# Individual Membership Application



# Updated June 2018



#### 1.Introduction

As a Graduate member (registrant) of The British Association of Sport Rehabilitators and Trainers (BASRaT) individuals are entitled to refer to themselves as Graduate Sport Rehabilitators (GSRs). All registrants are required to meet and maintain the BASRaT standards of education, skill and conduct as stated in the BASRaT Standards of Ethical Conduct and Behaviour (SECB) and Role Delineation documents (RD).

Graduate membership is open to the following:

- Individuals who have completed a BASRaT-accredited undergraduate programme and who fulfil the following requirements in order to maintain current membership i.e.
  - hold a current Emergency First Aid qualification
  - have achieved ongoing Continued Professional Development (CPD) requirements

### 2.Individual Membership Application Overview

Individuals who have graduated from other programmes may be eligible for membership if it can be ascertained from their studies and subsequent experience that they have knowledge, skills and experience equivalent to a Graduate Sport Rehabilitator (GSR), as outlined in the BASRaT Role Delineation document. In addition each applicant must have maintained adequate levels of CPD to support their professional practice since graduation.

In order to apply for Graduate Membership an applicant must provide the following:

- Completed membership application form (see http://www.basrat.org/home/typesofmembership)
- Current Curriculum Vitae (CV) including formal undergraduate and postgraduate education, CPD courses attended in the previous two years and relevant clinical experience\*
- Copy of the completed Role Delineation document indicating where in their graduate or continuing educational or professional practice the corresponding aspects of knowledge / skills have been gained e.g. undergraduate module, CPD course, clinical placement
- Supporting evidence for the Role Delineation mapping exercise e.g. module outlines studies, course outlines, CPD certificates as appropriate. Evidence should be displayed within appropriate appendices and clearly cross referenced on the Role Delineation document using the boxes (ie Appendix A, B etc./specific module code)
- Copy of a current first aid certificate
- Letter of recommendation for membership from a current BASRaT member, relevant HCPC professional or equivalent allied health care professional supporting the application based on personal experience of the applicant's professional practice\*\*
- Completed Self Declaration of Health and Good Character in Relation to Fitness to Practise (DHGC) form
- Cheque for £60-00 payable to 'BASRaT' to cover the cost of processing the application

<sup>\*\*</sup>Identification of the referee will be followed up and checked by BASRaT.



<sup>\*</sup>All graduates from BASRaT accredited programmes obtain a minimum of 400 hours of supervised clinical experience therefore relevant equivalency will be reviewed as part of the application process.

All applications will be assessed by the Registrar who (in agreement with another member of the BASRaT Executive Committee) will respond within **three** weeks from receipt of the application with one of the following outcomes:

- recommendation that the applicant satisfies all membership criteria and is eligible for Graduate membership
- request for further specific information in order to finalise the processing of the application – in this case a response shall be given within one week of receipt of the application
- recommendation that the applicant does not satisfy the criteria for Graduate membership at this time accompanied by a full explanation for this decision

#### **Please note:**

Any applicant will be notified of the outcome of the application only once full payment has been received.

#### 3. Membership Application Processing

If all the requirements are met (as outlined above) and the application is successful then further processing will take place by the BASRaT administrators. Specific verification of identification and qualifications will take place at this stage. The former through photo ID (passport or driving license) and the latter through direct contact with the awarding institution (degree). The application will not be fully processed until all verification stages are complete.

To aid with clarity and transparency of our decisions the following template (see next page) will be used in communicating feedback/comments, confirming reviewer decisions and documenting the associated verification processes.

For any further information regarding this process please contact:

Oliver Coburn BASRaT Registrar

BASRaT, L715, Allerton Building School of Healthcare Professions University of Salford Frederick Road Salford M6 6PU E-mail: <u>registrar@basrat.org</u> Office : 0161 295 0070 Mob : 07494 899 207



## Individual Membership Application Process Feedback/Verification Template

Name of applicant-Date received-

**Reviewer 1 Checklist** 

Aspect	Approved Y/N	If no, reasons behind the decision
CV		
Role Delineation Mapping		
Supporting evidence (including CPD)		
Equivalent 400 hours		
First Aid		
Letter of Recommendation		
(including verification)		
DHGC form		

Reviewer name-Reviewer signature-Date-

\*Please note that initial feedback linked to an incomplete application may come from reviewer 1 only.

### **Reviewer 2 Checklist**

Aspect	Approved Y/N	If no, reasons behind the decision
CV		
Role Delineation Mapping		
Supporting evidence (including CPD)		
Equivalent 400 hours		
First Aid		
Letter of Recommendation (including verification)		
DHGC form		

Reviewer name-Reviewer signature-



#### Date-

#### Agreed decision-

- recommendation that the applicant satisfies all membership criteria and is eligible for Graduate membership
- request for further specific information in order to finalise the processing of the application – in this case a response shall be given within one week of receipt of the application
- recommendation that the applicant does not satisfy the criteria for Graduate membership at this time accompanied by a full explanation for this decision

#### \*Decision will be highlighted and then summarised below-

#### Review of re-submitted application-

- recommendation that the applicant satisfies all membership criteria and is eligible for Graduate membership
- request for further specific information in order to finalise the processing of the application – in this case a response shall be given within one week of receipt of the application
- recommendation that the applicant does not satisfy the criteria for Graduate membership at this time accompanied by a full explanation for this decision

#### \*Decision will be highlighted and then summarised below-

Reviewer name-Reviewer signature-Date-

Reviewer name-Reviewer signature-Date-

#### To be completed by a BASRaT Administrator-

	Approved Y/N
Completed membership	
application	
DHGC form	
Verification of ID (state	
relevant reference number	
Verification of degree	
certificate (state	
institution and date of	
correspondence)	

Signature-Date-



## Individual Membership Application Checklist



Name:

**Telephone:** 

E-mail:

**Contact Address:** 

What are your reasons for applying to join BASRaT ?

Are you a member of any other professional body?

YES / NO (please circle)

If yes please give details:



## **Application Checklist**

Please tick to ensure you have enclosed the following for your application:

Current curriculum vitae including educational, academic and professional experience (should include CPD activities over previous 2 years as appropriate)	
Role Delineation Document mapping document indicating where corresponding aspects of knowledge / skills have been gained	
Evidence to support Role Delineation mapping	
Current first aid certificate	
Letter of recommendation for membership from a current BASRaT member or HPC registrant supporting the application based on personal experience of the applicant's professional practice	
Completed Declaration of Health and Good Character	
Cheque for £60-00 payable to 'BASRaT'	

## Please send your application to the following:

Oliver Coburn BASRaT Registrar

BASRaT, L715, Allerton Building School of Healthcare Professions University of Salford Frederick Road Salford M6 6PU E-mail: <u>registrar@basrat.org</u> Office : 0161 295 0070 Mob : 07494 899 207



## **Role Delineation of the Sport Rehabilitator**



## Introduction

A Graduate Sport Rehabilitator (GSR) is a graduate level autonomous healthcare practitioner specialising in musculoskeletal management, exercise based rehabilitation and fitness.

Sport Rehabilitators have graduated with a Bachelor degree with Honours in Sport Rehabilitation, or an equivalent course of study suitable for them to be recognised as a graduate or allied health professional member (registrant) of the British Association of Sport Rehabilitators and Trainers (BASRaT), the United Kingdom professional body for GSRs. This document outlines the domains, tasks, knowledge and skill statements, which delineate the role of the GSR

## **Contents:**

- 1. Professional Responsibility and Development
- 2. Prevention
- 3. Recognition and Evaluation
- 4. Management Therapeutic Intervention, Rehabilitation and Performance Enhancement
- 5. Immediate Care



## **Professional Responsibility and Development**

The GSR, as a regulated registrant of BASRaT should adhere to BASRaT Standards of Ethical Conduct and Behaviour and hold at all times appropriate current insurance and first aid certification. The GSR should work within their scope of practice and professional competency at all times, extending and maintaining this via Continuing Professional Development. As a part of the multidisciplinary healthcare team, the GSR should communicate and refer appropriately to the other professionals. In addition the GSR has a professional responsibility to maintain and manage accurate medical records.

#### A Record Keeping

Maintain and manage medical records effectively, using a recognised and appropriate system to document patient management and provide for continuity of care

#### Knowledge of:

- 1. All relevant Data Protection legislation
- 2. Institutional protocols for documentation and record keeping
- 3. Medical terminology and commonly-used abbreviations

#### Skill in:

- 4. Effective and appropriate recording and management of medical records
- 5. Application of institutional protocols as appropriate

#### B Professional Practice – Conduct and Ethical Issues

## Demonstrate the highest standards of professional conduct and ethics by complying with applicable guidelines

#### Knowledge of:

1. BASRaT Standards of Ethical Conduct and Behaviour, and all other BASRaT guideline documents

- 2. Relevant professional conduct issues including informed consent, duty of care, patient confidentiality
- 3. Relevant Institutional policies and procedures

#### Skill in:

- 1. Obtaining informed consent as appropriate
- 2. Maintaining patient confidentiality
- 3. Exercising a professional duty of care
- 4. Maintaining high levels of personal and professional conduct at all times
- 5. Representing the profession honestly and maintaining the reputation of BASRaT at all times
- 6. Maintaining appropriate levels of Personal Indemnity and Malpractice Insurance and understanding how this relates to the limits of practice

#### **C** Professional Practice – Performance Issues

Demonstrate and maintain the highest standards of professional practice and performance within Sport Rehabilitation

#### Knowledge of:

- 1. Scope of Practice of a Sport Rehabilitator as outlined in this Role Delineation
- Relevant professional performance issues including personal and professional practice limits
- 3. BASRaT Continuing Professional Development (CPD) guidelines and requirements
- 4. Relevant and current Health and Safety legislation and practice
- 5. Resources for updating and developing knowledge and skills



6. Current and pertinent research to maintain and expand the knowledge base of the GSR



- 1. Resourcing, evaluating and applying relevant professional information and research data to update knowledge and skills base
- 2. Completing the BASRaT biannual CPD requirements
- 3. Working within personal and professional practice limits, and referring on
- to other, relevant health professionals as appropriate 4. Maintaining and updating first aid certification, and appropriate Health and Safety practice and procedures



## Prevention

The GSR has the knowledge and skills necessary to recognise the risks associated with injury and implement an appropriate plan to minimize these risks. This involves the planning, implementation and interpretation of

pre-participation screening, to identify potential predisposing factors to musculoskeletal injury and health related disorders. From these findings the GSR has the ability to synthesize information and formulate an appropriate evidence based intervention.

#### A Risk Assessment and Management

Identify and evaluate common risks found in the sporting environment and the workplace and to implement appropriate strategies in order to minimise these risks

#### **Knowledge of:**

- 1. The common risks associated with participation in physical activity/sport
- 2. The potentially life threatening disorders associated with participation in physical activity/sport
- 3. The common workplace risks, for example ergonomics, bio-ergonomics and lifestyle stressors
- 4. Current clinical guidelines and protocols, to include safety rules, laws and governing body regulations to help reduce the risk of injury and disease in physical activity/sport and in the workplace

#### Skill in:

- 1. Identification and assessment of all risks common to both the sporting environment and workplace
- 2. Applying appropriate management and intervention strategies utilizing available resources to minimize the potential risk of injury in the sporting environment and workplace

#### **B** Pre-Participation Screening

Obtain and apply pre-participation screening information to help reduce the risk of injury and illness

#### Knowledge of:

- 1. Predisposing conditions that increase the risk of injury or illness during sport participation
- 2. Potential life threatening or disabling conditions, e.g. sudden death syndrome
- 3. Secondary factors that may increase the risk of injury or illness during sport participation, e.g. general health problems, fitness levels and health related issues.
- 4. Clinical and performance related screening techniques and protocols
- 5. Appropriate pre-participation interventions to minimise risk and prevent injury

#### Skill in:

- 1. Identifying conditions that may limit or compromise participation
- 2. Analysis of normal and abnormal movement patterns for individuals in the workplace and sporting environment
- 3. The appropriate management of an individual using evidence based intervention strategies

#### **C** Prophylactic Interventions

Apply appropriate prophylactic/protective measures using commercial products or custom made devices to minimize the risk of injury



#### Knowledge of:

- 1. The commercial products currently available for minimizing the risk of injury
- 2. The effective use of prophylactic/protective methods to minimize injury risk in the sporting environment and/or workplace
- 3. Materials and methods for fabricating custom made orthoses
- 4. The biomechanics of the musculoskeletal system and the effect of force on biological and non -biological tissue
- 5. Referral methods to allied health professionals for the design, fabrication and implementation of prophylactic/protective devices

#### Skill in:

- 1. Assessment and identification of potential injuries and conditions which may warrant the use of custom made or commercial devices
- 2. Selection and application of appropriate prophylactic/protective devices to help minimize the risk of injury/re-injury

#### D Health and Safety

Identification of potential health and safety risks to an individual or group in the sporting environment or workplace

#### Knowledge of:

- 1. Facilities and equipment protocols, including safety rules, laws and governing body regulations to help reduce the risk of injury and disease in physical activity/sport and in the workplace
- 2. Hazards common to the sporting environment or workplace, for example surface irregularities, inadequate lighting and broken equipment
- 3. Policies and procedures for addressing and reporting common facility and equipment hazards

#### Skill in:

- 1. Inspecting facilities and equipment in the sporting environment and workplace to assess the potential for risk
- 2. Recognizing risks in the sporting environment and workplace and recommending interventions to address potential hazards

#### **E** Risks Associated with Environmental Factors

Monitor participants and environmental conditions and make recommendations to ensure safe participation

#### Knowledge of:

- 1. Medical conditions of individuals which can be exacerbated by environmental conditions, e.g. diabetes, asthma and viral infections
- 2. Environmental conditions that are a potential threat to individuals in the sporting environment or workplace, e.g. temperature extremes, pollution, altitude and infectious pathogens
- Monitoring techniques and protocols commonly used for individual and team sports e.g. weight charts, weight measurement techniques, fluid monitoring, body composition monitoring techniques and urine and blood analysis
- 4. Preventative methods to help minimize the risk to individuals e.g. activity scheduling, appropriate clothing and recovery methods

- 1. Recognizing conditions that would predispose individuals to environmental risk
- 2. The use of appropriate methods to gather and interpret information regarding environmental conditions
- 3. Implementing monitoring and screening techniques to test an individual's response to environmental conditions
- 4. Implementation and facilitation of appropriate protocols and procedures to help address environmental risk



## **Recognition and Evaluation**

The GSR has the knowledge and skills necessary to recognise and evaluate the status of the individual and from this information determine the appropriate course of management. This evaluation involves a biopsychosocial approach that incorporates neuromusculoskeletal, physiological and psychosocial approaches, with full consideration of health and lifestyle factors. A clinical impression is formulated from which an appropriate evidence based management plan is developed.

#### A Subjective Evaluation

Obtain a history through interview and/or review of relevant records, to ascertain the status and requirements of the individual

#### Knowledge of:

- 1. Communication techniques to elicit information
- 2. Standard nomenclature and terminology
- 3. Relationships between predisposing factors and injury
- 4. Presenting features of common neuromusculoskeletal and medical pathologies
- 5. Principles and demands of sport and activities of daily living
- 6. Contraindications and precautions to further assessment and treatment

#### Skill in:

- 1. Obtaining and recording of information
- 2. Relating clinical findings to specific conditions
- 3. Identification of the nature and severity of the presenting complaint
- 4. Evaluation of subjective findings to inform and justify ongoing assessment

#### **B** Neuromusculoskeletal Evaluation

Objective evaluation of anatomical structures involving observational and manual methods

#### Knowledge of:

- 1. Anatomy of the neuromusculoskeletal system
- 2. Pathophysiology of common neuromusculoskeletal conditions
- 3. Objective features of neuromusculoskeletal conditions
- 4. Principles of visual inspection
- 5. Principles of palpation
- 6. Specific tests for physiological and accessory motion, neurological structures, muscular strength, structural integrity and function
- 7. Effect of additional factors on the neuromusculoskeletal presentation e.g. pre- and co-existing conditions, medications, lifestyle, psychosocial factors
- 8. Biomechanical analysis of human motion and its relation to pathology

#### Skill in:

- 1. Locating and palpating bony landmarks, articulations, ligamentous structures, musculotendinous units and other soft tissues
- 2. Visual analysis of posture, normal and abnormal movement patterns and soft tissues
- 3. Assessing muscular strength, range of motion and limiting factors
- 4. Performance of musculoskeletal assessment techniques i.e. special tests, neural mobility, neurological function, joint mobility and functional tests
- 5. Use of evidenced based outcome measures to formulate objective reassessment markers



#### C Physiological and Biomechanical Evaluation

#### Evaluation of health and fitness through field and laboratory based testing procedures

#### Knowledge of:

- 1. Environmental, physiological and biomechanical factors that relate to performance
- 2. Effect of age on physiological and mechanical capacity of the individual
- 3. Current recommended protocols for physiological and biomechanical evaluation for specific sports and medical conditions

#### Skill in:

- 1. Evaluation of environmental factors and implementation of appropriate strategies which will minimise any adverse physiological response
- 2. Identification of factors that are limiting the athlete in achieving optimal performance in terms of both mechanics and physiol ogy
- 3. Evaluation of biomechanical and physiological performance and lifestyle using laboratory and field based tests

#### **D** Additional Factors

Identification and evaluation of the role of nutritional, pharmacological and psychosocial factors on the presenting condition

#### **Knowledge of:**

- Principles of nutrition and the role of nutrition in health, activity and sporting participation, including the use of supplements and ergogenic aids
- 2. Basic pharmacological principles, indications, contraindications and adverse reactions to commonly prescribed medications
- 3. The role of psychological and sociological factors in health and sport

#### Skill in:

- 1. Application of tools for the evaluation and analysis of nutritional status and habits in an individual
- 2. Identification of the use of medications, and consideration of their effects on clinical presentation and ongoing health of the individual.
- 3. Application of appropriate evaluation tools for pertinent psychosocial factors

#### E Health and Lifestyle Evaluation

Recognition and evaluation of the effects of systemic disease, health status and lifestyle factors within the assessment process

#### Knowledge of:

- 1. Epidemiology and pathophysiology of common medical conditions and their effects on health and activity e.g. diabetes, coronary heart disease, osteoarthritis
- 2. Physiology of chronic pain and its clinical presentation
- 3. The effects of lifestyle and occupation on an individual's health and wellbeing
- 4. Basic principles of ergonomics in promotion of a healthy lifestyle
- 5. Physiology and exercise considerations during pregnancy
- 6. Patterns of human growth and development across the lifespan

- 1. Evaluation of the effects of the currently medical conditions on the health of an individual
- 2. Evaluation and analysis of pain behaviour, levels of pain, and related functional and health measures
- 3. Recognition and evaluation of lifestyle and occupational factors, including basic ergonomic assessment
- 4. Recognition and consideration of the effects of pregnancy within the health and lifestyle management of the individual



#### **F** Clinical Decision Making

#### Formulate a clinical impression through synthesis and analysis of the findings of the assessment and in light of current research evidence

#### Knowledge of:

- 1. Theoretical basis of practice for clinical decision making
- 2. Theories of clinical reasoning
- 3. Current research and evidenced based clinical guidelines for management as the theoretical basis for clinical decision-making

#### Skill in:

- 1. Synthesis of information and analysis of findings in order to formulate a clinical impression
- 2. Clinical decision-making within professional scope and competence
- 3. Application of current best practice methods based on reflection and evaluation of recent research evidence
- 4. Adherence to current clinical guidelines where appropriate

#### **G** Dissemination of Assessment Findings

Dissemination of the findings of the assessment to the individual, and other relevant individuals as appropriate, and formulation of a fully integrated management plan

#### Knowledge of:

- 1. Communications skills and techniques
- 2. Evidence-based management protocols and practice for a variety of common health and sport-related conditions
- 3. Patient confidentiality
- 4. Relevant medical terminology
- 5. Role and scope of practice of a variety of medical and health practitioners

- 1. Using both written and verbal forms of communication within a health care setting
- 2. Advising and educating the individual regarding assessment findings
- 3. Incorporating the views and wishes of the individual into the management plan
- 4. Informing other members of the health care team of assessment findings where appropriate, and with the individual's consent
- 5. Ongoing referral to appropriate medical and allied health care practitioners
- 6. Implementation of appropriate management plan with the full consent of the individual



# Management – Therapeutic Intervention, Rehabilitation and Performance Enhancement

Following appropriate assessment the GSR has the knowledge and skills necessary to facilitate the recovery of function, return to physical activity, and high levels of performance through a clinically reasoned approach, which incorporates evidenced based therapeutic intervention, and exercise. Throughout the management of the individual, the GSR has the skills to objectively monitor the intervention strategy and determine the need for appropriate modification. A holistic approach allows optimal recovery, through consideration of the multifactorial needs of the individual.

#### A Therapeutic Intervention

Administer therapeutic interventions using safe and effective procedures to facilitate recovery/function and/or performance

#### Knowledge of:

- 1. The effect of therapeutic interventions on the pathophysiology of the human body
- 2. Availability and application of therapeutic interventions relating to treatment, rehabilitation and performance
- 3. Indications and contraindications for therapeutic interventions
- 4. Current clinical guidelines in the application of therapeutic interventions

#### Skill in:

- 1. Application of thermal modalities e.g. Ice and Heat
- 2. Application of electro-therapeutic modalities e.g. Ultrasound/Interferential
- 3. Administration of manual intervention/techniques that may include; joint mobilisation, manipulation, massage, soft tissue application/technique and
- 4. Selection and application of braces, strapping and taping techniques in
- Selection and application of braces, strapping and taping techniques in order to facilitate recovery from injury and a safe return to functional activity

#### B Exercise Based Rehabilitation

Design, planning and delivery of clinically reasoned exercise based rehabilitation programmes.

#### Knowledge of:

- 1. Underpinning theory of proprioception, neuromuscular control and balance including: contribution to joint stability, peripheral somatosensory system and mediation of motor control and assessment techniques
- 2. Range of motion and flexibility theory including neurophysiological principles and mechanical properties of contractile, non-contractile and neural tissue
- Theoretical basis of strength, power and muscular endurance training, in particular variation in strength training qualities and factors determining strength
- 4. Theoretical basis of the use of hydrotherapy for recovery and restoration of function
- 5. Concepts of functional progressions and integration with traditional exercises
- 6. Cardio-respiratory energy systems and their importance in rehabilitation

- 1. Goal setting, critical evaluation and problem solving throughout specific individual and group rehabilitation programmes
- 2. Restoration of proprioception and neuromuscular control for joint stability, through the development of retraining techniques



3. Application of specific techniques to improve flexibility in contractile, noncontractile and neural tissue



4. Design and implementation of speed, power and strength training exercises as part of the rehabilitation process, specific to the requirements of the individual

- 5. Application of hydrotherapy to aid recovery and restoration of function
- 6. Design of training methods for restoration and maintenance of cardiorespiratory fitness
- 7. Analysis of functional tasks and the design and integration of functional Programmes

#### C Performance Enhancement

Design and implement evidenced based periodised programmes to increase performance in a specific sport or activity

#### Knowledge of:

- 1. Principles of training e.g. progressive overload, specific adaptation to imposed demand, recovery, reversibility
- 2. Micro / Macro variables of strength training load parameters i.e. repetitions, sets, tempo and rest
- 3. Metabolic demands of training and different sports
- 4. Responses of skeletal, muscular, neural, and cardio-respiratory systems to training stimuli
- 5. Training methodologies for speed, strength and endurance training
- 6. Common musculoskeletal screening protocols for individual and team
- sportsPeriodisation and integration of training methodologies

#### Skill in:

- 1. Evaluation of strength qualities needed for effective training prescription
- 2. Coaching of speed power and strength training exercises for performance enhancement
- 3. Design and delivery of programmes to increase cardio-respiratory fitness
- Design and implementation of evidenced based periodised training programmes, for performance enhancement in different sports and populations

#### **D** Factors Affecting Recovery and Performance

Consideration and management of the nutritional, environmental, pharmacological, psychosocial, physiological and biomechanical factors affecting recovery following injury and contributing to performance

#### Knowledge of:

- Principles of nutrition as related to the dietary and nutritional requirements of the physically active, including the use of supplements and ergogenic aids
- 2. General indications, contraindications and adverse reactions of commonly prescribed and non-prescribed medications.
- 3. Biopsychosocial models and cultural issues which may affect recovery, resumption of physical activity or enhancement of performance
- 4. Responses of the physiological systems of the body to injury and disease, and the effects of age
- 5. Influence of biomechanical factors in the optimisation of injury management and programme planning
- 6. Physiological responses to environmental factors e.g. climate, altitude and travel

- 1. Design of nutrition programmes and advice on dietary requirements, in order to promote recovery from injury and return to full activity / function
- 2. Recognition of risks associated with pharmacological interventions, their effect on management, and to advise on-going referral to medical practitioners as appropriate



- 3. Application of basic psychosocial interventions as appropriate in order to promote recovery, optimise wellbeing and return to full activity / function, with consideration to the individual's cultural influences.
- 4. Design and planning of intervention with consideration of relevant pathophysiology, concomitant disease and the effects of age through the life cycle
- 5. Design and application of a progressive programme of rehabilitation, with full consideration of the biomechanical principles, in order to protect the injured tissue, optimise recovery and enhance performance
- 6. Implementation of appropriate strategies which will minimise any adverse physiological response with consideration to environmental factors

#### **E** Monitoring

Continual Monitoring of the individual using objective markers to optimise recovery and/or performance

#### Knowledge of:

- 1. Relevant quantifiable subjective and objective reassessment markers
- 2. Techniques and procedures to progress or regress treatment or performance enhancement programmes
- 3. Functional and sport specific criteria for return to activity

#### Skill in:

- 1. Interpreting reassessment information to effectively progress or regress a treatment or performance enhancement programme or activity
- 2. Education of the individual as to their progress and the best strategy to improve recovery and or performance
- 3. Application of functional and sport specific criteria for safe return to activity

#### F Health Promotion and Lifestyle Management

## Ability to design and implement individualised exercise and rehabilitation regimes for both clinical and at risk populations

#### Knowledge of:

- 1. Role of physical activity in the prevention and management of disease and in the promotion of health
- 2. Epidemiology, pathophysiology and management of common medical conditions e.g. diabetes, coronary heart disease, and osteoarthritis
- 3. Guidelines for safe and evidence-based practice in the rehabilitative management of medical conditions on an individual or group basis
- Guidelines for the safe and evidence based practice in the prescription of activity and application of exercise programmes during pregnancy in light of medical advice as appropriate

- 1. Administration and interpretation of clinical and laboratory-based testing procedures
- 2. Design and implementation of appropriate activity-based programmes for
- the prevention and management of disease and in the promotion of health 3. Application of activity-based programmes to an individual or within a group setting
- 4. Education and motivation of the individual / group in order to advise appropriately and promote adherence









## **Immediate Care**

The GSR has appropriate knowledge and skill in the application of recognised measures of care including basic life support and first aid for life threatening and other emergency situations. The GSR is also capable of evaluating acute injury and illness and subsequently make an informed decision based on the indications and contraindications initiating care or return to participation

#### A Emergency First Aid

Initiate and/or apply techniques to manage life threatening and other emergency conditions through the use of recognised emergency care procedures and referral to appropriate medical and allied healthcare professionals

#### **Knowledge of:**

- 1. Relevant anatomy, pathophysiology and neurophysiology
- 2. National guidelines and local procedures for emergency care
- 3. Common emergency medical situations and appropriate management
- 4. Immobilisation techniques and equipment for transportation

#### Skill in:

- 1. Recognition and evaluation of emergency situations, and formulation of an emergency management plan
- 2. Application of basic life support techniques
- 3. Implementation of appropriate immobilisation and transfer techniques
- 4. Demonstrating management of common medical emergency situations
- 5. Referring to appropriate medical and allied healthcare professionals

#### **B** Evaluation

Evaluation of acute injury and illness to stabilise and/or prevent exacerbation of the condition through the use of appropriate techniques

#### Knowledge of:

- 1. The pathophysiology of common acute injury and illness
- 2. Acute conditions requiring referral to other healthcare professionals

#### Skill in:

- 1. Recognition and evaluation of acute injury and illness
- 2. Referring to appropriate medical personnel

#### C Initiation of Care

Initiating care for acute injury and illness to determine the appropriate course of management

#### Knowledge of:

- 1. Current best practice in the management of acute injury and illness
- 2. Current best practice in relation to blood borne pathogens, blood
- hygiene and health and safety procedures
- 3. Immobilisation techniques and equipment
- 4. Protective and prophylactic equipment
- 5. Indications and contraindications for return to play
- 6. Appropriate use of therapeutic modalities

- 1. Selecting and applying appropriate immobilisation, protective and prophylactic equipment
- 2. Administering appropriate therapeutic modalities
- 3. Appropriate wound care management and disposal of biohazardous waste



# Declaration of Health & Good Character in Relation to Fitness to Practise



In order to monitor and act upon any issues related to your health and conduct associated with fitness to practise upon initial registration or re-registration with the organisation you are required to complete this declaration of health and good character (Graduate, AHP).

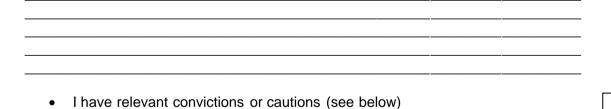
For additional information please refer to the BASRaT Fitness to Practise- Membership Guide.

It is **YOUR** responsibility to inform the organisation about any changes to your health or any other circumstances (criminal convictions or cautions, see below) which you think may affect your ability to practise safely and effectively.

#### Please delete as applicable.

- I have a known ill health condition
- lf yes
  - The health condition affects my ability to practice safely and effectively

Please outline the current health condition below if applicable:



You **must always** tell us about a caution or conviction if it is for a 'listed offence' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Listed offences include serious violent and sexual offences and offences which raise concerns about whether individuals working as a healthcare professional should work with children, vulnerable adults and prisoners.

This means that when you apply for initial registration or re-registration, you must declare convictions or cautions including those that are considered 'spent' because



YES/NO

YES/NO

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they happened some time ago, unless they are a protected caution or protected conviction. This also includes convictions or cautions that you may have received in countries outside the United Kingdom (UK), if the offence is one that could have resulted in a caution or conviction in the UK.

You do not need to tell us about a caution if:

• you received it more than six years ago (or if you were under 18 at the time,more than two years ago); **and** 

• it was not for a 'listed offence' (see below).

You do not need to tell us about a **conviction** if:

- it resulted in a non-custodial sentence;
- it was not for a 'listed offence';
- you have no other convictions (whether as an adult or under 18); and
- you received the conviction more than 11 years ago (or if you were under 18, more than five and a half years ago).

You can find more guidance on listed offences on the Disclosure and Barring Service website: <u>www.gov.uk/government/publications/dbs-listof-offences-that-will-never-be-filtered-from-acriminal-record-check</u>

- I have been found guilty of misconduct or lack of fitness to practise during the course of my education and training or in the past by a professional or regulatory body or employer and am subject to a determination by a professional or regulatory body elsewhere to the same effect and
- I am currently suspended by another professional or regulatory body

If you have answered 'YES' to any of the above questions, you should provide extra details on a separate piece of paper. We will look at the information and decide whether it raises concerns in relation to fitness to practise. For further details of this process please refer to the BASRaT Fitness to Practise-Membership Guide document.

If you have any queries regarding any of the questions above or the concept of fitness to practise, please contact the BASRaT Registrar, registrar@basrat.org

By signing this declaration you are declaring that you are of sufficient health and character to be capable of safe and effective practice and intend to comply with the Standards of Ethical Conduct and Behaviour/Role Delineation of BASRaT.

PRINT	NAME:	
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SIGNATURE: .....

DATE: .....

The British Association of Sport Rehabilitators and Trainers



YES/NO

#### YES/NO

## **Declaration by Referee**

## \*\*Completion of this section is only required if you are applying via the Individual Membership Application process, Membership Exam or for Allied Health Professional membership\*\*

To be completed by a current full member of BASRaT (GSR) or a registered HCPC health professional.

By signing this declaration you are declaring that the person named below:

\_\_\_\_\_ (please enter name in BLOCK capitals)

in your professional opinion is of sufficient health and good character to be capable of safe and effective practise. Further information regarding fitness to practise can be obtained via the BASRaT Fitness to Practise- Membership Guide or by contacting the BASRaT Registrar, <u>registrar@basrat.org</u>

PRINT NAME:
SIGNATURE:
OCCUPATION:
BASRaT/HCPC NUMBER:
DATE:

