

**Application to the Health Professions Council  
for the Regulation of  
SPORTS THERAPISTS**

**FURTHER INFORMATION Document Two  
July 2010**



## Introduction

Following the consideration by Health Professionals Council (HPC) of the application made by The Society of Sports Therapists for the Statutory Regulation of Sports Therapists. The Society was tasked with undertaking work in three specific areas. The areas were:

1. The differences and similarities between Sports Therapy and Physiotherapy
2. The Standards of Education and Training for the profession of Sports Therapy
3. The degree of support for Statutory Regulation within the Sports Therapy industry

At the same time as the above supplementary information was requested (11<sup>th</sup> May 2006), a letter was sent to the then Secretary of State for Health, informing her that the application had been submitted and considered and that the Health Professionals Council (HPC) would be minded "to recommend to you that Sports Therapists should be statutorily regulated."

The following document addresses and answers the work required and questions asked and is submitted with the aim that the process for statutorily regulating Sports Therapists can be driven to its rightful conclusion.



## Part A

### 1. Definitive differences and similarities between Sports Therapy and Physiotherapy

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At the point of Statutory Regulation it is anticipated and recommended that the only route to registration will be at a Graduate level, with an Honours Degree from an approved University programme.

This part of the document focuses on the definitive differences and similarities between Sports Therapy and Physiotherapy, *at the point of registration* and is, therefore, at Graduate level status.

- 1.1 On graduation a Physiotherapist has the skills and knowledge to provide therapy at a threshold competence level across the breadth of Physiotherapy practice and lifespan. At the same point, a Graduate Sports Therapist has specialist knowledge of Sports Medicine and Sports Science with the theoretical background and therapeutic skills that are specifically applied to work in a Sport and Exercise environment. The Graduate Sports Therapist also has the ability to understand complex and biomechanical problems applied to a clearly defined area of practice.
- 1.2 While Sports Therapy is not currently regulated, The Society of Sports Therapists has modified its Standards of Conduct Performance and Ethics to mirror those of the Health Professions Council, in order to facilitate the transition to Statutory Regulation. Therefore, like all professions that are regulated, there are generic standards common to all professions, together with additional profession specific standards.  
Document A(i) details the variances in the Standards of Proficiency of the two therapies and the Standards of Proficiency for Sports Therapy and Physiotherapy are detailed in Appendix A(ii) and A(iii) respectively.
- 1.3 Practitioners in both professions have the right and opportunity to develop skills and knowledge in the other profession. However, in order to expand their Scope of Practice to work in these areas, practitioners from both professions would be required to take specialist courses as appropriate. Appendix (iv)



#### 1.4 **Scope of Practice for Graduate Sports Therapists from a University that has collaborative links with the Society of Sports Therapists**

There are 5 distinct areas of competency for Graduate Sports Therapists:

- Prevention of Injury
- Recognition and Evaluation
- Management, Treatment and Referral
- Rehabilitation
- Education

#### 1.5 **Scope of Practice: Physiotherapy**

There are four distinct pillars that are given as being integral to Physiotherapy:

- Massage
- Electrotherapy
- Exercise
- Kindred Methods of Treatment

#### 1.6 **Sports Therapy Pillars**

The 5 key competency areas for Sports Therapy are specifically addressed during the education process and focus on defined areas of practice, applicable at the point of graduation/registration.

The emphasis on the importance of Injury Prevention, Immediate Care, Exercise Science and Prescription and Rehabilitation, is highlighted within the clearly defined Scope of Practice areas of Sport and Exercise Therapy and taught to Graduate Sports Therapists. This is not addressed in Physiotherapy Education.

Therefore, whilst there maybe an overlap in some of the clinical skills taught in Physiotherapy and Sports Therapy Undergraduate programmes, it is the *specificity* of the defined Scope of Practice of a Graduate Sports Therapist that makes them distinctly different.

*“The emphasis upon preventative management, the early acute treatments and sports specific exercise as part of the rehabilitative process is much more evident within the Scope of Practice of the Sport Therapy profession than that of Physiotherapy. This specialisation makes both the training and the Sports Therapy graduates distinct from their Physiotherapy colleagues.”*

Alison Chambers, Head of School, Public Health + Clinical Science, University of Central Lancashire (UCLAN).



Alison Chambers also stated that:

*“It has become increasingly apparent that there is differentiation both in knowledge and skills base between the two professional groups.”*

The Department of Allied Health at UCLAN currently runs HPC approved physiotherapy courses alongside and with Sports Therapy Degree programmes, run in collaboration with the Society of Sports Therapists. Five other universities also currently run both programmes alongside each other, these are:

- Coventry University
- University of Hertfordshire
- University of Huddersfield
- Leeds Metropolitan University
- Teesside University

### 1.7 **Physiotherapy Pillars**

Physiotherapy pillars have been designated to cover a Scope of Practice that allows a physiotherapist to work across the broad spectrum of healthcare, whereas the Sports Therapy pillars empower Graduate Sports Therapist to work within a clearly defined, specific and specialist area of Sport and Exercise.

Analysis of current physiotherapy education clearly demonstrates that, whilst the philosophies that some of the pillars are supposed to support have been eroded, expansion and strengthening of others appear to fulfil the profession’s needs.

Investigations have clearly indicated that very little, if any Massage and Exercise Therapy is taught within the majority of Physiotherapy programmes. Appendices A(v) A(vi) A(vii) A(viii). Similarly, academic debate around the evidence supporting the use and application of electrotherapy in its broadest context means that very little of this pillar is taught at an Undergraduate level.

However, the expansion of the Scope of Practice of Physiotherapy, exemplified by almost 50 clinical interest areas Appendix A(ix), has shown a distinct growth and strengthening of the pillar entitled Kindred Methods of Treatment.

It should also be noted that many of these specific clinical interests eg Neurology, Care of the Elderly, Paediatrics etc. are only touched upon in Undergraduate programmes and, along with the majority of the others, require significant Postgraduate education in order to give the practitioner specialised Scope of Practice within their chosen clinical interest area.



## Part B:

### 2 The Standards of Education and Training for the Profession of Sports Therapy

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As stated at the start of this document and within the original application to the HPC in 2006, it is anticipated and recommended that the only route to registration, at the point of Statutory Regulation, will be at a Graduate level with an Honours degree from an approved University programme.

As such, all Universities running the programme will be required to meet the generic HPC Standards of Education and Training criteria as an education provider, as determined and detailed in their 2009 document.

2.1 The Society of Sports Therapists currently collaborates with 17 UK Higher Education establishments, all providing BSc (Hons) Sports Therapy Degree programmes. Four also currently provide MSc Sports Therapy programmes that give an eligibility to practise as a Sports Therapist on completion.

Each University and College is required to ensure that it covers, teaches and assesses all of the Standards of Education and Training (competencies) determined by The Society of Sports Therapists, to ensure that Graduates are safe and effective practitioners, who are able to work autonomously within the clearly defined Scope of Practice of a Graduate Sports Therapist.

2.2 The Universities and Colleges are regularly monitored by The Society of Sports Therapists to ensure that the Competencies are being taught and assessed appropriately. The Universities and Colleges are also required to meet the standards set and assessed by the Quality Assurance Agency for Higher Education, as well as their own internal monitoring, validation and assessment processes.

2.3 It is anticipated that all other Sports Therapy programmes currently being offered, either in the private or public sector, but below Undergraduate status, will be phased out. It is, however, anticipated that some of these programmes will become access routes into the Higher Education Sports Therapy programmes.

2.4 Appendix B(i) details the Standards of Education and Training for Sports Therapists that are currently being used in the Higher Education establishments with which The Society of Sports Therapists has collaborative links.



The Standards detailed are current and the ones that The Society of Sports Therapists would recommend to be used as the benchmark, against which the HPC Standards of Education and Training for Sports Therapists are set.

- 2.5 The Society also acknowledges that there are other Universities currently running Sport Therapy degree programmes that are not accredited by or linked to The Society of Sports Therapists. It also suggests that these Universities are offering Sports Therapy Degree Programmes that fall short in the provision of the competencies and standards that The Society of Sports Therapists would deem as being necessary and appropriate for registration and regulation as a Sports Therapist.
- 2.6 As the lead body for Sports Therapy within the UK and the organisation that has been leading this profession since 1990, The Society of Sports Therapists believes that it is best placed to determine, unequivocally, what competencies must be met at the point of registration for a Sports Therapist to work as an autonomous, safe and effective practitioner.



**Part C:**

**3 The Degree of Support for Statutory Regulation within the Profession of Sports Therapy Profession and the Degree of Consensus Concerning the Protected Title**

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Following the HPC Council Meeting held on the 11<sup>th</sup> May 2006 and subsequent to the letter sent to the Secretary of State, at that time, the Right Honourable Patricia Hewitt, a series of meetings have taken place over the intervening years with organisations professing to consider themselves professional bodies for Sports Therapists. Details of meeting and attendees can be found in Appendix C(i)

3.1 Since 2006 a steady decline has been seen in those purporting to represent Sports Therapists, culminating in just four other groups, along with The Society of Sports Therapists, being invited by the HPC to the latest talks on 25<sup>th</sup> October 2009, held at the HPC offices. These groups were the Chartered Society of Physiotherapy (CSP), the SMAE Institute (a private company who specialise in training Footcare Practitioners), a representative from the profession of Chiropody and the British Association of Sports Rehabilitators and Trainers.

3.2 Following that meeting, a follow up meeting was held between the Chair and Vice Chair of the Society of Sports Therapists and the Chief Executive and Director of Practice and Development of the CSP on the 14<sup>th</sup> April 2010. The aim of the meeting was to establish the position of the CSP regarding the application for Statutory Regulation of Sports Therapists. The CSP stated it would not block the application for the Statutory Regulation of Sports Therapists but did not feel it appropriate to give the application its endorsement.

3.3 A further meeting was proposed with all the other organisations that attended the October 2009 HPC meeting but only BASRaT responded. They were unable to attend but provided a letter supporting the application. Appendix C(ii)

3.4 Views regarding the protected title have not changed since the original application was submitted and considered.

To eliminate confusion in the public and for clarity and ease of recognition, The Society of Sport Therapists repeats the recommendation made that the protected, registered title should be **Sports Therapist**.





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# **Appendices**



## Appendix A

- A.(i) **Standards of Proficiency** A combined document showing variances between Sports Therapy and Physiotherapy



## Standards of Proficiency Combination Document

The following is a combination document which details the Standards of Proficiency for Physiotherapy\* and within it includes the Standards of Proficiency for Sports Therapy, as defined by The Society of Sports Therapists. Variances in profession specific standards are clearly identifiable.

### Key

Black Text: Generic Standards

Blue Text: Physiotherapy Specific Standards

Red Text: Sports Therapy Specific Standards

\* The Standards of Proficiency for Physiotherapy have been taken from the Standards Document as detailed on the HPC website. The text has been rearranged for the purpose of this exercise.



# Expectations of a health professional

## 1a Professional autonomy and accountability

Registrant physiotherapists (**Sport Therapists**) must:

### 1a.1 be able to practise within the legal and ethical boundaries of their profession

understand the need to act in the best interests of service users (their patients) at all times

understand what is required of them by the Health Professions Council (The Society of Sports Therapists)

understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health sporting participation and wellbeing

be aware of current UK legislation applicable to the work of their profession

**be aware of the role of sports therapy within the context of the sports and exercise medicine team**

### 1a.2 be able to practise in a non-discriminatory manner

### 1a.3 understand the importance of and be able to maintain confidentiality

### 1a.4 understand the importance of and be able to obtain informed consent

### 1a.5 be able to exercise a professional duty of care

### 1a.6 be able to practise as an autonomous professional, exercising their own professional judgement

be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem

be able to initiate resolution of problems and be able to exercise personal initiative

know the limits of their practice and when to seek advice or refer to another professional

recognise that they are personally responsible for, and must be able to justify, their decisions

### 1a.7 recognise the need for effective self management of workload and resources and be able to practise accordingly

### 1a.8 understand the obligation to maintain fitness to practise

understand the need to practise safely and effectively within their scope of practice

understand the need to maintain high standards of personal and professional conduct

understand the importance of maintaining their own health

understand both the need to keep skills and knowledge up to date and the importance of career long learning

## 1b Professional relationships

Registrant physiotherapists (**Sports therapists**) must:

### 1b.1 be able to work, where appropriate, in partnership with other service users and their relatives and carers

**-be able to work, where appropriate, in partnership with other healthcare professionals, managers and coaches, fitness trainers, relevant sports and exercise practitioners, support staff, patients and their relatives and carers**

understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team



understand the need to engage patients, carers and if appropriate service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

understand the need to engage patients, carers and if appropriate coaches in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals

be able to make appropriate referrals

understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately

**1b.2 be able to contribute effectively to work undertaken as part of a multidisciplinary team**

**1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers**

be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5

understand how communication skills affect the assessment of service users (patients) and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability

be able to select, move between and use appropriate forms of verbal and nonverbal communication with service users (patients) and others

be aware of the characteristics and consequences of nonverbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socioeconomic status

understand the need to provide service users (patients) (or people acting on their behalf) with the information necessary to enable them to make informed decisions

understand the need to use an appropriate interpreter to assist service users (patients) whose first language is not English, wherever possible

recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

**1b.4 understand the need for effective communication throughout the care of the service user (patient)**

recognise the need to use interpersonal skills to encourage the active participation of service users (patients)



# The skills required for the application of practice

## 2a Identification and assessment of health and social care needs

Identification and assessment of injury and risk factors associated with participation in exercise and competitive and / or recreational sport

Registrant physiotherapists (Sports Therapists) must:

### 2a.1 be able to gather and synthesise appropriate information

### 2a.2 be able to select and use appropriate assessment techniques

be able to apply, undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment

be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process

be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals, and specific sporting populations during the assessment process

### 2a.3 be able to undertake or arrange investigations as appropriate

### 2a.4 be able to analyse and critically evaluate the information collected

## 2b Formulation and delivery of plans and strategies for meeting health and social care needs

Formulation and delivery of plans and strategies for meeting sports and exercise injury prevention, management and rehabilitation needs

Registrant physiotherapists (Sports Therapists) must:

### 2b.1 be able to use research, reasoning and problem solving skills to determine appropriate actions

recognise the value of research to the critical evaluation of practice

be able to engage in evidence based practice, evaluate practice systematically and participate in audit procedures

be aware of a range of research methodologies

be able to demonstrate a logical and systematic approach to problem solving

be able to evaluate research and other evidence to inform their own practice

recognise the need to discuss, and be able to explain the rationale for, the use of physiotherapy interventions

recognise the need to discuss, and be able to explain the rationale for the use of sports therapy interventions

be able to form a diagnosis on the basis of physiotherapy assessment

be able to form a clinical hypothesis on the basis of sports therapy assessment

understand the need to plan and implement comprehensive prevention, rehabilitative and training programmes that involve an understanding of the components of sport and exercise science

be able to identify injury and illness risk factors associated with participation in exercise and competitive and recreational sport.

understand the need for appropriate administration and implementation of specific pre-participation physical examination and screening

understand the components of a comprehensive rehabilitation programme



## **2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements**

be able to change their practice as needed to take account of new developments

be able to demonstrate a level of skill in the use of information technology appropriate to their practice

## **2b.3 be able to formulate specific and appropriate management plans including the setting of timescales**

be able to formulate specific and appropriate management and rehabilitation plans including the setting of timescales

understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socioeconomic factors

be able to set goals and construct specific individual and group physiotherapy programmes

be able to set goals and construct specific individual and group sports and exercise therapy programmes

be able to determine patient specific goals and objectives in the rehabilitation process

understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user

understand the need to agree the goals, priorities and methods of sports and exercise therapy interventions in partnership with the patient

be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy

be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate sports therapy interventions

be able to select, plan, implement and manage physiotherapy treatment aimed at the facilitation and restoration of movement and function

be able to select, plan, implement and manage sports therapy treatment aimed at the facilitation and restoration of movement, function, sports activity and participation

## **2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully**

understand the need to maintain the safety of both service users and those involved in their care

understand the need for the preparation, application and accomplishment of appropriate immediate first aid intervention and management in a sports and exercise environment.

ensure service users are positioned (and if necessary immobilised) for safe and effective interventions

ensure patients are positioned (and if necessary immobilised) for safe and effective interventions, if appropriate

be able to deliver and evaluate physiotherapy programmes

be able to deliver and evaluate sports therapy interventions

be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate symptoms and restore optimum function and sports participation

be able to use mobilisation, respiratory physiotherapy, neurotherapeutic handling and massage techniques

know and be able to apply the key concepts which are relevant to safe and effective practice as a



supplementary prescriber in order to have their name annotated on the Register (this standard applies **only** to registrants who are eligible to have their names annotated on the Register)

understand the need and be able to apply basic life-saving techniques

-ensure the safe and effective handling and removal of a casualty from the competitive or recreational sport and exercise environment

understand the need to maintain the safety of both patients and those involved in their care

ensure patients are positioned (and if necessary immobilised) for safe and effective removal from a sporting and recreational environment

be able to use manual therapy and massage techniques in a pre and post sports and exercise environment

be able to use manual therapy and massage in a therapeutic and remedial context

### **2b.5 be able to maintain records appropriately**

be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines

understand the need to use only accepted terminology in making records

### **2c Critical evaluation of the impact of, or response to, the registrant's (therapists actions) actions**

Registrant physiotherapists (Sports Therapists) must:

#### **2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly**

be able to gather information, including qualitative and quantitative data that helps to evaluate the responses of service users to their care

be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients to their care

be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user (patient)

recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately

be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or rehabilitation programmes, and record the decisions and reasoning appropriately

be able to evaluate treatment plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status

be able to evaluate treatment and rehabilitation plans to ensure that they meet the sports therapy needs of patients, informed by changes in circumstances health status and sporting activity





## **2c.2 be able to audit, reflect on and review practice**

understand the principles of quality control and quality assurance

be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

be able to maintain an effective audit trail and work towards continual improvement

participate in quality assurance programmes, where appropriate

understand the value of reflection on practice and the need to record the outcome of such reflection

recognise the value of case conferences and other methods of review



# Knowledge, understanding and skills

## 3a Knowledge, understanding and skills

Registrant (Sports Therapists) physiotherapists must:

### 3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice

understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction

be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

recognise the role of other professions in health and social care

recognise the role of other professions in sports and exercise therapy

understand the theoretical basis of, and the variety of approaches to, assessment and intervention

understand the theoretical basis of, and the variety of approaches to, sports and exercise injury assessment and intervention

understand the following aspects of biological science:

normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuromuscular, musculoskeletal, cardiovascular and respiratory systems within a sport exercise and rehabilitation environment

patterns of human growth and development across the lifespan

patterns of human growth and development related to the pre-adolescent, adolescent and adult sports person

factors influencing individual variations in human ability and health status and sporting performance

how the application of physiotherapy can cause physiological and structural change

how the application of sports therapy can influence physiological and structural change following trauma

understand the following aspects of physical science:

the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy

the means by which the physical sciences can inform the understanding and analysis of movement and function of the sport and exercise participants

the principles and application of measurement techniques based on biomechanics or electrophysiology

the principles and application of measurement techniques based on sound biomechanical principals

the application of anthropometric and ergonomic principles

understand the following aspects of clinical science:

pathological changes and related clinical features commonly encountered in physiotherapy practice

physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression

the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this

the different concepts and approaches that inform the development of physiotherapy interventions

the normal immediate and delayed pathophysiological responses to trauma and injury

adaptations brought about by sport specific training, rehabilitation regimes and exercise programmes



the pathophysiological responses to overtraining, overuse and poor or incorrect sports performance

physiological, structural, behavioural and functional changes that can result from sports therapy intervention, rehabilitation and sport and exercise participation

the specific contribution that sports therapy can potentially make to enhancing individuals' functional and sporting ability, together with the evidence base for this

the different concepts and approaches that inform the development of sports therapy interventions

understand the following aspects of behavioural science:

psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related treatment

psychological, social and cultural factors that can influence an athlete's injury, health and illness, including their responses to the management of their injury and related treatment and rehabilitation

how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice

how psychology, sociology and cultural diversity inform an understanding of sports therapy and the incorporation of this knowledge into sport and exercise prevention, injury management and rehabilitation

theories of communication relevant to effective interaction with (Patients) service users, carers, colleagues, managers and other health and social care professionals

theories of team working and leadership

**3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities (sporting populations)**

**3a.3 understand the need to establish and maintain a safe practice environment**

be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace or sporting environment, such as incident reporting, and be able to act in accordance with these  
be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation

be able to select appropriate personal protective equipment and use it correctly

be able to establish safe environments for practice, which minimise risks to (Patients) service users, those treating them, and others, including the use of hazard control and particularly infection control

know and be able to apply appropriate moving and handling techniques



# Appendix A

## A (ii) Standards of Proficiency: Sports Therapy



# The Society of Sports Therapists Standards of Proficiency

## Standards for Sports Therapy

This document sets out the standards of proficiency that form the *minimum* benchmark requirement for Member status of The Society of Sports Therapists to be applied from **1st July 2008**.

### **1a Professional autonomy and accountability**

Sports Therapists must:

#### **1a.1 be able to practise within the legal and ethical boundaries of their profession**

- understand the need to act in the best interests of their patients at all times
- understand what is required of them by The Society of Sports Therapists
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every patient including their role in the diagnostic and therapeutic process and in maintaining health sporting participation and wellbeing
- be aware of current UK legislation applicable to the work of their profession
- be aware of the role of sports therapy within the context of the sports and exercise medicine team

#### **1a.2 be able to practise in a non-discriminatory manner**

#### **1a.3 understand the importance of and be able to maintain confidentiality**

#### **1a.4 understand the importance of and be able to obtain informed consent**

#### **1a.5 be able to exercise a professional duty of care**

#### **1a.6 be able to practise as an autonomous professional, exercising their own professional judgement**

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative

- know the limits of their practice and when to seek advice or refer to another professional
- recognise that they are personally responsible for, and must be able to justify their decisions

**1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly**

**1a.8 understand the obligation to maintain fitness to practise**

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal and professional conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

**1b Professional relationships**

Sports Therapists must:

**1b.1 be able to work, where appropriate, in partnership with other healthcare professionals, managers and coaches, fitness trainers, relevant sports and exercise practitioners, support staff, patients and their relatives and carers**

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage patients, carers and if appropriate coaches in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals
- understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately

**1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team**

**1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinions to colleagues, patients, their relatives and carers**

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System (see below), with no element below 6.5
- understand how communication skills affect the assessment of patients and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with patients and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide patients (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist patients whose first language is not English, wherever possible
- recognise that relationships with patients should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

**1b.4 understand the need for effective communication throughout the care of the patient**

- recognise the need to use interpersonal skills to encourage the active participation of patients

## **The skills required for the application of practice**

### **2a Identification and assessment of injury and risk factors associated with participation in exercise and competitive and / or recreational sport**

Sports Therapists must:

#### **2a.1 be able to gather and synthesis appropriate information**

#### **2a.2 be able to select and use appropriate assessment techniques**

- be able to apply be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
- be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals, and specific sporting populations during the assessment process

#### **2a.3 be able to undertake or arrange investigations as appropriate**

#### **2a.4 be able to analyse and critically evaluate the information collected**

### **2b Formulation and delivery of plans and strategies for meeting sports and exercise injury prevention, management and rehabilitation needs**

Sports Therapists must:

#### **2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions**

- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice
- *recognise the need to discuss, and be able to explain the rationale for the use of sports therapy interventions*
- *be able to form a clinical hypothesis on the basis of sports therapy assessment*



- *understand the need to plan and implement comprehensive prevention, rehabilitative and training programmes that involve an understanding of the components of sport and exercise science.*
- *be able to identify injury and illness risk factors associated with participation in exercise and competitive and recreational sport.*
- *understand the need for appropriate administration and implementation of specific pre-participation physical examination and screening*
- *understand the components of a comprehensive rehabilitation programme*

**2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements**

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

**2b.3 be able to formulate specific and appropriate management and rehabilitation plans including the setting of timescales**

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- *be able to set goals and construct specific individual and group sports and exercise therapy programmes*
- *be able to determine patient specific goals and objectives in the rehabilitation process*
- *understand the need to agree the goals, priorities and methods of sports and exercise therapy interventions in partnership with the patient*
- *be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate sports therapy interventions*
- be able to select, plan, implement and manage sports therapy treatment aimed at the facilitation and restoration of movement, function, sports activity and participation

**2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully**

- *understand the need for the preparation, application and accomplishment of appropriate immediate first aid intervention and management in a sports and exercise environment.*
- *understand the need and be able to apply basic life-saving techniques*
- 
- *ensure the safe and effective handling and removal of a casualty from the competitive or recreational sport and exercise environment*
- understand the need to maintain the safety of both patients and those involved in their care
- *ensure patients are positioned (and if necessary immobilised) for safe and effective removal from a sporting and recreational environment*
- ensure patients are positioned (and if necessary immobilised) for safe and effective interventions, if appropriate
- *be able to deliver and evaluate sports therapy interventions*
- be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate symptoms and restore optimum function and sports participation
- *be able to use manual therapy and massage techniques in a pre and post sports and exercise environment*
- *be able to use manual therapy and massage in a therapeutic and remedial context*

**2b.5 be able to maintain records appropriately**

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

## **2c Critical evaluation of the impact of, or response to, the therapists actions**

Sports Therapists must:

### **2c .1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly**

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of patients to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the patient
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or rehabilitation programmes, and record the decisions and reasoning appropriately
- *be able to evaluate treatment and rehabilitation plans to ensure that they meet the sports therapy needs of patients, informed by changes in circumstances health status and sporting activity*

### **2c.2 be able to audit, reflect on and review practice**

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection

## **3a Knowledge, understanding and skills**

Sports Therapists must:

### **3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice**

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in sports and exercise therapy
- understand the theoretical basis of, and the variety of approaches to, sports and exercise injury assessment and intervention
- understand the following aspects of biological science:
  - *normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuromuscular, musculoskeletal, cardio-vascular and respiratory systems within a sport exercise and rehabilitation environment*
  - *patterns of human growth and development related to the pre-adolescent, adolescent and adult sports person*
  - *factors influencing individual variations in human ability, health status and sporting performance*
  - *how the application of sports therapy can influence physiological and structural change following trauma*
  - *the principles and theories from physics, biomechanics, ergonomics and applied exercise science that can be applied to sports therapy (Have reworded.)*
  - *the means by which the physical sciences can inform the understanding and analysis of movement and function of the sport and exercise participant*
  - *the principles and application of measurement techniques based on sound biomechanical principals*
  - *the application of anthropometric and ergonomic principles*
- understand the following aspects of clinical science:
  - *the normal immediate and delayed pathophysiological responses to trauma and injury*
  - *adaptations brought about by sport specific training, rehabilitation regimes and exercise programmes*

- *the pathophysiological responses to overtraining, overuse and poor or incorrect sports performance*
  - *physiological, structural, behavioural and functional changes that can result from sports therapy intervention, rehabilitation and sport and exercise participation*
  - *the specific contribution that sports therapy can potentially make to enhancing individuals' functional and sporting ability, together with the evidence base for this*
  - *the different concepts and approaches that inform the development of sports therapy interventions*
- *understand the following aspects of behavioural science:*
- *psychological, social and cultural factors that can influence an athletes injury, health and illness, including their responses to the management of their injury and related treatment and rehabilitation*
  - *how psychology, sociology and cultural diversity inform an understanding of sports therapy and the incorporation of this knowledge into sport and exercise prevention, injury management and rehabilitation*
  - *theories of communication relevant to effective interaction with patients, colleagues, coaches and other sports medicine professionals*
  - *theories of team working and leadership*

**3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or sporting populations**

**3a.3 understand the need to establish and maintain a safe practice environment**

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, or sporting environment such as incident reporting, and be able to act in accordance with these

- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to patients , those treating them, and others, including the use of hazard control and particularly infection control
- know and be able to apply appropriate moving and handling techniques

# Appendix A

## A (iii) Standards of Proficiency: Physiotherapists



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Standards of proficiency

# Physiotherapists



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# Foreword

I am pleased to present the Health Professions Council's standards of proficiency.

We first published the standards of proficiency when our Register opened in July 2003. We began to review them in October 2005 to look at how they were working and to check whether they continued to reflect current practice as experienced by registrants, employers, educators and others. The review was led by a professional liaison group (PLG), which included members of our Council, as well as representatives from professional bodies and patient groups. We also held a formal consultation on the draft proposed standards. The review process and consultation produced extremely valuable feedback and we are grateful to all those who gave their time to help us in shaping the standards that follow.

We made a small number of changes to the previous standards, mainly to reflect developments in education, to clarify our intentions and to correct any errors or omissions. We also revised the introduction to explain more clearly the purpose behind the standards, especially in relation to registrants who specialise or move into non-clinical areas of practice.

I am confident that the standards are both fit for purpose and reflect current thinking in relation to safe professional practice across the professions.

These standards are effective from 1 November 2007.

A handwritten signature in black ink that reads "Anna van der Gaag". The signature is written in a cursive style with a long horizontal stroke at the end.

**Anna van der Gaag**  
President

# Introduction

This document sets out the **standards of proficiency**. These are the standards we have produced for the safe and effective practice of the professions we regulate. They are the minimum standards we consider necessary to protect members of the public.

You must meet these standards when you first become registered. After that, every time you renew your registration you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.

We also expect you to keep to our **standards of conduct, performance and ethics**, which are published in a separate document.

The standards of proficiency in this document include both generic elements, which apply to all our registrants, and profession-specific elements that are relevant to registrants belonging to one of the professions we currently regulate. The **generic standards are written in black**, and the **profession-specific standards are written in blue** to help you distinguish between them.

The generic standards explain the key obligations that we expect of you. Occasionally, we have pointed out specific elements of those key obligations. We have not attempted to create exhaustive lists of all the areas that each generic standard covers; we have simply highlighted specific elements where we consider this to be helpful.

## A note about our expectations of you

The standards of proficiency play a central role in how you can gain admission to, and remain on, the Register and thereby gain the right to use the protected title(s) of your profession.

It is important that you read and understand this document. If your practice is called into question we will consider these standards (and our **standards of conduct, performance and ethics**) in deciding what action, if any, we need to take.

The standards set out in this document complement information and guidance issued by other organisations, such as your professional body or your employer.

## Your scope of practice

Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research.

**Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession.**

As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem. If you want to move outside of your scope of practice you should be certain that you are capable of working lawfully, safely and effectively. This means that you need to exercise personal judgement by undertaking any necessary training and experience.

## Meeting the standards

It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively. However, we don't dictate how you should meet our standards. There is normally more than one way in which each standard can be met and the way in which you meet our standards might change over time because of improvements in technology or changes in your practice. As an autonomous professional you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you. This includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.

In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of their members. This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

## **Service users**

We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry. We recognise that different professions sometimes use different terms to refer to those who use or who are affected by their practice and that the use of terminology can be an emotive issue.

We have tried to use a term in the generic standards which is as inclusive as possible. Throughout the generic standards we have used the term ‘service users’ to refer to anyone who uses or is affected by the services of registrants. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team. The term also includes other people who might be affected by your practice, such as carers and relatives. In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

## **These standards may change in the future**

We have produced this new version of our standards after speaking to our stakeholders about how the standards were working and how relevant they were to registrants’ practice.

We will continue to listen to our stakeholders and will keep our standards under continual review. So we may make further changes in the future to take into account changes in practice.

We will always publicise any changes to the standards that we make by, for instance, publishing notices on our website and informing professional bodies.

# Expectations of a health professional

## **1a Professional autonomy and accountability**

Registrant physiotherapists must:

### **1a.1 be able to practise within the legal and ethical boundaries of their profession**

- understand the need to act in the best interests of service users at all times
- understand what is required of them by the Health Professions Council
- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
- be aware of current UK legislation applicable to the work of their profession

### **1a.2 be able to practise in a non-discriminatory manner**

### **1a.3 understand the importance of and be able to maintain confidentiality**

### **1a.4 understand the importance of and be able to obtain informed consent**

### **1a.5 be able to exercise a professional duty of care**

### **1a.6 be able to practise as an autonomous professional, exercising their own professional judgement**

- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
- be able to initiate resolution of problems and be able to exercise personal initiative
- know the limits of their practice and when to seek advice or refer to another professional

- recognise that they are personally responsible for and must be able to justify their decisions

**1a.7 recognise the need for effective self-management of workload and resources and be able to practise accordingly**

**1a.8 understand the obligation to maintain fitness to practise**

- understand the need to practise safely and effectively within their scope of practice
- understand the need to maintain high standards of personal conduct
- understand the importance of maintaining their own health
- understand both the need to keep skills and knowledge up to date and the importance of career-long learning

**1b Professional relationships**

Registrant physiotherapists must:

**1b.1 be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers**

- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
- be able to make appropriate referrals
- understand the structure and function of health, education and social care services in the UK and current developments, and be able to respond appropriately

**1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team**

**1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and**

### **professional opinion to colleagues, service users, their relatives and carers**

- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5<sup>1</sup>
- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others
- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility

#### **1b.4 understand the need for effective communication throughout the care of the service user**

- recognise the need to use interpersonal skills to encourage the active participation of service users

<sup>1</sup> The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination. Please visit our website for more information.



# The skills required for the application of practice

## **2a Identification and assessment of health and social care needs**

Registrant physiotherapists must:

### **2a.1 be able to gather appropriate information**

### **2a.2 be able to select and use appropriate assessment techniques**

- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
- be able to recognise the need to identify and take account of the physical, psychological, social and cultural needs of individuals and communities during the assessment process

### **2a.3 be able to undertake or arrange investigations as appropriate**

### **2a.4 be able to analyse and critically evaluate the information collected**

## **2b Formulation and delivery of plans and strategies for meeting health and social care needs**

Registrant physiotherapists must:

### **2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions**

- recognise the value of research to the critical evaluation of practice
- be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
- be aware of a range of research methodologies
- be able to demonstrate a logical and systematic approach to problem solving
- be able to evaluate research and other evidence to inform their own practice
- recognise the need to discuss, and be able to explain the

rationale for, the use of physiotherapy interventions

- be able to form a diagnosis on the basis of physiotherapy assessment

### **2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements**

- be able to change their practice as needed to take account of new developments
- be able to demonstrate a level of skill in the use of information technology appropriate to their practice

### **2b.3 be able to formulate specific and appropriate management plans including the setting of timescales**

- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
- be able to set goals and construct specific individual and group physiotherapy programmes
- understand the need to agree the goals, priorities and methods of physiotherapy intervention in partnership with the service user
- be able to apply problem solving and clinical reasoning to assessment findings to plan and prioritise appropriate physiotherapy
- be able to select, plan, implement and manage physiotherapy treatment aimed at the facilitation and restoration of movement and function

### **2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully**

- understand the need to maintain the safety of both service users and those involved in their care
- ensure service users are positioned (and if necessary immobilised) for safe and effective interventions
- be able to deliver and evaluate physiotherapy programmes

- be able to select and apply safe and effective therapeutic exercise, manual therapy and electrotherapies in order to alleviate symptoms and restore optimum function
- be able to use mobilisation, respiratory physiotherapy, neuro-therapeutic handling and massage techniques
- know and be able to apply the key concepts which are relevant to safe and effective practice as a supplementary prescriber in order to have their name annotated on the Register (this standard applies **only** to registrants who are eligible to have their names annotated on the Register)

### **2b.5 be able to maintain records appropriately**

- be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
- understand the need to use only accepted terminology in making records

## **2c Critical evaluation of the impact of, or response to, the registrant's actions**

Registrant physiotherapists must:

### **2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly**

- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and

record the decisions and reasoning appropriately

- be able to evaluate treatment plans to ensure that they meet the physiotherapy needs of service users, informed by changes in circumstances and health status

### **2c.2 be able to audit, reflect on and review practice**

- understand the principles of quality control and quality assurance
- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
- be able to maintain an effective audit trail and work towards continual improvement
- participate in quality assurance programmes, where appropriate
- understand the value of reflection on practice and the need to record the outcome of such reflection
- recognise the value of case conferences and other methods of review

# Knowledge, understanding and skills

## 3a Knowledge, understanding and skills

Registrant physiotherapists must:

### 3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice

- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction
- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process
- recognise the role of other professions in health and social care
- understand the theoretical basis of, and the variety of approaches to, assessment and intervention
- understand the following aspects of biological science:
  - normal human anatomy and physiology, especially the dynamic relationships of human structure and function and the neuromuscular, musculoskeletal, cardio-vascular and respiratory systems
  - patterns of human growth and development across the lifespan
  - factors influencing individual variations in human ability and health status
  - how the application of physiotherapy can cause physiological and structural change
- understand the following aspects of physical science:
  - the principles and theories from physics, biomechanics, applied exercise science and ergonomics that can be applied to physiotherapy
  - the means by which the physical sciences can inform the understanding and analysis of movement and function

- the principles and application of measurement techniques based on biomechanics or electrophysiology
- the application of anthropometric and ergonomic principles
- understand the following aspects of clinical science:
  - pathological changes and related clinical features commonly encountered in physiotherapy practice
  - physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression
  - the specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this
  - the different concepts and approaches that inform the development of physiotherapy interventions
- understand the following aspects of behavioural science:
  - psychological, social and cultural factors that influence an individual in health and illness, including their responses to the management of their health status and related treatment
  - how psychology, sociology and cultural diversity inform an understanding of health, illness and health care in the context of physiotherapy and the incorporation of this knowledge into physiotherapy practice
  - theories of communication relevant to effective interaction with service users, carers, colleagues, managers and other health and social care professionals
  - theories of team working and leadership

**3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities**

### **3a.3 understand the need to establish and maintain a safe practice environment**

- be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation
- be able to select appropriate personal protective equipment and use it correctly
- be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control
- know and be able to apply appropriate moving and handling techniques









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# Appendix A

**A (iv) Quote: Laura-Recent Physiotherapy Graduate  
CSP Interactive Discussion Board June 2010**

**A (v) CSP Motion, Annual Representatives Conference 2009**

**A (vi) Quote: Julie Sparrow, Lecturer in Physiotherapy, Teesside University and  
Representatives of ACPSM, CSP Conference 2009**

**A (vii) Quote: David Swift, Vice Chairman, PhysioFirst, CSP Conference 2009**

**A (viii) Reference: Dr Cooper, Lecturer in Physiotherapy at Robert Gordon University**



- A (iv) *"I have recently qualified and will soon graduate. With the little number of jobs at present, and to widen my skills and experience I am considering joining up with an experienced physio at my local rugby club, and volunteering there.*

*I have very little, infact no experience in sports therapy however and so I'm looking to book myself on a sports first aid course to get me started and so that I'm more confident about what I'll be able to do at the club in the first instance.*

*So my question to you all is can anyone offer advice or information on acceptable and/or worthwhile sports first aid courses to consider...preferably in Scotland...?? Thanks so much, hope some of you can help"*

**Laura-Recent Physiotherapy Graduate  
CSP Interactive Discussion Board June 2010**

- A (v) A motion was put forward at the **2009 CSP Annual Representative Conference** asking for all Universities that taught Physiotherapy to include a minimum of three hours of Massage in their undergraduate programmes. The motion was made as a result of Physiotherapists' concerns at the lack of Massage being taught on undergraduate programmes.

Subsequent letters in **Physiotherapy Frontline and an article on 7<sup>th</sup> January 2009** confirmed the concerns related to the lack of Massage training. If Massage is a key pillar is three hours minimum training adequate or appropriate? Graduate Sports Therapists will have completed a minimum of one module specific to Massage and Soft tissue Therapy.

- A.(vi) *"Physical activity is being promoted by the government to improve health and wellbeing. Physiotherapists have a key role to play but a reduction of exercise in the curriculum of pre-registration training is leading to an erosion of physiotherapists' core skills"*  
**Julie Sparrow, Lecturer in Physiotherapy, Teesside University and Representative of ACPSM, CSP Conference 2009.**

- A(vii) *"The teaching of exercise prescription skills among physiotherapy undergraduates has fallen away and should be beefed up."*  
**David Swift, Vice Chairman, PhysioFirst. CSP Conference 2009.**

- A(viii) A recent study by **Lori Dunbar-Smith** has found that 50% of physiotherapists questioned had undertaken some form of Post Graduate or in-service training related to exercise prescription/physical activity. Over 85% of respondents wanted more training.  
**Dr Cooper, Lecturer in Physiotherapy at Robert Gordon University, Aberdeen,** concluded that current traditional physiotherapy education was not delivering on Exercise.



Sport and Exercise Science accounts for a minimum of 40% of an Undergraduate Sports Therapy Degree. Rehabilitation is one of the key competency areas and clearly defined Scope of Practice of a Graduate Sports Therapist. The important point to note is that Exercise Science and Rehabilitation is specific to Sport and Exercise Therapy and not generic to the broad healthcare spectrum to which word 'rehabilitation' is often applied.



# Appendix A

## A(ix) Clinical Interest Groups: Physiotherapy



A (ix) Acupuncture – AACP  
Amputee Rehabilitation – BACPAR  
Animal Therapy – ACPAT  
Aquatic Therapy – ATACP  
Bobath Trained – BABTT  
Bobath Tutors – BBTA  
Burns Care – Burns  
Cardiac Rehabilitation – ACPICR  
Community – ACPC  
Continence Promotion – CPPC  
Craniosacral Therapy – CTACP  
Cystic Fibrosis – ACPCF  
Educators – CPE  
Electrotherapy – ACPIE  
Energy Medicine – ACPEM  
Extended Scope Practitioners – ESP  
Haemophilia – HCPA  
Hand Therapy – BAHT  
HIV – CPIHIV  
Independent Hospitals and Charities – ACPIHC  
International Health and Development – ADAPT  
Learning Difficulties – ACPM  
Manipulation – MACP  
Massage – CPMaSTT  
McKenzie Institute – MIMDTP  
Medico-legal – MLACP  
Mental Health – CPMH  
Military Medicine – ACPIMM  
Neurology – ACPIN  
Occupational Health and Ergonomics – ACPOHE  
Older People – AGILE  
Oncology and Palliative Care – ACPOPC  
Orthopaedic – AOCPP  
Orthopaedic Medicine and Injection Therapy – ACPOMIT  
Paediatric Management – PPIMS  
Paediatrics – APCP  
Pain – PPA  
Physiotherapy Research Society – PRS  
Private Practice – Physio First  
Reflex Therapy – ACPIRT  
Respiratory Care – ACPRC  
Rheumatic Care – RCACP  
Spinal Injury Lead Clinicians – PIUPLC  
Sports Medicine – ACPSM  
Therapeutic Riding – ACPTR  
Vestibular Rehabilitation – ACPIVR  
Visual Impairment – AVICP  
Women's Health – ACPWH  
Yoga - Yoga





## **Appendix B**

B(i) Standards of Education and Training – For Members of The Society of Sports Therapists



# The Society of Sports Therapists

## Standards of Education and Training

### Competencies for Sports Therapy as Required for Membership of The Society of Sports Therapists

The following document outlines the competencies for Sports Therapy as determined by The Society of Sports Therapists. It details the areas in which the Society requires that therapists have a *minimum* level of knowledge and professional competence.

The areas of competence form the basis of all courses accredited by The Society of Sports Therapists. Education providers must demonstrate that their course covers all of the areas of competency before accreditation can be considered and continues to do so. Successful completion of an accredited course will enable sports therapists to apply for Membership of The Society of Sports Therapists.

# The Society of Sports Therapists

## The Society of Sports Therapists

### Standards of Education and Training

#### Competencies for Sports Therapy as required for Membership of The Society of Sports Therapists

#### Competencies for Sports Therapy

The document reflects the competencies required in courses and programmes run in co-operation with or accredited by The Society of Sports Therapists. The competencies form the *minimum* benchmark requirement for Member status of The Society of Sports Therapists to be applied from *1<sup>st</sup> September 2005*.

#### There are 5 competency areas:

1. Prevention of injury
2. Recognition and evaluation of injury
3. Management, treatment and referral
4. Rehabilitation
5. Education and counselling

#### Each competency is subdivided into 3 categories

1. Learning Objectives - these reflect the knowledge and understanding required to satisfy the intellectual skills related to each area of competency.
2. Practical Application - these represent the practical skills derived from the learning outcomes.
3. Critical Analysis, Synthesis and Evaluation - these reflect the ability of the therapist to review current evidence-based literature and, on the basis of their understanding, to formulate good practice.

# The Society of Sports Therapists

## COMPETENCY I: Prevention of Injury

A sports therapist must be able to:

- a) Identify injury and illness risk factors associated with participation in exercise and competitive/recreational sport.
- b) Plan and implement comprehensive fitness programmes. Also injury and illness prevention programmes that involve an understanding of the components of sports and exercise science.

## Learning Objectives

A sports therapist must be able to describe:

1. The basic components of a comprehensive fitness regime and injury and illness prevention programme including:
  - (a) physical examination and screening procedures
  - (b) physical conditioning appropriate to specific sports
  - (c) fitting and maintenance of protective equipment, taping, special pads, etc
  - (d) massage and stretching.
  - (e) control of environmental risks
  - (f) hydration, diet & nutrition for sport
  - (g) psychological factors in prevention of injury/illness
2. The common risk factors and causes of injuries in sport, exercise, dance and associated activities.
3. The intrinsic risk factors associated with normal physical growth and the development patterns of the pre-adolescent, adolescent and adult male and female athlete.
4. The risk factors associated with acquired postural abnormalities, physical disabilities, illness and ageing.
5. The sports specific risk factors associated with conditioning, coaching methods and motor skills performance.
6. The sports specific environmental risk factors associated with varying climatic conditions, facilities, equipment and sanitation as well as the associated risk management procedures and safety guidelines.

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7. The risk factors associated with biomechanical stress, extrinsic forces and the physical demands inherent in the performance of motor skills common to sports exercise.
8. The role of physical examinations and screening procedures in the identification of injury and/or illness.
9. The recommended or required components of a pre-participation physical examination, as established by the governing bodies of sport, medical associations or other appropriate authoritative groups.
10. The organisation and administration of pre-participation physical examinations and screening including the preparation of records and forms, scheduling of examining personnel and the organisation of examination environment(s).
11. The purpose of standard physical fitness tests, contemporary testing equipment and accepted test protocols for the measurement of cardiovascular and respiratory fitness, body composition, posture, flexibility and muscular strength including power and endurance.
12. The role of personal health responsibilities in the prevention of injuries and illnesses. Responsibilities that include personal hygiene, nutrition, weight control and lifestyle.
13. The basic components of in-season and off-season physical conditioning programmes for the development of cardiovascular and respiratory efficiency. Also, the development and maintenance of flexibility and muscular strength, particular to the needs of the physical demands of specific sport and exercise activities.
14. The physiological responses to weight training programmes on the musculoskeletal, nervous, cardiovascular and respiratory systems of the human body. Also, the techniques and principles available to improve these responses.
15. The effects of flexibility programmes and stretching exercises on the tissues in the human body.
16. The purposes and effects of contemporary isometric and isotonic strength training equipment.
17. The safety precautions, contraindications and hazards associated with the use of strength training equipment, conditioning methods and exercise routines.

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18. The principles for organising training sessions with specific regard to minimisation of injury and illness risk factors.
19. The rules and regulations pertaining to the use of special protective equipment, braces, splints and taping etc as established by the appropriate governing body.

## **Practical Application**

A sports therapist must be able to demonstrate:

1. The administration, planning and implementation of pre-participation physical examination and screening.
2. The instruction and operation of resistance and weight training equipment.
3. The selection and application of appropriate massage, stretching, taping, splinting (including bracing and other special protective devices) consistent with sound anatomical and biomechanical principles.
4. The application of appropriate in-season and off-season physical conditioning programmes.
5. The ability to give advice on appropriate hydration and nutrition for in-season and off-season physical conditioning programmes.

## **Critical Analysis, Synthesis and Evaluation**

A sports therapist must be able to:

1. Review and critically analyse contemporary research in the area of injury prevention.
2. Evaluate and implement safe and effective practice as a result of research findings.

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## **COMPETENCY II: RECOGNITION AND EVALUATION OF INJURY**

A sports therapist must be able to conduct a thorough initial clinical evaluation of injuries and illnesses commonly sustained by competitive and recreational sports and exercise participants.

### **Learning Objectives**

A sports therapist must be able to describe:

1. The normal anatomical structures and physiological functions of the human body including the musculoskeletal, nervous, cardiovascular, respiratory, digestive, urogenital and special sensory systems.
2. The anatomical and physiological growth and development characteristics as related to the pre-adolescent, adolescent and adult athlete.
3. The principles and concepts of movement including the functional classification of joints; joint biomechanics; normal and expected ranges of joint motion; joint action terminology. Also the muscular structures responsible for joint actions and proprioception.
4. The epidemiology of common injuries in competitive and recreational sports and exercise.
5. The characteristic pathophysiology of all common soft tissue injuries, including sprains, strains, contusions, dislocations wounds and fractures.
6. The human body's normal immediate and delayed pathophysiological responses to trauma.
7. The common aetiological factors contributing to injury and illness including congenital and acquired structural and functional abnormalities, inherent anatomical biomechanical characteristics, common injury mechanisms and adverse environmental conditions.
8. The typical symptoms and common clinical signs associated with injury and illness including those associated with local tissue inflammation.
9. The normal and abnormal neurological responses of the nervous system to injury and illness.

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10. The procedures for the clinical evaluation of common injuries, trauma and illness.

## **Practical Application**

A sports therapist must be able to demonstrate:

1. The construction and phrasing of questions appropriate to obtaining the relevant medical history of an injured/ill patient or client.
2. The identification of the appropriate comparative observable clinical signs typically associated with common injuries/ illnesses.
3. The administration of range of motion tests for the joints of the body including objective clinical measurements when required.
4. The use of appropriate muscle testing techniques.
5. The administration of appropriate comparative clinical stress tests for ligamentous instability.
6. The administration of appropriate comparative neurological tests .
7. The location, identification and comparative palpation of "key" anatomical structures.

## **Critical Analysis, Synthesis and Evaluation**

A sports therapist must be able to:

1. Review and critically analyse contemporary research in the area of injury assessment and evaluation
2. Evaluate and implement safe and effective practice as a result of research findings.



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## **COMPETENCY III: Management and treatment of injury and referral**

A sports therapist must be able to:

- Administer First Aid within a competitive and recreational environment.
- Plan and carry out an appropriate treatment programme.
- Determine when and where patients should be referred to other appropriate healthcare professionals.
- Maintain a comprehensive medical records system.

### **Learning Objectives**

A sports therapist must be able to describe:

1. The basic life-saving support systems (ABC, CPR, etc).
2. The safe and effective methods of handling and removing a casualty from the competitive or recreational environment.
3. The characteristic pathology of common soft tissue injuries (sprains, strains, contusions, dislocation, etc), open wounds (abrasions, lacerations, incisions, punctures, etc) and fractures.
4. The human body's normal immediate and delayed pathophysiological responses to trauma and injury.
5. The typical symptoms and common clinical signs associated with injury and illness including those associated with local tissue inflammation.
6. The normal and abnormal physiological responses of injured tissue to heat, cold, massage, stretching, exercise, mobilisation and immobilisation.
7. The benefits and uses of taping and strapping techniques.
8. The limitations of a sports therapist.
9. The role and function of other healthcare professionals.
10. The ethical and legal requirements of maintaining a medical records system.

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## **Practical Application**

A sports therapist must be able to demonstrate:

1. The application of basic life-saving support techniques.
2. The application of safe and effective methods for handling and moving a casualty in, and from, the competitive and recreational environment.
3. The preparation, application and accomplishment of appropriate immediate treatment.
4. The methods for initiation and implementing a referral to an appropriate healthcare professional, as required, using the relevant terminology for the injury, treatment and management to date.
5. The recording of relevant information on the injury and its treatment and management to date.
6. The initiation and maintenance of a comprehensive medical records system.

## **Critical Analysis, Synthesis and Evaluation**

A sports therapist must be able to:

1. Review and critically analyse contemporary research in the area of the management and treatment of injury.
2. Evaluate and implement safe and effective practice as a result of research findings.

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## **COMPETENCY IV: Rehabilitation**

A sports therapist must be able to plan and implement a comprehensive rehabilitation and reconditioning programme appropriate for the patient concerned.

### **Learning Objectives**

A sports therapist must be able to describe:

1. The basic components of a comprehensive rehabilitation programme including the determination of appropriate goals and objectives, the selection of relevant exercise, and the planning, evaluating and recording of rehabilitation progress. Also the development of criteria for progression and return to full activities.
2. The knowledge of various exercise strategies and their suitability and adaptability to the injured patient.
3. The selection of appropriate electrotherapy interventions based on a problem solving approach.
4. The selection of appropriate manual therapy techniques for the management of vertebral and peripheral joint disorders and pathologies, and apply these safely and effectively.
5. The understanding of any pathological, physiological and psychological signs and symptoms that may influence the rehabilitation process.
6. The development of criteria for progression through the various stages of rehabilitation, including the appropriate selection of exercise therapy programmes.
7. The appropriate guidelines of sport and occupational specific pre-discharge and return to activity rehabilitation.
8. The benefits and usage of contemporary measurement and functional testing equipment.
9. The physiological responses of the body to exercise and the resulting implications for the selection and use of the rehabilitation programmes.
10. The commonly used procedures in orthopaedic surgery and the associated

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anatomical and/or biomechanical implications for the selection of appropriate rehabilitation exercise programmes.

11. The general physiological effects of inactivity and immobilisation on the musculoskeletal, cardiovascular, nervous and respiratory systems of the human body and the resulting implications for rehabilitation.
12. The benefits and use of immobilisation devices (casts, splints, etc) and special protective/ correction equipment such as braces, taping and orthotics, etc.
13. The comparative effectiveness of taping, bracing, special padding and protective equipment in rehabilitation.
14. The benefits and usage of ambulation aids and the relevant techniques to use them.
15. The use of massage and its physiological and psychological effects on exercise and performance.
16. The benefits and effects of exercise equipment including isokinetic, isotonic and isometric devices, stationary bicycles, pulleys, etc.
17. The physiological mechanisms of pain and pain control.
18. The physiological effects and contraindications associated with the use of exercise and rehabilitation.
19. The typical psychological and emotional responses to trauma and imposed physical inactivity as factors affecting the rehabilitation process.
20. The environmental risk factors affecting the safe return of patients to competition, including those associated with weather, facilities, playing surfaces and the inherent physical demands of particular sports and exercise.
21. The physical requirements of sports and occupational activities as related to the patients readiness to resume unrestricted participation (e.g. pre-competition screening).
22. The psychological parameters associated with rehabilitation.

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## Practical Application

A sports therapist must be able to demonstrate:

1. The use of muscle testing techniques including the application of the principles of muscle and muscle group isolation.
2. The measurement and recording of muscular strength, endurance and power.
3. The measurement of joint ranges of movement through the use of goniometers or other commonly used techniques.
4. Anthropometric measurements including girth, skinfolds, limb lengths, height and weight, etc.
5. The application of passive, active, active assisted, auto assisted and resisted exercises through the use of exercise and exercise equipment.
6. The application of group and individual exercise and rehabilitation programmes.
7. The application of proprioceptive neuromuscular facilitatory techniques for the development of muscular strength and endurance, muscle stretching and improved ranges of motion.
8. The planning, implementation and application of relevant soft tissue and massage techniques appropriate to the stage of rehabilitation.
9. The application of appropriate electrotherapy interventions based on a problem solving approach.
10. The application of appropriate manual therapy techniques for the management of vertebral and peripheral joint disorders and pathologies, and apply these safely and effectively.
11. The application of hydrotherapy exercises for the improvement of joint range of motion, muscular strength and general fitness.
12. The application of special protective devices when and where appropriate.
13. The application of gait re-education programmes.

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14. The application of whole body concept exercise programmes to maintain and improve fitness within a rehabilitation environment.
15. The application of objective sports and occupational fitness testing programmes to determine the patient's ability to return to full unrestricted activities.
16. The planning and application of appropriate "work hardening" assessment and rehabilitation programmes.
17. The application and modification of circuit training programmes and regimes appropriate to the level of patients abilities and disability.
18. The planning and implementation of pre-discharge assessment programmes.
19. The planning and implementation of post discharge exercise and conditioning programmes to maintain fitness and prevent recurrence.
20. The application of occupational and sports specific rehabilitation programmes to address psychological problems and deficiencies related to the patients injury/trauma.

## **Critical Analysis, Synthesis and Evaluation**

A sports therapist must be able to:

1. Review and critically analyse contemporary research in the area of the rehabilitation of injury and illness.
2. Evaluate and implement safe and effective practice as a result of research findings.

## **COMPETENCY V: Education and Professional Issues**

A sports therapist must be able to provide basic health care information, promote sports therapy as a professional discipline and provide and advise in sports therapy and sports medicine subject matter areas.

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## Learning Objectives

A sports therapist must be able to describe:

1. The role of coaches and athletes in reducing the risk of injury and illness including those related to physical conditioning, acclimatisation, nutrition, fluid balance, as well as the care and maintenance of protective equipment and organisation of practice sessions and coaching methodology.
2. The basic principles of nutrition, including the roles of carbohydrates, proteins, fats, vitamins, minerals and water as they relate to the nutritional needs of the competitive and recreational athlete.
3. The principles of weight control including methods to determine body fat percentage, calorific requirements and the effects of exercise and fluid loss.
4. The effects of commonly abused drugs and other substances on the athlete's physical and psychological health and athletic performance
5. The general principles of health maintenance and personal hygiene pertaining to skin care, dental hygiene, environmental sanitation, immunisations, avoidance of infectious and contagious diseases, diet, rest, exercise, weight control, etc.
6. The risk factors associated with the exposure to blood and body secretions.
7. The role and function of medical/paramedical and other health care providers within a sport and exercise context.
8. The availability of and requirements for continuing professional education opportunities and the development of resources for sports therapists.
9. The aims, objectives and roles of sports medicine and regulatory organisations in the UK.
10. The contemporary issues and problems confronting sports therapists in the UK in relation to sports therapy.
11. The availability and access to inter professional communication among sports therapists, athletes, administrators, coaches, health care professionals, parents and others.
12. The role of the professional body i.e. The Society of Sports Therapists

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# The Society of Sports Therapists

## Practical Application

A sports therapist must be able to demonstrate the:

1. Promotion of the importance of Sports Therapy within the context of the sports medicine team.

## Critical Analysis, Synthesis and Evaluation

A sports therapist must be able to:

1. Critically analyse and review contemporary research in the area of education and counselling.
2. Evaluate practice as a result of research findings.



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## Appendix C

C(i) Details of meetings held regarding Statutory Regulation of Sports Therapists



## **Details of certain key meetings held regarding Statutory Regulation of Sports Therapists**

### **1.0 May 11<sup>th</sup> 2006- The Health Profession Council voted unanimously to regulate Sports Therapists.**

Minute of HPC meeting held on the 11<sup>th</sup> May 2006

#### **Item 8.06/47 Regulation of New Professions by the HPC**

##### **Minute 8.13**

The council agreed to recommend to the Secretary of State that, in the interests of public protection, Sports Therapy should be regulated.

### **2.0 Meeting with Department of Health representative and other organisations at the Health Professions Council Offices on the 25<sup>th</sup> October 2006**

#### **Representatives of the following organisations attended:**

BASRaT

The SMAE Institute

Sports Therapy UK

CSP

Federation of Holistic Therapists

Sports Therapy Organisation

The Society of Sports Therapists

DOH Representative- Ros Meade

The meeting was difficult and fractious.

### **3.0 A subsequent meeting with other organisations was held on the 28<sup>th</sup> November 2006**

BASRaT

Sports Therapy Organisation

Sports Therapy UK

The Society of Sports Therapists

At this meeting there was unanimity that, at the point of registration, the profession should be Graduate level.

### **4.0 Meeting with Marc Seale and Rachel Tripp 15<sup>th</sup> October 2007**

### **5.0 A joint letter was sent on the 8<sup>th</sup> November by Rachel Tripp, Director of Policy + Standards to BASRaT and The Society.**

BASRaT had met independently with Marc Seale, Sam Mars and Rachel Tripp on the 17<sup>th</sup> July 2007 and The Society had met with Marc Seale and Rachel Tripp on the 15<sup>th</sup> October 2007.

In the letter she confirmed that:

“Although an application had been received and considered from The Society of Sports Therapists, this application was for the regulation of sports therapists and that we would look for the involvement of any and all organisations who considered themselves to be a professional body for this profession.”

### **6.0 Meeting with Marc Seale and Michael Guthrie HPC Offices Tuesday 17<sup>th</sup> November 2009, 2.30pm**

Attendees:

Phil Gray, Chief Executive, Chartered Society of Physiotherapy

Laura Hanna, Association of Chartered Physiotherapists in Sports Medicine

## **Details of certain key meetings held regarding Statutory Regulation of Sports Therapists (Cont/d)**



Maggie McNerney, Company Secretary, Society of Sports Therapist  
Keith Waldon, Vice Chairman, Society of Sports Therapists  
Steve Aspinall, Chairman British Institute of Sports Rehabilitators and Trainers  
Michael Batt, Principal, SMAE Institute  
Michael Paynton, Chairman of Council, British Chiropody and Podiatry  
Association  
Marc Seale, Chief Executive and Registrar, HPC  
Michael Guthrie, Director of Policy and Standards, HPC



## Appendix C

C(ii) Letter from Steve Aspinall, Chairman BASRaT





**Steve Aspinall**  
Chairman of BASRaT

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Rehabilitation Sciences**  
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23 June 2010

Keith Waldron  
Vice Chairman  
The Society of Sports Therapy

### **Re – Statutory Regulation of Sports Therapy / Sport Rehabilitation**

Keith,

Thank you for your letter of the 21<sup>st</sup> of June 2010. To confirm the points in your letter from a BASRaT perspective:

- 1) BASRaT fully support the process of appropriate statutory regulation in our professional area.
- 2) We will only support this process with the standards of education and training set at an appropriate level, with a minimum entry requirement of a BSc (Hons) degree as a starting point. As a number of Universities currently run courses in this area that are not commensurate with a healthcare profession, there needs to be clear and high standards above and beyond this starting point.
- 3) We agree with your view, following our past mapping exercises with Physiotherapy programmes, that there are significant differences between our professions.

Let me know if you need further clarification on any of the above points.

Best wishes,

Stephen Aspinall  
Chairman  
BASRaT

