

Outcomes Based Practice for Massage Therapy

September 18, 2022

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2022-2023

- **Standard of Practice: Infection Prevention and Control**
- **Standard of Practice: Prevention of Sexual Abuse**
- **Standard of Practice: Safety and Risk Management**
- **Record Keeping**

Standard of Practice: Infection Prevention and Control

Client Outcome

- The client is not placed at significant risk for transmission of infectious disease or illness.

Registered Massage Therapist Outcome

- The Registered Massage Therapist (RMT/MT) follows safe Infection Prevention and Control (IPAC) procedures to protect the health and safety of clients, themselves and others in the practice environment.

Infection Prevention and Control (IPAC)

- Infection Prevention and Control (IPAC): evidence-informed practices and procedures that prevent or reduce the risk of transmission of infectious disease or illness.

Cleaned and disinfected linens:

Cleaned and disinfected linens: linens and covers (including but not limited to sheets, pillow covers, blankets and face cradle covers) must be washed with detergent. The highest temperature possible must be used when washing and drying.

Personal protective equipment (PPE):

Personal protective equipment (PPE): one Infection Prevention and Control (IPAC) measure consisting of physical barriers and garments placed on the body to protect individuals from exposure to infection or other hazards. PPE may include (but is not limited) to gowns, gloves, masks, face shields and goggles/eye protection.

Routine practices

- Routine practices: minimum practices to be used with all clients in all settings for Infection Prevention and Control (IPAC).
- Conduct risk assessments for:
 - the practice environment and all equipment/supplies used in assessment and/or treatment;
 - infection transmission; and
 - intended or likely interactions between RMT and client (for example, treatment approach and modalities, areas of body being treated, length of treatment).
- Hand hygiene

Wash hands and arms to above the elbow using soap and water or, where use of soap and water is not possible and lubricants were not applied, an alcohol-based hand rub (at least 70% alcohol or equivalent) prior to and after client interaction.

Wash hands using soap and water or an alcohol-based hand rub (at least 70% alcohol or equivalent) at the following key moments (where this does not decrease its effectiveness as an IPAC measure, some of these moments may overlap allowing for one hand hygiene to address multiple moments);

- after entering the practice setting and before leaving;
- after removing soiled linens and prior to handling clean linens;
- putting on or taking off PPE;
- before and after eating and/or drinking;
- after using the bathroom/washroom; and
- when hands are otherwise soiled.

Cover their own broken skin or open wounds with a protective barrier (for example, finger cot, gloves).

Maintain fingernails to allow for effective hand hygiene.

Remove jewelry that may impede effective hand hygiene.

Standard of Practice: Prevention of Sexual Abuse

Client Outcome

- The client is not sexually abused by an RMT.

Registered Massage Therapist Outcome

- The Registered Massage Therapist (RMT/MT) does not sexually **abuse clients** or engage in any activities of a **sexual nature** with clients and takes active steps to prevent **sexual abuse**.

Abuse

Abuse: a violation of the power inherent the therapeutic relationship. Abuse occurs when an RMT utilizes the therapeutic relationship to meet their own personal interests or needs. An RMT who abuses a client acts outside of professional boundaries. Abuse may be financial, physical, sexual and verbal, emotional or psychological:

- Financial abuse: financial abuse exploits the power differential between the RMT and client and often results in a monetary or equivalent gain for the RMT. Examples of financial abuse can include accepting gifts, borrowing money, becoming a trustee of a client's bank account, accessing a client's bank account, seeking financial benefits or other services.
- Physical abuse: an act which may cause pain or harm to another. Slapping, hitting, pushing and use of force during a treatment are examples of behaviours that can be viewed as physical abuse.

Abuse

- Sexual abuse: the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA) defines sexual abuse as follows: “sexual abuse” of a client by a registrant means (a) sexual intercourse or other forms of physical sexual relations between the registrant and the client, (b) touching, of a sexual nature, of the client by the registrant, or (c) behaviour or remarks of a sexual nature by the registrant towards the client. “Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.
- Verbal, emotional or psychological abuse: language (including if used in online communication) that can reasonably be seen to demean, humiliate or insult the client. Verbal abuse may harm the client emotionally, culturally or spiritually. Given that RMTs work with clients of many cultures and beliefs, it is important to recognize that personal remarks about a client’s appearance, behaviour, language, beliefs, religious practices, etc. may be distressing. Behaviours such as sarcasm, teasing, swearing or threatening are examples of behaviours that may be considered verbal or emotional abuse. Psychological abuse includes the destruction of a client’s self-esteem and/or sense of safety, often associated with differences in power and control within the RMT/client relationship. It includes threats of harm or abandonment, humiliation, deprivation of contact, isolation and other psychologically abusive tactics and behaviours. A variety of terms are used interchangeably with psychological abuse, including emotional abuse, verbal abuse, mental cruelty and psychological aggression.

Informed consent (consent)

- Informed consent (consent): prior to conducting an assessment, providing treatment or modifying a treatment plan, the RMT must obtain the client's consent. Consent must include a discussion with the client about the following six elements: a. The nature of the treatment; b. The expected benefits; c. Risks and side effects; d. Alternative courses of action; e. Likely consequences of not having treatment; and f. The client's right to ask questions about the information provided and that assessment or treatment will be stopped or modified at any time at their request.

Physical/personal privacy

- Physical/personal privacy: the right of any individual to be protected from visual exposure or other boundary crossings or
- violations of their personal and/or physical space. See Boundaries and Privacy (personal health).

Boundary/boundaries

- Boundary/boundaries: an individual's personal physical and psychological space. Each person makes determinations of whether touch, questions and remarks feel appropriate, unobtrusive and comforting based on their own needs, preferences and experiences.
- **Professional boundaries:** the professional role and the limits of the professional role. In a particular circumstance, professional boundaries can be defined by asking: "Is this part of the role of an RMT?" Professional boundaries ensure the RMT works in the client's best interest.
- **Boundary crossing:** a disrespect of a client's physical, psychological, emotional or financial boundaries. **Boundary violation:** a serious boundary crossing and abuse of power which places the client at risk of psychological, financial, physical and/or sexual harm.

Mandatory report/reporting

- Mandatory report/reporting: the obligation under the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA) for RMTs, employers and facility operators to file written reports to CMTO and other regulatory organizations in certain circumstances.

Reports by a Client of Sexual Abuse

- A Massage Therapist, who aware of a situation in which there are reasonable grounds to believe that a health professional has sexually abused a client should:
- Obtain the professional's name from the client;
- Encourage the client to report the incident to the appropriate regulatory college;
- Advise the client of the Massage Therapist's duty to report the information to the appropriate regulatory college regardless of whether or not the client files a complaint;
- Seek the client's permission to disclose his/her name to the college; and
- Notify the complaints department of the appropriate regulatory college as soon as possible
- **Note:** Prior to filing the report, advice can be sought from the College.

Sensitive areas

- Sensitive areas: the anatomical areas of the body identified by CMTO and for which clients may feel particularly sensitive or vulnerable when treated or touched. Assessment and/or treatment of sensitive areas must be clinically indicated and performed in accordance with the Standard of Practice: Prevention of Sexual Abuse. CMTO defines sensitive areas as including the upper inner thighs, chest wall muscles, buttocks (gluteal muscles) and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care).

Treatment plan

Treatment plan: organized, planned actions for each client that contains, at a minimum:

- treatment goal(s);
- type and focus of treatments(s);
- area(s) of the body to be treated;
- anticipated frequency and duration of treatment(s);
- anticipated client responses to treatment; and/or
- schedule for reassessment of the client's condition; and/or
- recommended remedial exercises and/or hydrotherapy.

Standard of Practice: Safety and Risk Management

Client Outcome

- The client receives care that is delivered as safely as possible.

Registered Massage Therapist Outcome

- The Registered Massage Therapist (RMT/MT) takes preventative and risk management measures to provide safe care.

Privacy

Privacy (personal health): the right of an individual to have some control over how their personal health information is collected, used and/or disclosed. It is the right of an individual to determine when, how and to what extent they share information about themselves with others. In Ontario, individuals' privacy in relation to personal health information is maintained through the Personal Health Information Protection Act, 2004 (PHIPA). This law establishes individuals' right to privacy by setting out how health information custodians are to collect, use and/or disclose personal health information.

Safety incidents

- Safety incident: an event or circumstance which could have resulted in harm or did result in harm to a client.

Risk assessment

Risk assessment: the process of identifying and analyzing risk factors or hazards that could potentially cause harm to clients, RMTs or others and the analysis of the degree of risk they represent given the situation or circumstances, often to determine appropriate ways to reduce, control or eliminate risk. For more information on risk assessment as part of routine practices, please see Public Health Ontario's Routine Practices and Additional Precautions in All Health Care Settings (Appendix B - Routine Practices and Additional Precautions).

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1. Massage outcomes for the treatment of impairments
2. Massage outcomes for wellness
3. Clinical frameworks for outcome-based massage

ANDRADE, C.-K. Outcome-based massage : putting evidence into practice. Third edition. [s. l.]: Wolters Kluwer Lippincott Williams & Wilkins, 2014. ISBN 1451130333.

1. Massage outcomes for the treatment of impairments

Impairments in Body Structures and Function	Outcome
1.1 Postural malalignment: Hyperlordotic	<ul style="list-style-type: none">• Normalized lumbar spine posture• Improved postural awareness

1. Massage outcomes for the treatment of impairments

Impairments in Body Structures and Function	Outcome
1.2 Tight erector spinae muscles in lumbar region:	<ul style="list-style-type: none">• Increased extensibility of erector spinae muscles• Decreased muscle resting tension in erector spinae muscles

1. Massage outcomes for the treatment of impairments

Impairments in Body Structures and Function	Outcome
1.3 Tight iliopsoas muscles bilaterally:	<ul style="list-style-type: none">• Increased extensibility of iliopsoas muscles.

1. Massage outcomes for the treatment of impairments

Impairments in Body Structures and Function	Outcome
1.4 Muscular pain in lumbar region:	<ul style="list-style-type: none">• Decreased muscular pain in lumbar erector spinae muscles• Systemic sedation resulting in decreased perception of pain

1. Massage outcomes for the treatment of impairments

Impairments in Body Structures and Function	Outcome
1.5 Weak abdominal muscles	<ul style="list-style-type: none">• Increased functional strength of abdominal muscles, able to perform abdominal bracing during functional activities and maintain correct pelvic alignment

1. Massage outcomes for the treatment of impairments

Impairments in Body Structures and Function	Outcome
1.6 Imbalance of agonist-antagonist muscle function	<ul style="list-style-type: none">• Enhanced balance of agonist-antagonist muscle function (Erector spinae muscles - rectus abdominis)

2. Massage outcomes for wellness

Body Structures or Function	Outcome for Optimizing Wellness
2.1 Energy and drive functions	<ul style="list-style-type: none">• Increased systemic sedation• Increased perceived relaxation• Decreased levels of cortisol, norepinephrine, and epinephrine

2. Massage outcomes for wellness

Body Structures or Function	Outcome for Optimizing Wellness
<p>2.2 Neuromusculoskeletal and movement related structures</p> <ul style="list-style-type: none">• Spine• Pelvis• Muscles of the upper and lower extremities and trunk	<ul style="list-style-type: none">• Enhanced postural awareness• Normalized muscle resting tension• Enhanced muscular performance• Increased ease and efficiency of movement

3. Clinical frameworks for outcome-based massage

Hemsworth, R. B. (2017, April 30). Registered Massage Therapists' Intention to Use Standardized Outcome Measures [G]. doi:<http://dx.doi.org/10.14288/1.0379779>

ANDRADE, C.-K. Outcome-based massage : putting evidence into practice. Third edition. [s. l.]: Wolters Kluwer Lippincott Williams & Wilkins, 2014. ISBN 1451130333.

3. Clinical frameworks for outcome-based massage

- Title: Registered Massage Therapists' Intention to Use Standardized Outcome Measures
- Alternate Title: Standardized outcome measures
- Creator: Hemsworth, Robert B.
- Date Issued: 2017-04: With the emergence of evidence-based practice (EBP) in healthcare, the use of standardized outcome measures (SOMs) has become important for providing credible and reliable treatment justification (Jette, 2009; Fawcett, 2007). However there are concerns that clinical decision-making by registered massage therapists (RMTs) may be based on education, prior experience, and peer opinion, rather than research and scientific evidence (Schroff, 2012; Fawcett, 2007).

Clinical frameworks for outcome-based massage

- Prepared be a massage therapist
- Client centered Intake & Interview
- Outcome based assessment and treatment plan
- Outcome based Massage treatment and home care

Examples of Outcomes of Assessment and Treatment Plan

Impairment	Assessment	Treatment Plan Outcomes
<ul style="list-style-type: none">• Adhesion / Scarring	<ul style="list-style-type: none">• Visual inspection• Measurement of dimensions• Palpation	<ul style="list-style-type: none">• Increased tissue mobility• Decreased scarring

Examples of Outcomes of Assessment and Treatment Plan

Impairment	Assessment	Treatment Plan Outcomes
<p>Impaired fascial / connective tissue integrity</p> <ul style="list-style-type: none">• Fascial restrictions• Abnormal connective tissue density• Decreased mobility of skin and fascia	<ul style="list-style-type: none">• Visual inspection of static and dynamic postural alignment• Palpation• Skin mobility	<ul style="list-style-type: none">• Separation and lengthening of fascia• Promotion of dense connective tissue• Increase connective tissue mobility

Examples of Outcomes of Assessment and Treatment Plan

Impairment	Assessment	Treatment Plan Outcomes
<p>Impaired joint integrity:</p> <ul style="list-style-type: none">• Restrictions of joint capsule & ligaments• Inflammation of joint capsule or ligaments	<ul style="list-style-type: none">• Palpation• Selective tissue tension testing• Ligament stability tests	<ul style="list-style-type: none">• Decreased signs of inflammation of joint capsule, tendons or ligaments• Decreased capsular and ligament restrictions• Increase joint mobility

Examples of Outcomes of Assessment and Treatment Plan

Impairment	Assessment	Treatment Plan Outcomes
<p>Impaired muscle integrity</p> <ul style="list-style-type: none">• Decreased muscle extensibility• Muscle strains or tears• Tendinopathies• Trigger points	<ul style="list-style-type: none">• Muscle extensibility tests• Palpation• Trigger points tests: twitch response, presence of taut bands, patterns of pain referral• Pressure sensitivity testing (pressure algometer)	<ul style="list-style-type: none">• Increased muscle extensibility• Decreased Signs of inflammation and promotion of healing of tendons• Decreased trigger point activity• Increased mobility

Safety and Cautions for Massage Therapy

Conditions that may present contraindications requiring avoidance and cautions resulting in alteration in massage therapy

- Acute injury
- Systemic infection and acute inflammation
- Contagious conditions
- Loss of sensation
- Loss of voluntary movement
- Acute or severe cardiac, liver, and kidney diseases
- Use of sensation-altering substances—both prescribed, such as pain medication, and recreational, such as alcohol
- Medication that thins blood—both over-the-counter, such as aspirin, and prescribed, such as Coumadin (warfarin)

Contraindications

- Regional contraindications: are those that relate to a specific area of the body. A regional (or local) contraindication means that massage may be provided but not to the problematic area.
- General contraindications/cautions are those that require a doctor's evaluation to rule out serious underlying conditions before any massage therapy is applied.

CAUTIONS FOR MASSAGE

- ACUTE LOCAL SOFT TISSUE INFLAMMATION
- BONE AND JOINT INJURIES
- DIABETES
- FUNGAL INFECTIONS: Ringworm and athlete's foot
- BACTERIAL INFECTIONS: Boils, folliculitis and lymphangitis
- VIRAL INFECTIONS: Herpes simplex virus
- MELANOMA (SKIN CANCER), Undiagnosed tumors
- OPEN WOUNDS
- DEEP VEIN THROMBOSIS (DVT)
- BLEEDING DISORDERS: Hemophilia
- VARICOSE VEINS

Questions and Answers

1. Please list the conditions that may present contraindications requiring avoidance and cautions resulting in alteration in application.
2. Please provide two examples of outcomes of assessment and treatment plan.
3. Please list the massage outcomes for wellness.
4. Please list two examples of massage outcomes for the treatment of impairments.
5. What is the goal of the project, which the College of Massage Therapists of Ontario (CMTO) initiated to develop new Standards of Practice in 2019.