THERMAL AURICULAR THERAPY DIPLOMA COURSE
THERMAL AURICULAR THERAPY DIPLOMA COURSE

aim of course
• To enable candidates to add ear candling treatments to their existing treatments and obtain a diploma approved by BABTAC.

entry level
• A recognised Body or Aesthetician qualification, Level 3 Hairdressing or a minimum CIBTAC Anatomy and Physiology Diploma or equivalent.

SUBJECTS TO BE STUDIED

generic areas of study
G2 Health and Hygiene
G3 Skin structure and function
G4 Skin diseases
G7 Business studies
G8 Salon procedures

other subjects
History of Ear Candles / Thermal Auricular Therapy
The structure and function of the candle (Note only Biosun Candles are acceptable for insurance purposes at present)
The anatomy and physiology of the ear, to include the role of Earwax
The anatomy and physiology of the head
Common diseases and disorders of the ear
Contra-indications to treatment
Benefits of treatment
Client care, consultation, assessment and treatment record card
Treatment routine
Treatment planning and aftercare

MINIMUM TRAINING REQUIREMENT – 15 HOURS
This must include a minimum of 8 hours contact spread over two days with at least one week apart and 7 hours of additional study.

EXAMINATIONS

THEORY
20 minute multiple choice paper.

PRACTICAL
60 minutes

CASE STUDIES
Each student should obtain 2 case studies on 5 clients with a minimum of 10 treatments.

EXAM FEE
To be issued annually by the Examination Board.

This CIBTAC Diploma will enable recipients to become specialist members of BABTAC and obtain insurance cover.
This could be covered over a flexible time basis enabling many part-time students to qualify who would not be able to attend college on a full-time basis.
history of thermal auricular therapy
The student will be able to:

- Understand and describe all the original origins of ear candling, to include
  - *Ancient Greeks
  - *Egyptians
  - *Latin Americans
  - *Chinese
  - *Indians
- Understand and describe how some of the techniques varied.
- Understand the significance of the Hopi Indian Tribe with relation to Ear Candling.

the structure and function of the candle
(Note only Biosun candles are acceptable for insurance purposes.)
The student will be able to:

- List and understand the relevance of the ingredients in the candle.
- Explain and justify any irregularities in the size, colour and shape of the candle.
- List and explain any undesirable ingredients that may appear in certain makes of candles.
- Understand and explain why Biosun candles are accepted for insurance purposes.
- Explain and demonstrate how the ear candles work.

the anatomy and physiology of the ear and the role of earwax
The student will be able to:

- Draw, label and explain the structure of the ear, to include the following parts:
  - *Pinna
  - *External auditory meatus
  - *Tympanic membrane
  - *Malleus
  - *Incus
  - *Stapes
  - *Oval window
  - *Round window
  - *Eustachian tube
  - *Vestibular apparatus
  - *Semi-circular canals
  - *Vestibular nerve
  - *Auditory nerve
  - *Cochlea
- Explain the functions of the ear, with relevance to each of the above labels.
- Explain the composition and functions of earwax.

the anatomy and physiology of the head and neck
The student will be able to:

- Draw and label a diagram of the bones of the skull.
- Describe briefly the structure and function of the bones of the skull.
- Illustrate the location of the facial sinuses and describe their function.
- Draw and label a diagram of the lymph nodes of the head and neck.
- Briefly explain the structure and function of the lymphatic system.
- Draw and label a diagram of the muscles of the head and neck.
- Briefly explain the structure and function of muscular system.
- Draw and label a diagram of the blood vessels of the head and neck.
- Briefly explain the structure and function of the circulatory system.
- Draw and label a diagram of the main nerves of the head and neck.
- Briefly explain the structure and function of the nervous system.

**common diseases and disorders of the ear**
The student will be able to:
- Explain the cause, symptoms and outcomes of the following:
  - Tinnitus
  - Glue ear
  - Grommets
  - Perforated eardrum (Tympanic membrane)
  - False eardrum (Tympanic membrane)
  - Eczema of the ear
  - Excess secretion of earwax

**contra-indications to treatment**
The student will be able to:
- List and explain the contra-indications to ear candling treatments.
- Recognise when a G.P’s referral is necessary.

**benefits of the treatment**
The student will be able to:
- List and explain the benefits of the treatment.
- Be aware of the diverse claims that are still made regarding the benefits of the treatment.

**client care, consultation, assessment and treatment record cards**
The student will be able to:
- Demonstrate a high quality of client care
- Conduct a full consultation and assessment, to include medical history and draw realistic conclusions from the findings.
- Demonstrate the completion of the consultation and record card and the maintenance of up to date information.
- Understand referral procedures.

**treatment routine**
The student will be able to:
- Explain to the client how the treatment will proceed and allow them to ask any questions.
- Prepare the work area for the treatment, to include:
  - Checking for position of smoke detectors which may be easily triggered by the smoke
  - Check all fire fighting equipment in the workplace is in working order
  - Position of the treatment couch (do not work under a smoke detector)
  - Position and set up of the trolley (water for extinguishing the candles)
  - Waste bin with a lid
- Prepare the client for the treatment, to include:
  - Position of client
  - Protection of client’s clothing
  - Check the placing of the unlit candle in the ear
  - Safely light the candle
  - Position the lit candle in the client’s ear
  - Monitor the candle as it burns
  - Remove the candle and extinguish it
Massage the pinna of the ear
Treat the second ear as above
Massage the second ear
Demonstrate the pressure point and lymph drainage massage routine of the face and neck.
Sit the client up and give them a drink of water, fruit juice or herb tea

treatment planning and aftercare
The student will be able to:
- Explain the necessary aftercare to the client, to include:
  - *Not putting anything in the ears
  - *The way the ears may feel following the treatment
  - *Other therapies that may compliment the treatment.
- Recommend how many treatments the client may need and the frequency to have them.

case studies
Each student should obtain 2 case studies on 5 clients with a minimum of 10 treatments in total over the course of their studies to include a range of conditions, ages and lifestyles. Case studies are not to be done on classmates in order to show their understanding of the treatment.

A sample Case Study format is included.
THERMAL AURICULAR THERAPY PRACTICAL EXAMINATION

Time allowed 60 minutes

guide for colleges/examiners

1. **Detailed Consultation.**
   A consultation card must be completed by the candidates with the model at the start of the examination. A detailed record should be made of the client’s medical history, present medications being taken, contra-indications apparent and reasons for treatment. All models to be allocated by examiner.

2. **Preparation of working area.**
   The candidate is responsible for ensuring that the working area is satisfactorily prepared prior to the treatment being undertaken.

3. **Preparation and care of Client.**
   The candidate is responsible for the suitable preparation and positioning of the client prior to the treatment being undertaken.

4. **Treatment procedure.**
   The examiner will be looking at the candidates positioning along with their technique of candling and pressure point massage.

5. **Aftercare and advice.**
   The candidate must demonstrate to the client suitable aftercare following the treatment as well as advising on the follow up treatments. Results / findings and aftercare recommendations should also be recorded on the client’s card.

6. **Hygiene and Safety.**
   The candidates working environment and treatment techniques must maintain high standards of hygiene and safety and negate the possibility of hazardous situations.

7. **Personal appearance and deportment.**
   The candidate should present a totally professional image to the client and wear suitable clothes to meet this criterion.

8. **Oral Questions.**
   The examiner will ask candidates oral questions relative to the treatment and aftercare.

9. **Case Studies.**
   Must be graded by the tutor and be available to the examiner on arrival. These will be verified by the examiner at the end of the examination. Accommodation must be available for up to 2 hours.
## EXAMINERS FEEDBACK
**WRITTEN THERMAL AURICULAR THERAPY DIPLOMA**

School / College Examined………………………………………………………………………………

Date of Examination……………………………………

<table>
<thead>
<tr>
<th>Generic Areas of Study</th>
<th>Excellent 85 – 100%</th>
<th>Good 75 – 84%</th>
<th>Satisfactory 60 – 74%</th>
<th>Below standard 0 – 59%</th>
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<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
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<tr>
<td>Treatment</td>
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</tbody>
</table>

**General Comments**

EXAMINERS NAME:
# EXAMINERS FEEDBACK
## PRACTICAL THERMAL AURICULAR THERAPY TREATMENT

### School / College Examined

### Date of Examination

### Evaluation Criteria

<table>
<thead>
<tr>
<th></th>
<th>Excellent 85 – 100%</th>
<th>Good 75 –84%</th>
<th>Satisfactory 60 – 74 %</th>
<th>Below standard 0 – 59%</th>
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<tbody>
<tr>
<td>Consultation</td>
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<td>Preparation of working area</td>
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<td>Preparation of client</td>
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<td>Hopi Ear Candle Treatment</td>
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<td>Aftercare &amp; advice to client</td>
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<td>Hygiene &amp; safety procedures</td>
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<td>Personal appearance &amp; deportment</td>
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<td>Case studies</td>
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<tr>
<td>General Comments</td>
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### EXAMINERS NAME:
<table>
<thead>
<tr>
<th>Time Allowed:</th>
<th>20 Minutes</th>
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<tbody>
<tr>
<td>Number of Questions:</td>
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<tr>
<td>Number of Marks:</td>
<td>24</td>
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</table>

| Generic Areas of Study | 18% |
| Treatment | 82% |
(*to pass the minimum mark must be achieved)

**TIME ALLOWED 60 Minutes**

<table>
<thead>
<tr>
<th>Section</th>
<th>Mark</th>
<th>Subsections</th>
</tr>
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<tbody>
<tr>
<td><strong>Consultation / Examination</strong></td>
<td>5</td>
<td>* (min 3) Medical History</td>
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<tr>
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<td>Detailed lifestyle notes</td>
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<td>Contra-indications</td>
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<td>Treatment plan / pattern</td>
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<td></td>
<td>Consultation environment</td>
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<tr>
<td><strong>Preparation of Working Area</strong></td>
<td>2</td>
<td>Couch</td>
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<td>Trolley / Products</td>
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<tr>
<td><strong>Preparation of Client</strong></td>
<td>3</td>
<td>Explanation of treatment</td>
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<td>Positioning of the client</td>
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<td>Protection of client’s clothing and hair</td>
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<tr>
<td><strong>Thermal Auricular Therapy Treatment</strong></td>
<td>19</td>
<td>* (min 11) Client care</td>
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<tr>
<td></td>
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<td>Positioning of the candle</td>
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<td>Lighting of the candle</td>
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<td>Support / holding of the candle</td>
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<td>Removal of the candle</td>
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<td>Extinguishing of the candle</td>
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<td>Massage of the ears and face</td>
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<td>Completion of treatment</td>
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<tr>
<td><strong>Aftercare &amp; Advice to Client</strong></td>
<td>6</td>
<td>* (min 4) What the client should and should not do</td>
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<td></td>
<td>Explanation of possible effects / reactions to the treatment</td>
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<td>Recording results / future treatment plans</td>
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<tr>
<td><strong>Hygiene and Safety</strong></td>
<td>6</td>
<td>* (min 4) Washing hands before and after the treatment</td>
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<td>Careful handling of candle and supervision of the flame</td>
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<tr>
<td><strong>Personal Appearance and Deportment</strong></td>
<td>3</td>
<td>Personal appearance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deportment / Attitude</td>
</tr>
<tr>
<td><strong>Oral Questions</strong></td>
<td>6</td>
<td>At examiners discretion</td>
</tr>
<tr>
<td><strong>Case Studies</strong></td>
<td>10</td>
<td>* (min6) 5 different clients to be treated twice each</td>
</tr>
</tbody>
</table>

Possible Total Marks 60
Pass Mark 36 / 60
# THERMAL AURICULAR THERAPY EXAMINATION MARKING SHEET

**College / School:**

**Examiner:**

(* minimum mark must be achieved)

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<tr>
<th>Maximum Marks</th>
<th>5</th>
<th>2</th>
<th>3</th>
<th>19</th>
<th>6</th>
<th>6</th>
<th>3</th>
<th>6</th>
<th>10</th>
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<td>Minimum Pass Mark</td>
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<td>11</td>
<td>4</td>
<td>6</td>
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7. 

8. 

9. 

10. 

**Group Total**

**Average for Group**

- **Pass** 60 – 74%
- **Credit** 75 – 84%
- **Honours** 85 – 100%

Date of Examination: 

Time allowed:
THERMAL AURICULAR THERAPY CASE STUDY

case histories

Guidelines to consider when taking case histories

1. A detailed consultation should be carried out but the Client’s name and address should be kept separately on the consent form.
2. Client’s must be aware of all possible contra-indications.
3. Client’s signature must be on all consultation sheets.
4. All the enclosed forms should be completed for each case study and each treatment must be recorded.
5. If the treatment is being altered at all, please explain and justify this.
6. Additional information can be included in the homecare advice.
7. All treatments to be validated by the tutor.
8. Case studies to be marked and graded by the course tutor following CIBTAC % guidelines i.e. 85 – 100% Excellent, 75 – 84% Good, 60 – 74% Satisfactory.

Marking / Grading Guidelines

1. Presentation 10
2. Introduction / Client profile 10
3. Recordings and accuracy of findings 30
4. Main treatments and recordings 30
5. Aftercare advice 10
6. Follow up treatments / frequency 10

Total 100

Pass Mark 60

Divide the total by 10 for the exam mark sheet
THERMAL AURICULAR THERAPY CANDLE CASE STUDY

Consent to be a Case Study
(To be retained by the Tutor and shown to the examiner before the practical exam)

Name……………………………………………………………………………………………………………………………………………………………………
(Mr, Mrs, Miss, Ms)
Address…………………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

I have agreed to be a case study for…………………………………… a Student Therapist in……………………………………………………………………

* I have undertaken a full consultation and completed the lifestyle questionnaire prior to treatment, which is complete and accurate to the best of my knowledge.

* I have obtained medical consent from my G.P. to have this treatment.

* I have not obtained medical consent from my G.P. to have this treatment.

* I agree to notify the practitioner of any change in my medical condition.

* I have had the therapy explained to me.

Further information I wish to give my practitioner………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………
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…………………………………………………………………………………………

Practitioner’s Signature………………………………..Date…………………………

Client’s Signature…………………………………..Date…………………………

Tutor’s Signature……………………………………..Date…………………………
THERMAL AURICULAR THERAPY CLIENT CONSULTATION CARD

Clients name________________________________________________

Therapists name______________________________________________

Date________________________________________________________

Client overview
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Client signature______________________________________________

Date________________________________________________________
THERMAL AURICULAR THERAPY CLIENT CONSULTATION CARD

Clients name_________________________ (Mr. Mrs. Miss. Ms.) Please circle
Address_________________________________ _______________            _______________
Tel (home)________________(mobile)______   _________(work)_______    _
Email____________          _________ Fax_____________________  
Date of birth______________________Occupation____________________
Doctors name_____________________Doctors address________     __

*Contact lenses__________________________________   ______ ___
*Is jewellery removed?____________________________________
*Are you pregnant or trying to become pregnant?________________

Medical history
Do you take medication and what for?________________________
Do you suffer from any of the following?
Skin diseases / disorders____________________________________
Scar tissue_________________________________________________
Ear diseases/disorders_______________________________________
Do you use a hearing aid_____________________________________
Sinus problems_____________________________________________
Balance problems____________________________________________
Claustrophobia______________________________________________
Pace maker_________________________________________________
Heart conditions such as Recent stroke uncontrolled angina______
Blood pressure problems_____________________________________
Diabetes____________________________________________________
Epilepsy___________________________________________________
HIV or AIDS_______________________________________________
Haemophilia________________________________________________
Respiratory Disorders________________________________________
Deep Vein Thrombosis_______________________________________
Fever/Raised Body Temperature________________________________
Swellings/ Oedema__________________________________________
Headaches or Migraines_____________________________________ 
Cuts or Bruises______________________________________________
Allergies: Honey, Flax, Beeswax, ____________________________ 
Recent Operations or surgery_________________________________

Clients signature:   Therapists signature:   Date:
THERMAL AURICULAR THERAPY CLIENT CONSULTATION

Lifestyle check

What is your fluid intake per day__________________________
What kind of drinks do you normally drink__________________
Are you allergic to any food groups_________________________
Do you have a specialised diet_____________________________
How would you describe your diet healthy/balanced/ poor_______

Do you eat regularly/erratically____________________________
Do you smoke__________ If yes how many a day_______________
Do you drink alcohol________ If yes how many units a day______
Do you sleep well/restless/poorly____________________________
Do you snore___________________________________________
Do you suffer with stress, tension or fatigue_________________
Is your personality:- Confident, nervous or a mixture__________
Are you receiving any other therapies or treatments at the moment?

Any other comments?

Specified points to note – Requirements and Preferences for Client Care
End of treatment drink____________________________________
Head and body supports____________________________________
Music and lights__________________________________________
Availability or restrictions for appointments__________________

Clients signature:       Therapists signature:
Date:
<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
<th>Condition</th>
<th>Progress</th>
<th>Therapist</th>
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THERMAL AURICULAR THERAPY CASE STUDY

Recommended Homecare / Aftercare

Recommended Follow up Treatment Plan

Therapists Signature………………………………………………………………………………
Client’s Signature………………………………………………………………………………
Tutor’s Signature………………………………………………………..Date…………………………

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