

-SQA-SCOTTISH QUALIFICATIONS AUTHORITY

HIGHER NATIONAL UNIT SPECIFICATION

GENERAL INFORMATION

-Unit Number- 5450877
-Superclass- HK
-Title- REFLEXOLOGY

-DESCRIPTION-

GENERAL COMPETENCE FOR UNIT: Consulting with the client, preparing for and carrying out reflexology treatments.

OUTCOMES

1. consult with clients to develop reflexology treatment plans;
2. prepare to carry out reflexology treatments;
3. perform reflexology treatments;
4. evaluate the effectiveness of the treatments.

CREDIT VALUE: 2 HN Credits

ACCESS STATEMENT: While access to this unit is at the discretion of the centre it would be essential that the candidate has prior experience of the structure of the body. This would be evidenced by possession of HN Unit: 7612547 Anatomy and Physiology of the Human Body or similar qualifications or experience.

Knowledge of first aid issues, communication and psychology is also desirable. This may be evidenced by possession of HN Units: 7460647 Safe and Hygienic Salon Practices, 7471487 Client Psychology and Communication or appropriate NC modules in first aid or a First Aid Certificate.

For further information contact: Committee and Administration Unit, SQA, Hanover House, 24 Douglas Street, Glasgow G2 7NQ.

Additional copies of this unit may be purchased from SQA (Sales and Despatch section). At the time of publication, the cost is £1.50 (minimum order £5).

HIGHER NATIONAL UNIT SPECIFICATION**STATEMENT OF STANDARDS****UNIT NUMBER:** 5450877**UNIT TITLE:** REFLEXOLOGY

Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

OUTCOME

1. CONSULT WITH CLIENTS TO DEVELOP REFLEXOLOGY TREATMENT PLANS

PERFORMANCE CRITERIA

- (a) Explanation of the purposes and processes of reflexology is comprehensive in terms of its possible effects on the client.
- (b) The assessment of the condition of the client is comprehensive in terms of physical condition, emotional state, life-style and contra-indications.
- (c) Treatment objectives are confirmed with the client.
- (d) All interaction with clients is sensitive, professional and empathic.

RANGE STATEMENT

Objectives: relaxation; wellbeing; stress relief.

Clients: new; existing.

EVIDENCE REQUIREMENTS

Observation of the candidate consulting new and existing clients.

This may be supported by supplementary evidence in the form of written/oral questions, case studies or client records where observation is not available to cover the full range.

Written and/or oral questioning will also be required to ensure that the candidate has knowledge of:

- the reasons for consultations;
- particular consultation techniques;

- a working knowledge of body systems to a level which enables the candidate to diagnose client needs and plan treatment;
- contra indications: thrombosis; heart conditions; increased temperature; cancer; trauma to the foot; recent surgery; medication; foot infection; sepsis; pregnancy;
- special care: epilepsy; diabetes; clients currently undergoing medical treatment; high blood pressure; low blood pressure; electronic implants; metal implants.

OUTCOME

2. PREPARE TO CARRY OUT REFLEXOLOGY TREATMENTS

PERFORMANCE CRITERIA

- (a) The treatment environment is prepared to ensure its cleanliness, warmth and client relaxation.
- (b) All equipment is appropriately prepared in accordance with good practice.
- (c) The couch and stool are correctly positioned to ensure good candidate posture and freedom of movement.
- (d) The client is appropriately covered to ensure comfort and to enable the treatment to be performed.
- (e) The candidate's preparation is appropriate in terms of dress, appearance and condition of his/her hands.

RANGE STATEMENT

Treatment environment: temperature; lighting; ventilation; privacy; access to washing and toilet facilities.

Equipment: towels; blankets; talc; pillows/supports.

EVIDENCE REQUIREMENTS

Observation of the candidate preparing self, environment, equipment and client for the treatment.

Written and/or oral questioning will also be required to ensure that the candidate has knowledge of:

- the reasons for particular preparations of the environment and equipment;
- health and safety legislation.

OUTCOME

3. PERFORM REFLEXOLOGY TREATMENTS

PERFORMANCE CRITERIA

- (a) The candidate and client are correctly positioned to ensure good posture, freedom of movement and eye contact.
- (b) The application of techniques is appropriate to the required outcomes and in accordance with the treatment.
- (c) The treatment is appropriate in terms of timing, sequence and duration of its component parts.

RANGE STATEMENT

Techniques: holds; hooking; leverage; thumb/finger walking; pointing; relaxation techniques.

Equipment: towels; blankets; talc; pillow/supports.

Objectives: relaxation; wellbeing; stress relief.

Treatment areas: feet.

Clients: new; existing.

EVIDENCE REQUIREMENTS

Observation of the candidate carrying out reflexology treatment sessions on the feet for new and existing clients.

Written and/or oral questioning will also be required to ensure that the candidate has knowledge of:

- the reasons for particular applications of techniques;
- a working knowledge of body systems to a level which enables the candidate to perform treatments;
- location of reflex points on the foot and corresponding effects on other parts of the body.

OUTCOME**4. EVALUATE THE EFFECTIVENESS OF THE TREATMENTS****PERFORMANCE CRITERIA**

- (a) Evaluation of the effectiveness of the treatments is accurate in relation to client feedback.
- (b) Changes to future treatment plans are accurately confirmed with the client.
- (c) Clients are advised on aftercare and possible after effects of treatments.
- (d) Details of the sessions are accurately and completely recorded.

RANGE STATEMENT

The range for the outcome is fully expressed within the performance criteria.

EVIDENCE REQUIREMENTS

Observation of the candidate evaluating treatments for new and existing clients.

Other methods such as case studies or written or oral questions may be used where performance cannot be observed.

Client records and client testimony may also provide evidence.

Written and/or oral questioning will also be required to ensure that the candidate has knowledge of:

- the need for evaluation in relation to treatment plans;
- the need for accurate advice on aftercare and possible after effects;
- a working knowledge of body systems to a level which enables the candidate to evaluate the treatment and amend the treatment plan.

MERIT A pass with merit may be awarded to a candidate who achieves all outcomes and in doing so, consistently demonstrates skills to a higher order than that required to achieve the outcomes. The level of skills required for a merit award will be evidenced by:

- (a) demonstrating treatment planning and manual skills of a high order and applying a quality therapeutic treatment over a range of clinical problems within the time constraints imposed by commerce;
- (b) complying concise notation prior to making a verbal report on client treatment;
- (c) demonstrating a high degree of sensitivity through an empathic physical and mental approach.

ASSESSMENT

In order to achieve this unit, candidates are required to present sufficient evidence that they have met all the performance criteria for each outcome within the range specified. Details of these requirements are given for each outcome. The assessment instruments used should follow the general guidance offered by the SQA assessment model and an integrative approach to assessment is encouraged. (See references at the end of support notes).

Accurate records should be made of the assessment instruments used showing how evidence is generated for each outcome and giving marking schemes and/or checklists, etc. Records of candidates' achievements should also be kept. These records will be required for external verification.

SPECIAL NEEDS

Proposals to modify outcomes, range statements or agreed assessment arrangements should be discussed in the first place with the external verifier.

© Copyright SQA 1997

Please note that this publication may be reproduced in whole or in part for educational purposes provided that:

- (i) no profit is derived from the reproduction;
- (ii) if reproduced in part, the source is acknowledged.

HIGHER NATIONAL UNIT SPECIFICATION**SUPPORT NOTES**

UNIT NUMBER: 5450877

UNIT TITLE: REFLEXOLOGY

SUPPORT NOTES: This part of the unit specification is offered as guidance. None of the sections of the support notes is mandatory.

There are, however, aspects of alternative therapy practice which require particular care, and centres are strongly advised to give their attention to the notes on context/content below.

NOTIONAL DESIGN LENGTH: SQA allocates a notional design length to a unit on the basis of the time estimated for achievement of the stated standards by a candidate whose starting point is as described in the access statement. The notional design length for this unit is 80 hours. The use of notional design length for programme design and timetabling is advisory only.

PURPOSE This unit develops the candidate's ability to undertake the complete process of reflexology from the initial stage of planning the objectives of the treatment with the client, preparing the necessary environment and equipment and carrying out the treatment, through to the final stage of post treatment evaluation and advice. As well as becoming proficient in the skills involved the candidate will also generate knowledge of the techniques involved.

CONTENT/CONTEXT Therapies are techniques for creating contexts for client/therapist interaction designed to increase the wellbeing of the client. These contexts may be manipulated by organising:

- the environment in which the client/therapist interaction takes place. For example special rooms may be set aside for the therapy;
- the layout of the environment;
- the materials used in the therapy, such as oils or other objects, designed to create a mood, or frame of mind or to act as a focus for client/therapist interaction.

Therapies which may legitimately lay claim to the ability to increase the wellbeing of clients are:

- based on a rich and detailed tradition of scientific knowledge and research;
- governed by detailed (often legally binding) codes of ethics and procedures;

- restricted in their use to members of recognised bodies.

It is clear that none of these strictures apply to alternative therapies in beauty therapy. These therapies are designed to increase only the feeling of wellbeing in a client, and that usually only moderately, in line with similar effects from beauty treatment services available in salons. It is important, therefore that nothing in the teaching and assessment of these HN units should lay claim to any greater effect.

Nevertheless, the advanced techniques in the alternative therapy units need to be based on underpinning knowledge comparable with that in other HN units.

There is no agreed body of scientific knowledge which supports the claim that these therapies have any physical effect and nothing in the teaching and learning should lead a candidate to suppose that there is.

On the other hand there is sufficient evidence in psychological and social-psychological research which may explain the effects of these therapies in increasing feelings of wellbeing, and this should form the underpinning knowledge used to develop a critical attitude in the candidate. Differing explanations, derived from well established empirical research, should be used to encourage the candidate to analyse and comment upon the techniques and their effects. Other explanations, deriving from spiritual and religious traditions, or from imaginative speculation, may be presented, but only with great care so long as these are clearly distinguished from the scientific explanations.

It is clear that the candidates should not be brought into contact with clients without ensuring they have a thorough understanding of the limited nature of the therapies.

Not all candidates (whether through lack of maturity or personality features) will have the necessary qualities and they should not be forced into this situation without their well-informed consent. Similarly, candidates (or others) who might role-play clients should only do so after obtaining their well-informed consent and then only after thorough preparation.

Candidates should be aware of the limits of the technique and of the boundaries over which it would be unethical to stray. They should not attempt to diagnose any physical or psychological ailment, or suggest cures or imply that what they are engaged in will relieve ailments, however trivial.

In all interaction with clients, the candidates should be taught to be open and honest about the techniques and their intended effects. Some candidates, for reasons of belief or personal choice, may not wish to practise the techniques and their wishes must be respected.

This unit requires a large degree of underpinning knowledge to enable the candidate to operate effectively. If taken as part of a programme much of this knowledge may be gained in HN Units such as: 7612547 Anatomy and Physiology of the Human Body, 7460647 Safe and Hygienic Salon Practices, 7471487 Client Psychology and Communication and 5470597 Body Treatments - Manual. Where this unit is being delivered as a stand alone unit the presenting centre should ensure that appropriate time and input is given to the technical knowledge required.

Underpinning knowledge

Location of reflex points on the foot and corresponding effects on other parts of the body.

Techniques.

Need for correct positioning and height of client.

Anatomy and physiology.

Structure and function of systems: skeletal; muscular; circulatory; digestive; endocrine; reproductive; excretory; nervous; respiratory.

Identification of contra-indications and special care which may require client to obtain physician's approval and the procedure to be followed.

Contra-indications: thrombosis; heart conditions; increased temperature; cancer; trauma to the foot; recent surgery; foot infection and sepsis; pregnancy.

Special care: epilepsy; diabetes; clients currently undergoing medical treatment; high blood pressure; low blood pressure; electronic implants; metal implants; osteoporosis.

Identification of client's needs with reference to age, health, medical history and lifestyle.

Identification and handling of relevant information from findings.

Why it is important to establish the client's lifestyle, physical and emotional condition.

Why the treatment plan must include length of treatments, number of treatments and consider the availability of the client.

Effects of different forms of reflexology techniques.

The importance of personal hygiene and professional appearance.

Why perfumes and jewellery should be discreet.

The reasons a client should observe hygiene precautions.

Simple home care to support treatment.

Principles and procedures for obtaining meaningful feedback from the client and why this is important.

Physical effects of treatment both temporary and cumulative.

How effectiveness of reflexology treatment may be judged.

Preparation of treatment room/area.

Requirements and applications of health, safety and hygiene, consumer protection and premises legislation, local byelaws, government guidelines and industry codes of practice, in connection with treatments and treatment rooms.

Principles and procedures for avoiding cross-infection and ensuring that equipment and materials are clean and hygienic.

Record keeping systems and the necessity of keeping full and accurate records.

Interpretation of body language and the correct responses.

What constitutes commercially, cost-effective timings for carrying out treatment.

It is not anticipated that the candidate would be competent in the treatment of hand reflexology. However, it is expected that the candidate would be introduced to hand reflexology and be familiar with the appropriate reflex points.

Skills

Ability to diagnose client requirements prior to, during and after treatments.

Ability to perform the differing techniques.

Communication skills of listening, reading body language, adopting suitable vocabulary, etc.

APPROACHES TO GENERATING EVIDENCE Throughout the unit there will require to be a large tutor input to cover knowledge aspects. This should be supplemented by hands on experience, eg: in practising holds and techniques, to build up competence and confidence in the candidate as his/her knowledge level increases. The use of simulations or role plays are preferable to real situations in formative assessments to ensure minimal distress to clients. Candidates may be able to work in pairs or to work on volunteer models whose feedback on formative performance would assist in identifying areas of weakness. Ongoing questioning would assist in monitoring the growth in candidate's knowledge. Individual research of trade magazines and text books could supplement tutor input in developing knowledge.

Throughout the unit the emphasis should be on treatments to the foot.

ASSESSMENT PROCEDURES Where possible throughout the unit, observation of the candidate in real situations would be the ideal form of assessment. In some cases role plays or simulations could also generate evidence of performance.

Written/oral questioning will almost certainly be needed to ensure that the large body of underpinning knowledge is adequately assessed and to cover areas of the range not evidenced by observation of performance.

REFERENCES

1. Guide to unit writing.
2. For a fuller discussion on assessment issues, please refer to SQA's Guide to Assessment.
3. Information for centres on SQA's operating procedures is contained in SQA's Guide to Procedures.
4. For details of other SQA publications, please consult SQA's publications list.

© Copyright SQA 1997

Please note that this publication may be reproduced in whole or in part for educational purposes provided that:

- (i) no profit is derived from the reproduction;
- (ii) if reproduced in part, the source is acknowledged.