (2); R2.4 (6)
13	(all)	R1.1 (9); R2.2 (3-8)
13	(b)	R1.3 (5); R2.2 (9)
13	(c)	R2.2 (11)
13	(d)	R1.2 (9); R2.2 (15)
14	(b)	R2.1 (8); R2.2 (12); R2.4 (4)
14	(c)	R1.4 (2, 5); R2.4 (2)
14	(d)	R1.4 (2, 5); R2.2 (10); R2.3 (7)
14	(e)	R2.2 (13), R2.3 (1, 2); R2.4 (8,10)
14	(f)	R2.2 (15)
15	(b)	R2.4 (10)
16	(b), (c)	R2.4 (12)

7 Glossary and Acronyms

ABC

ABC Awards

Accreditation

The process through which the regulatory authorities (QCA) confirm that a qualification and the associated specification conform to the regulatory criteria.

Accreditation of Prior Learning (APL)

The process of recognising a candidate's previous achievements or learning.

Assessment

The process of making judgements about the extent to which a candidate's work meets the assessment criteria (requirements that must be met in order to achieve success, or a given grade) for a qualification or unit, or part of a unit.

Awarding Body

An organisation or consortium that awards qualifications.

Basic Skills

Basic Skills refers to the ability to read, write and speak English/Welsh and use mathematics at a level necessary to function and progress at work and in society in general.

Centre

An organisation or consortium accountable to an awarding body for the assessment arrangements leading to a qualification or units.

Centre Recognition

A process through which a centre wishing to offer ABC's qualifications is confirmed as being able to maintain the required quality and consistency of assessment and comply with other expectations of the awarding body.

External Assessment

A form of independent assessment where assessment tasks are set, and candidates' work assessed, by the awarding body.

External Moderator

An individual appointed by the awarding body to ensure accurate and consistent standards of assessment, across centres and over time.

Independent Assessment

Assessment of candidates' work that is carried out by assessors who do not have a vested interest in the outcome.

Internal Assessment

Assessment where assessment tasks are set, and candidates' work assessed, wholly within the candidate's centre, subject where appropriate to external moderation.

Internal Moderator

An individual appointed by the centre to secure accurate and consistent standards of assessment, both between assessors operating within a centre and between centres offering the same award.

Key Skills

General skills that apply across occupational and academic fields and assist in improving learning and performance.

Knowledge Requirements

The part of the ABC qualification that the candidate needs to know.

Learning and Skills Council (LSC)

The body responsible for funding and planning education and training for over 16-year-olds in England.

Learning Outcomes

The part of the ABC qualification that the candidate needs to do.

Level

The level at which a qualification is positioned in the National Qualifications Framework.

Moderation

The process of checking that assessment standards have been applied correctly and consistently between assessors, between centres and over time, and making adjustments to results where required to compensate for any differences in standard that are encountered.

National Occupational Standards (NOS)

Statements which describe the outcomes of competent work in an occupational field.

National Qualifications Framework (NQF)

The framework used by the regulatory authorities to position qualifications in England, Wales and Northern Ireland.

National Vocational Qualification (NVQ)

NVQs are work-related, competence based qualifications that reflect the skills and knowledge needed to do a job effectively throughout the country. They represent the national standards recognised by employers

Qualification Approval

A process through which a centre wishing to offer a particular qualification is confirmed as being able to maintain the required quality and consistency of assessment and has the correct resources, facilities and equipment specific to the qualification.

Qualifications and Curriculum Authority (QCA)

Government-designed statutory organisation required to establish national standards for qualifications in England and secure consistent compliance with them (the regulatory authorities in Wales and Northern Ireland are ACCAC and CCEA respectively).

Sector Skills Council (SSC)

A body recognised by the regulatory authorities as responsible for formulating and reviewing standards of occupational competence for an employment sector.

Unit

The smallest part of a qualification that is (generally) capable of certification in its own right.

Vocationally Related Qualification (VRQ)

VRQs are linked to NVQs but are different. They are designed to underpin much of the knowledge for the National Occupational Standards (NOS) and assist in the development of practical skills and do not have to be delivered in the workplace.