



## Exercise Prescription and Corrective Exercise

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### Preamble

The issue of whether an Association member can prescribe exercise or provide corrective exercises for their clients is considered by: defining the terms, legal and medical requirement, therapist training and protection of the consumer.

*Massage* is the manual manipulation of soft tissue and includes holding, causing movement, and/or applying pressure to the muscles, tendons, ligaments and fascia. It is applied to clients experiencing sub-acute and chronic pain, stress and anxiety, and in the prevention, rehabilitation and maintenance of health conditions<sup>i</sup>.

*Therapeutic Massage* is the treatment of the whole body to relieve the symptoms of chronic complaints, including physical and psychological conditions, using specific muscle/soft tissue manipulation and relaxation techniques to relieve discomfort and to improve function and well-being<sup>ii</sup>.

*Remedial Massage* is the subjective and objective assessment, treatment and rehabilitation of the signs, symptoms and causes of biomechanical dysfunction or injury, using specific mobilisation techniques, in order to restore normal health and function<sup>iii</sup>.

*Myotherapy* is a specialised manual therapy with a scope of practice aimed at assessment, treatment and prevention of specific musculoskeletal conditions and somatic dysfunction. Soft tissues include muscular and connective tissues and their within and between system interactions<sup>iv</sup>.

Both Remedial or Myotherapy are used in prevention and rehabilitation of injury.

**Corrective Exercise** may be described as a systematic approach to identifying specific postural weaknesses, movement imbalances and joint limitations and the design of an exercise programme to correct them. The exercise programme should focus on movements that create balance, daily living skills, stability and/or mobility to improve function<sup>v</sup>.

**Exercise Prescription** may be described as a specific plan of fitness-related activities that are designed for a specified purpose. Consideration of the unique needs and interests of the client is required to successfully integrate exercise principles and behavioural techniques in order to motivate the client to achieve their goals.

An exercise prescription generally includes the following specific recommendations:

- Type of exercise or activity (walking, swimming, cycling)
- Stretching and strengthening exercises
- Specific workloads (watts, walking speed)
- Duration and frequency of the activity or exercise session
- Intensity guidelines – Target heart rate (THR) range and estimated rate of perceived exertion (RPE)
- Precautions regarding certain orthopaedic (or other) concerns or related comments<sup>vi</sup>

# Position Statement

## Aim

This position statement is to serve as a guideline for Association members who prescribe exercises, to provide a platform from where the National Ethics Committee can make an informed determination in relation to any complaints and for the National Education Committee to determine minimum levels of training.

Massage & Myotherapy Australia (Association) Board of Directors serves to protect both the membership and the public by adopting this position statement which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practice<sup>vii</sup>.

## Process

Every therapist has the right to make the decision as to the appropriateness of treatment in consultation with the client. However, decision making and treatment protocols should be consistent in context with the pathology, within the scope of practice of the practitioner and in consultation with the client.

Professional Association members should never, under any circumstance, proceed with an exercise plan without first providing the client with information on why and how the exercise will be performed, as well as any associated risk. Written "informed consent" should be obtained before proceeding. Clinic notes should clearly indicate the process of assessment, the staging of the exercise programme and / or any changes to the initial plan.

The Association recognises that many of its' members may have studied the recommendation and provision of corrective exercises in previous studies, either within the current HLT qualifications or as a separate physical education qualification. Many RTOs provide subjects such as sports injury management within their units of study. Therefore, those members who have studied these subjects should be proficient in the provision of safe corrective exercise and/or exercise prescription.

The Association does recognise workshops in corrective exercises where a formal qualification, and/or certificate of completion is provided and/or the content has been reviewed and the provider is an Association Endorsed Education Activities Provider (EEAP).

The Association is of the opinion that *corrective exercises* can be provided by Association members trained in the process of the corrective exercise approach.

The Association is of the opinion that *exercise prescription* can be administered by Association members specifically trained in exercise prescription.

Association members must adhere to the safety precautions and legal frameworks appropriate to their State and clinic guidelines, and at all times adhere to the Code of Practice and Standards of Practice policies.

## Other Documents

Code of Ethics and Standards of Practice  
Informed Consent - Position Statement

<sup>i</sup> PHIR submission – Chief Medical Officer definition

<sup>ii</sup> PHIR submission – Chief Medical Officer definition

<sup>iii</sup> PHIR submission – Chief Medical Officer definition

<sup>iv</sup> 22316VIC Advanced Diploma of Myotherapy 2016. *3.1 Industry / enterprise / community needs*, p3

<sup>v</sup> <http://www.core360wellness.com>

<sup>vi</sup> <http://emedicine.medscape.com/article/88648-overview#aw2aab6b2>

<sup>vii</sup> Code of Ethics and Standards of Practice