



The RMTBC REVIEW

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SPRING | SUMMER ISSUE 2019

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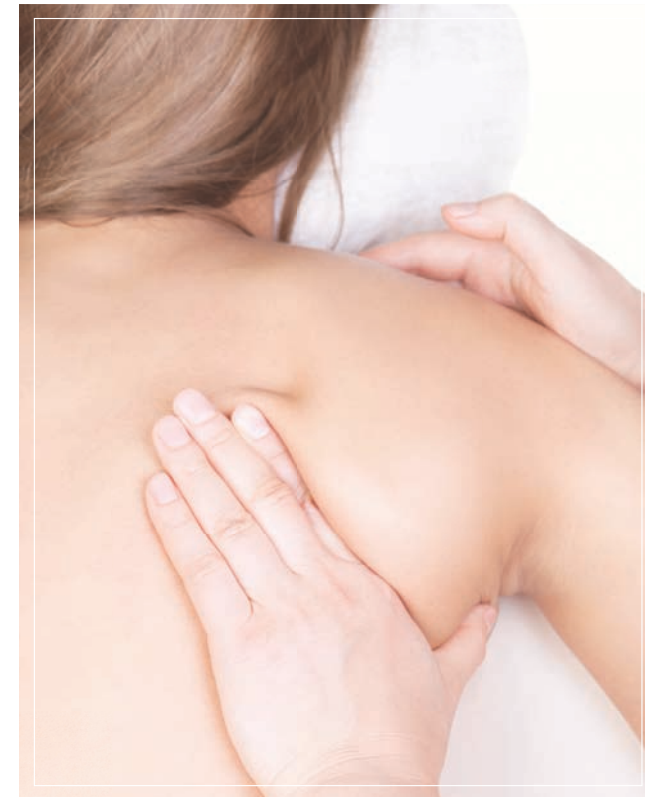
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RMT Magazine is published twice a year for Registered Massage Therapists (RMTs). It provides a voice for RMTs and acts as a source for the latest research. It is a vehicle for the general population to understand and respect the valuable work of RMTs. Funding is provided by the RMTBC and through advertising revenue.

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By Anne Horng RMT, President RMTBC

"All of these changes enhance and support the growth of our profession."

LAUNCHING INTO 2019



Hello and welcome to Spring and our new online magazine. Over the past few months you have probably noticed a few changes within our Association, all of which I am happy to report enhance and support the growth of the profession of Registered Massage Therapy. First, let me use this forum to congratulate Gordon Macdonald who was recently appointed Executive Director of the RMTBC in April of 2019. As Associate Director, Gordon implemented a number of processes and strategies that moved our association to a new level. Gordon brings us a wealth of experience in health care, human resources and regulation. His experience working at senior levels within B.C.'s health care, education and regulatory sectors will provide us with the leadership necessary to meet the challenges of today's every changing health care environment while opening new opportunities for our profession.

We look forward to continuing to work with Gordon to meet our mandate of promoting health and wellness for British Columbians and to advocate and serve RMTBC members while advancing the art, science and practice of massage therapy.

Although it may not be noticeable on a day to day basis, your Association underwent a massive change in our accounting and financial department over the past few months. This new system takes us to the utmost level in transparency, accountability and efficiency. This ties into a much more effective way of processing member fees and other financial transactions including conference registrations. In addition, we have been reducing expenses which include moving to more online formatting of documents in lieu of printing while providing more information and resources to our members and other stakeholders.

Practice resources and member benefits have grown over the past few months with more useful and informative

webinars and podcasts. As an example, the recent changes with ICBC was made easier with explanatory webinars. We will increase our use of these platforms to ensure members have as much information as possible at their fingertips.

And finally, congratulations to our staff and those who made our symposium "Oncology and Registered Massage Therapy" a resounding success. Watch for more information on next year's event which will focus on Rehabilitation to be held April 17 and 18, 2020.

As always, we welcome your suggestions and comments. Please feel free to contact me - anne@rmtbc.ca.

Anne Horng
RMT, President RMTBC

A stylized handwritten signature in black ink, appearing to be 'AH' followed by a checkmark-like flourish.

Integrating care

Despite the Tired Narratives, Chiropractic is Backed by Evidence

This article first appeared as an opinion piece in the Globe and Mail on February 16th 2019 and is reprinted with the permission of the author.

Let's say that one day, picking up your newspaper, you tweak your back, or wake up with a sore neck. You should call a chiropractor.

If you are looking for a cure for attention deficit disorder, asthma or lupus, you should not. There is no chiropractic treatment that will reverse these conditions.

Professionals aware of these current clinical guidelines, who are open to collaborating or even better, have existing professional relationships to help co-ordinate your care, will serve you well.

This may all seem painfully obvious. But it appears that confusion still exists regarding what a chiropractor can and cannot do.

To be clear, chiropractors are musculoskeletal experts who are governed by a very clear scope of practice that is defined by the diagnosis, prevention, and treatment of biomechanical disorders originating from the muscular, skeletal, and nervous systems. Chiropractors complete more than 4,200 hours of core competency training in this discipline. This is the profession's specialty, where it is supported by research and where chiropractors are viewed as a trusted health care partner.

The 2017 Canadian Guideline for Opioid Therapy and Chronic Non-Cancer pain recommends the optimization of non-opioid medication and non-drug therapy. This includes health care provided by chiropractors and other professionals who treat back, neck, and shoulder pain, before considering opioids.

Translation: back pain is best managed by a team approach to care, with the team consisting of a chiropractor, family doctor or nurse practitioner, and others such as a physiotherapist and registered massage therapist. Professionals aware of these current clinical guidelines, who are open to collaborating or even better, have existing professional relationships to help co-ordinate your care, will serve you well. You should be wary of clinicians who discourage collaboration.

People with back pain need timely access to non-drug pain management, provided by musculoskeletal experts, and chiropractors are answering this call. Lower back pain is still the number one cause of disability in Canada, and it is also one of the top-four reasons why people visit emergency departments.

This contributes to overcrowding in hospitals, despite the fact that the majority of back-pain patients do not require hospital care and will be sent home. Back-pain patients are also more likely to end up with an opioid prescription. In recent articles in The BMJ and the Canadian Medical Association Journal, back pain is reported to be the most common

You should be wary of clinicians who discourage collaboration.



Dr. Dwight Chapin, Clinic Director at High Point Wellness Centre, receives the 2018 Chiropractor of the Year Award from the Ontario Chiropractic Association.

Chiropractors can provide a drug-free, alternative approach to Canada's opioid crisis.

diagnosis for opioid prescriptions by both emergency and family physicians and is reported in more than half of regular opioid users.

Chiropractors can provide a drug-free, alternative approach to Canada's opioid crisis and help end overcrowding and hallway medicine in hospitals. Best-practice models of care are already widely in practice.

Yet, despite research in strong support of the chiropractic profession's well-defined scope of practice and the trend of chiropractic integration into the mainstream, public confusion surrounding the scope and value of the profession continues.

Critics like to propagate an old narrative that the chiropractic profession is not evidence-based. Canada's new guideline for opioid therapy and chronic non-cancer pain, which includes recommendations of first-line therapies provided by chiropractors, demonstrates this is not the case. This criticism is antiquated, revealing potential bias, and lacks awareness of current clinical studies.

Attempting to define any profession by the individual actions of a few is at best misleading. Not all practitioners can be painted with the same brush.

Stories of clinicians that breach the public trust are alarming and inexcusable, but unfortunately they do happen. Healthcare professionals across Canada, including chiropractors, rely on their regulatory body to govern their profession in the public interest and assure competent and ethical care. Such bodies set professional, evidence-based standards and best practices, monitor compliance with these standards and provide enforcement to ensure strong public trust.

This is a difficult and meaningful responsibility. Efforts from these organizations to improve must continue. Under the banner of evidence-based, patient-centred, interprofessional and collaborative care, the chiropractic profession will break through the same old narrative and protect public trust.



Dwight Chapin

Experienced Chiropractor and Clinic Director with a demonstrated history of working in health, corporate wellness and sports performance. 2018 Ontario Chiropractic Association - Chiropractor of the Year. Globe and Mail On-site Clinician. 2017 CFL Grey Cup Champion. - LinkedIn

An EXCHANGE of IDEAS

Highlights of the 2019 Symposium



AN EXCHANGE OF IDEAS

Another outstanding RMTBC Symposium - Oncology and Registered Massage Therapy: An Approach to Optimized Care, April 12 and 13.

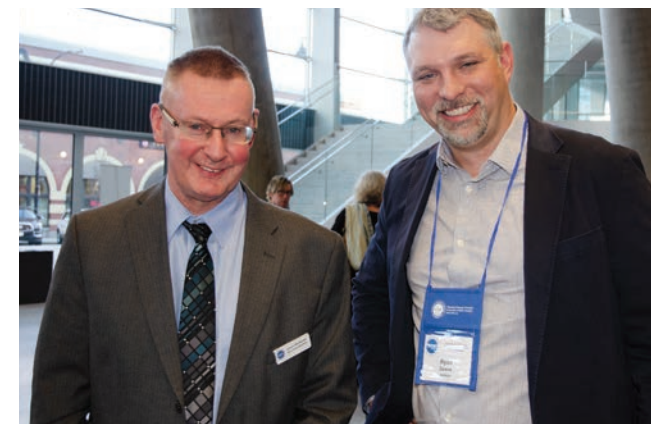
Photo captions for following pages:

Left page

Top left - Morning Coffee Break
Middle left - Angus Bailey and Kirk O'Beeman the RMTBC booth
Bottom left - Attendees enjoy a delicious lunch
Middle - Alec Dan of the Musqueam Nation offers the traditional First Nations acknowledgement
Far Right - Executive Director Gordan MacDonald
Middle - Key note speaker Lauren Cates
William Collinge from the Touch, Caring & Cancer Program
Vito Albanese from ICBC
Keynote speaker Dr. Jerrilyn Cambron

Right page

Attendees enjoy the presentations and following reception



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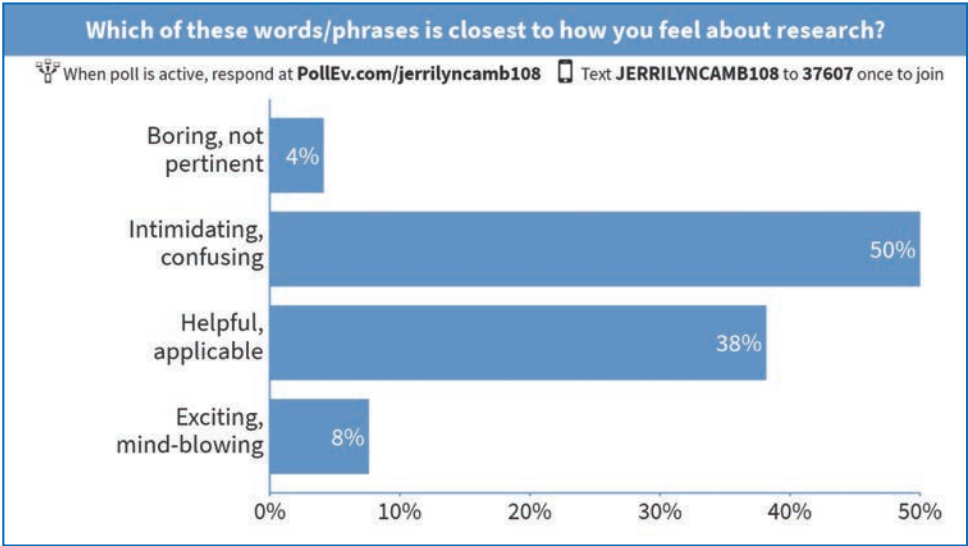
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Save the Date!
APRIL 17 & 18, 2020
Symposium on Rehabilitation

RMTs & Research


The Value of an Evidence-based Practice



FROM DR. CAMBRON'S 2019 KEYNOTE

Dr. Jerrilyn Cambron's presentation on 'Oncology and Massage Research: A Call to Action,' resulted in some extremely interesting results which are shown below. Dr. Cambron's currently serves in many positions including: Immediate Past President of the Massage Therapy Foundation; Dean of the College of Allied Health Sciences and Distance Education and Professor in the Department of Research at the National University of Health Sciences in Lombard, Illinois, USA; Adjunct Faculty in the Epidemiology and Biostatistics Division of the School of Public Health at the University of Illinois at Chicago; and Editor-in-Chief of the Journal of Bodywork and Movement Therapies. Dr. Cambron has taught numerous research-related courses and post-graduate seminars and has served as a Principal Investigator on clinical research studies focused on massage therapy and chiropractic care for 25+ years. She has been an investigator on several projects funded by federal agencies including NIH and


Comments I heard about research during a recent massage conference...



1. "Research is like taxes."
2. "I don't like research but I want to. So I thought I would hang out with people who do and hopefully I will get more interested."
3. "Reading research is really dense. It is like eating 10 protein bars."

Objectives for today

- To define how research has impacted the oncology field, as well as oncology massage.
- To define ways that a practicing oncology massage therapist can get more involved in research.



HRSA, and private foundations such as the Massage Therapy Foundation.

Dr. Cambron is passionate about helping students and therapists understand and apply the research literature in order to improve client care and also helping therapists write case reports about the interesting clients they have treated. She polled our attendees throughout her presentation which resulted in a astounding reversal of attitudes on research.

Dr. Cambron then went on to present some compelling evidence that research has deeply impacted oncology massage therapy.

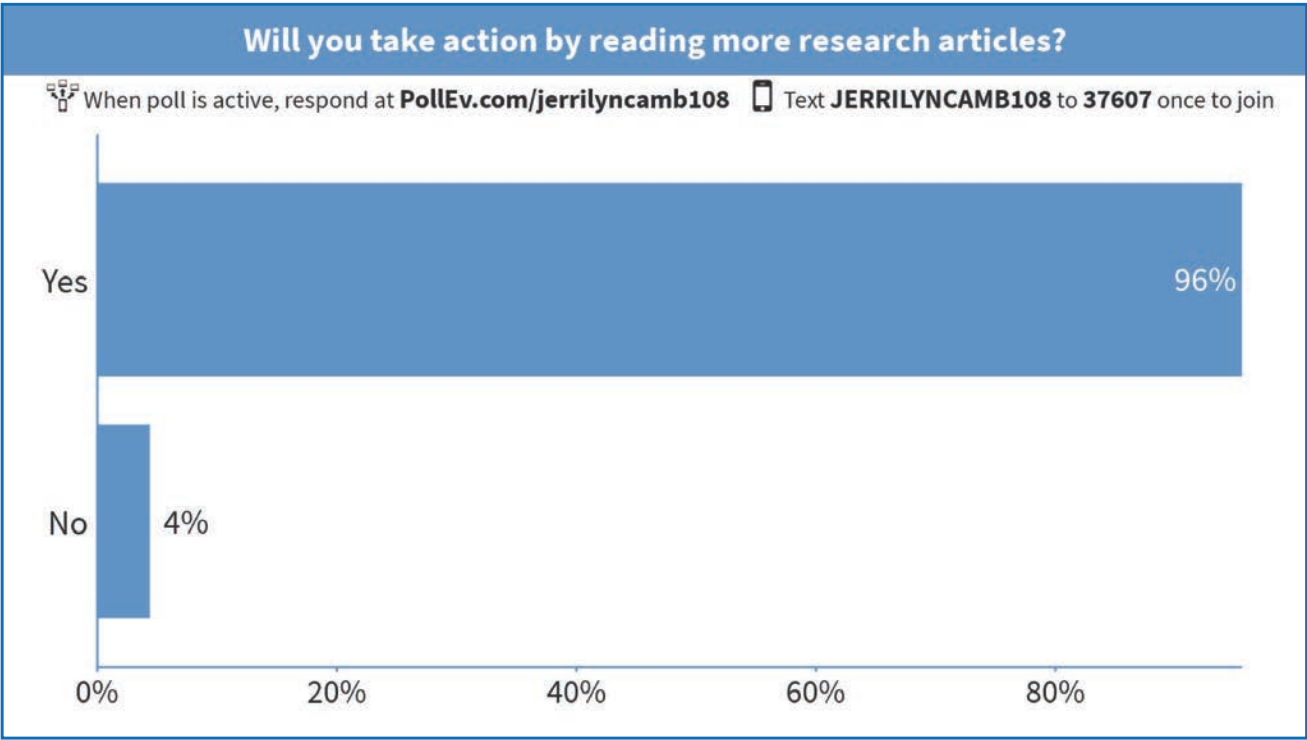
Her talk was built around the question:

How can you as a massage therapist get involved in the research efforts?

Which was answered as follows:

1. Reading and applying research
2. Writing case reports
3. Collaborating with other researchers
4. Do Research or write reviews

From the results of this survey, it seems RMT's are now ready to embrace and pursue research as part of their practice.



To view Dr. Cambron's complete presentation, please click [here](#).

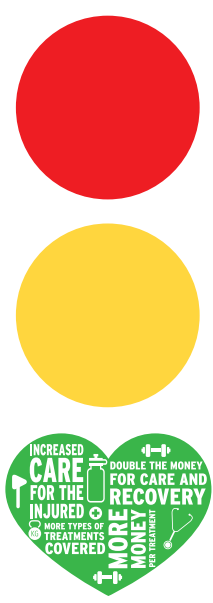
New fees & invoicing processes

for RMTs treating ICBC patients

As of April 1st 2019

Increased treatment fees are one of the many ways that ICBC and government are recognizing the important role that Massage Therapists play in the recovery process. The new fees now apply to anyone injured in a crash, regardless of when the crash occurred and who is responsible.

Key Improvements	As of April 1, 2019
Treatment fees	\$107.00 assessment visit (billable once) \$80.00 per standard treatment
Pre-authorized treatments	12



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We've increased accident benefits to help your patients who are injured in a crash.

This means:

- double the money for care and recovery
- more money per treatment
- more types of treatments covered.

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New invoicing procedure

To make billing easier, we have created a new [Health Care Provider Invoicing and Reporting \(HCPIR\) application](#) (access via the Health Services Business Partners site) for invoicing on all treatments delivered on or after April 1 for ICBC patients. This application allows Massage Therapists to submit invoices directly to us, eliminating the need for customers to be out of pocket for treatment expenses. Visit our [Support and Resources page](#) to learn more about the HCPIR's quicker payment cycle, and to take full advantage of the enhancements.

We're here to support you

ICBC's Health Services Business Partners site has all the information you need to know regarding the new processes. If you have any questions, please take a look at www.icbc.com/partners/health-services.

If you can't find the answer to your question there, you can use the online [feedback form](#) or call our Health Care Inquiry Unit (HCIU) Monday-Friday, 8:30am-4:00pm.

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"Clear and amazing techniques. Mike is an excellent instructor." — Amy Eburne, Vernon 2017

"I really like the Instructor, very thorough and easy to understand." — Lucille Bertrand, Vernon 2017

Top 10 Signs of a Successful Practice

Do you feel you have a successful and growing practice? Take a look at these criteria that indicate you are on the right track to building your reputation and embracing the benefits of being part of a health care association.

- 1 You consistently invest in personal and professional development
- 2 You take full responsibility and accountability for all your actions
- 3 You network extensively with your colleagues
- 4 You make a difference in your patients lives
- 5 You are at the top of SEO
- 6 You are consistently referred by your patients
- 7 You let go of situations and/or patients that do not fulfill your goals & personal/professional sense of well being
- 8 You are a part of your community
- 9 You work as a team member to fulfill the mandates of your association
- 10 Colleagues from other health care professions & modalities refer patients to you





Interview With Mike Desrochers

Founder of painPRO Clinics

Registered Massage Therapists have a unique benefit in choosing how, when and where they work. One option is to become part of a clinic and a committed group of health care professionals which allows one to completely focus on the work at hand. Mike Desrochers founded painPRO with that goal in mind – take care of the day to day operations while letting the health care professionals do what they do best – treat and care for their patients. Mike came to Registered Massage Therapy through a circuitous route at the age of 40. A self described late bloomer Mike had a successful career in the banking and financial world followed by a crazy stint in the music industry which almost cost him his life through addictions. Mike freely admits that he feels lucky to be alive and after coming out of treatment, his wife suggested he become a massage therapist. And there the story of painPRO begins.

Always an entrepreneur, Mike started and owned a clinic while attending massage therapy school in Ontario (he actually hired the school's teachers to work at this clinic)! During that time, he recognized and felt that RMT's were not perceived as being on equal footing as other manual therapy practitioners and he decided to set about changing that mindset. He founded his first clinic

in 2004 on West Hastings St in downtown Vancouver. At that time his express goal was to create an industry leading family of integrated clinics dedicated to regulated manual therapy modalities that was RMT focused. In 2011 he officially started painPRO Clinics and it took another 5 years to fully realize his dream. It is very important to Mike that RMTs are recognized as a valuable part of the healthcare continuum. We asked Mike a number of questions on the challenges and rewards of building painPRO into six very busy clinics throughout the lower mainland.

What Makes painPRO different from other wellness clinics?

painPRO Clinics are exclusively dedicated to one on one patient care. Although RMT focused, the clinics also offers services from kinesiologists, chiropractors and physiotherapists but there are no electrical therapies available. Patients receive dedicated one on one manual therapy and the therapist is always present in the room. Shared knowledge among the therapists ensures a model of collaborative patient care. (Continued p. 24)

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"To work in our clinics you have to be a team player."

What do you look for when hiring a RMT?

Firstly, our RMT's are not employees. They are contractors and our partners. Our biggest challenge is finding good people. At present, we have 70 contractors and 30 administrative employees in the six clinics and we are all on equal footing in the business. I start off by having a conversation with a potential partner.

Things I look for are:

- Can I have a conversation with this person, am I comfortable, can we relate to one another?
- Does this person have a true understanding of what it takes to be a healthcare professional?
- What professional identity does this person want to have?
- Does this person have a real understanding of what causes pain or discomfort?
- Is this person humble enough to take input from others?
- Does this person understand they are in the people business?
- They ask the questions – How can I help you? How can I serve you?
- Are they motivated by helping people or do they see patients as a profit centre?

What about their skill as a manual therapist?

I believe that skill only counts for 50% of the attributes of a potential partner. Skills can always be learned, but empathy cannot. If I am comfortable with a person who fulfills the needs above, then I believe that a patient will have that same experience. How we interact and relate to each other as human beings is critical to building a relationship with colleagues and patients. If someone meets these criteria, then I think we have the opportunity of welcoming a very valuable partner to our clinic.

What about their education?

The 2200 hours of education that potential RMT's receive in the schools is only the tip of the iceberg. There is so much to learn and much of this is not taught in school. We took it upon ourselves to provide a whole education platform of continuing education and research for our partners. We invest in our people so that they can elevate themselves and the profession.

What are the advantages of working in a clinic?

To work in our clinics you have to be a team player and embrace the culture. We have several modalities and we recognize that all healthcare professionals are trained differently. Our colleagues have access to skills and knowledge that they may not have and are constantly able to learn from each other. Collegiality is ever present and we are all there for each other. Everyone is expected to be a leader and to keep an open mind. RMTs have a very important role to play in the health care services business and we provide the atmosphere and support for them to succeed. Their success is our success.

What advice would you give to RMT's?

Too often, RMT's are very protective about their business and their patients. We must recognize our limitations and be professional enough to realize that different situations call for different modalities or treatment. Patients deserve optimal health care and it is our professional duty to ensure that happens.

RMTs need to get out of the scarcity mindset and not be afraid to refer patients to other health care professionals. As colleagues in a health care profession, it behooves us to not fight over the 40% of people who have visited RMTs. What about the other 60% of the population? Get your message out. Also, we are in the business of service and we need to be there when people need us. Flexible hours and availability are paramount to getting and retaining patients.

"Skills can always be learned, but empathy cannot."

And remember RMTs have a very valuable part to play in the health care services business.

Expansion plans?

Right now, all our clinics are open 76 hours per week. There are still a lot of hours left in a week for us to fill and we are looking at expanding our service availability. We could easily double our current volume of treatments just with the clinics we have. There is a pent up demand for services in the off hours and we aim to fill that gap. After attaining that goal, we may look at future opportunities in the lower mainland. Currently over 50% of our therapists have been with us for over 5 years and we recognize that they still want to grow in their career. One way we are helping them succeed is to offer co-ownership opportunities at whatever level of investment they can afford. We believe that everyone should have an opportunity to financially benefit from their hard work.

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What you Need to Know

BY SCOTT NICOLL

The legal landscape has undergone some significant changes for you as an RMT in British Columbia since this column last appeared. There are two new Standards of Practice and significant changes to Part 7 benefits for your ICBC patients, all of which will have significant impact on your practice.

I want to spend this and the next several columns discussing the Consent Standard of Practice (“CSOP”). I suspect that many RMTs will not be in strict compliance with these new requirements, and they do not realize it. Failure to understand and comply with the CSOP is something that you should absolutely avoid.

Those of you who attended the RMTBC's webinar on this topic when the CSOP was first announced will have a head start in what I am about to discuss. A little review, however, is never a bad thing. There is a significant amount of information to convey on this topic and I want to be sure to cover each aspect of it carefully. To do so I have kept it as concise as possible.

Not Optional

To start with, you need to know that a practice standard defines your minimum level of expected performance for your practice as an RMT. It is the minimum level of competency you must show when treating your patients. If you fall short of the practice standard and that shortfall is discovered by the College, you will very likely be subject to discipline by them. Please do not confuse a practice standard with a “best practice”. The latter is optional and is something you strive for but perhaps you do not always achieve. The former is something you must achieve every time.

Your Responsibility

It is important that you understand the significance of the CSOP. You must fully understand that it is your responsibility to interpret the various different parts of this standard and to apply them to your practice on a daily basis. This is your responsibility and only your responsibility. If you work in a clinic that has a process or practice in place that fails to meet this minimum standard, you are responsible. It is no defence to claim you were just following the clinic's process. You are the regulated professional and you do not get to blame others for your failure to follow your minimum professional standards.

You Need to Know It

It is also important that you understand all the different parts of this standard of practice. No one can provide you with an exhaustive list of every circumstance you will encounter in your practice. Neither can they tell you how to respond in each instance. You need to understand the standard and you need to be able to apply it in each circumstance. That means you need to study it. Please make sure you understand it and that you follow it with every patient during every treatment. There are no exceptions.

What is Consent?

Put simply, consent means permission. Consent has been called the “cornerstone” of patient centered health care. The most important part of consent that you need to understand, however, is that without sufficient, informed consent, any touching you do of the patient may be an assault.

Communication

The inattention of RMTs to how they communicate with their patients is a frequent cause of complaints to

the College. Complaints often arise from the patient's misunderstanding of what happened during the treatment. There is a surprisingly frequent tendency of patients to reach conclusions about something that happened during a treatment that make complete sense to them in their own minds, but woefully little sense as an explanation for what happened to any reasonable person. That unreasonable interpretation of events will still be investigated by the College if it becomes a complaint. So, my number one recommendation on how to avoid complaints is to have frequent and careful communication with your patients.

The CSOP is absolutely correct in my view when it says that informed consent can only result from “ongoing communication” between you and the patient. That means that you must “check in” with your patient during the treatment. Some of your colleagues do not always respond to non-verbal indications that may be a potential indication of withdrawal of consent. Please do not do that. Always stop and respond to any possible discomfort beyond what you have agreed to with the patient ahead of time. Do not just keep treating. I am aware this



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caution sounds impractical. It will not seem that way if you are the subject of an investigation later.

Shared Decision Making

The CSOP says that you must engage in shared decision making” with the patient and “respect the patient’s autonomy”. In short, you must enable and permit the patient to make their own decisions about their treatment. Permitting the patient to make their own decisions is self-explanatory. Enabling the patient to make that informed decision, however, can be trickier.

Enabling means complying with the requirements of s.6 of the Health Care (Consent) and Care Facility (Admission) Act (“Consent Act”). The Consent Act says that you must provide your patient with the information a reasonable person would require to understand the proposed health care and to make a decision about it. That must include information about:

- the condition for which the treatment plan is proposed;

- the nature of the proposed treatment plan;
- the risks and benefits of the proposed treatment plan, that a reasonable person would expect to be told about; and
- alternative treatment plans.

So let’s unpack that for a moment. You need to tell the patient what issues your assessment revealed and the plan you propose to treat those issues. You also need to tell them about both the benefits and the risks of that plan, to the extent that the ever-present reasonable person would expect to be told. You do not need to explain every conceivable or possible risk, just those that any reasonable person would want to know about before being treated. How much you tell them will depend on your professional judgment. Lastly, you need to make sure to discuss possible alternative treatment plans with them. Many practitioners have told me that the easiest way to do this is to mention alternative treatments when discussing the risks. However you choose to do it, please make sure you chart all of it while the patient is getting on the table and you are out of the room.

While you are obtaining the informed consent you also need to make sure that you give the patient the opportunity to ask questions and to receive plainly understood answers from you about the proposed treatment plan. Again, make sure you chart any significant questions and your answers.

If you follow these steps you will be able to prove to the College, if necessary, that you properly enabled your patient to make an informed decision and that you respected their autonomy, as the practice standard requires.

Patient’s Best Interest

The CSOP requires you to act in the patient’s best interest when obtaining your patient’s informed consent. You must act with integrity, specifically avoiding “coercion, fraud or misrepresentation”. Easy to do, yes? Have you ever proposed a specific treatment plan to a patient over another possible plan because the first one is easier for you and only marginally less effective for the patient? Have you ever proposed a particular treatment plan just because it is the same plan you typically follow for a

general relaxation massage, without explaining to the patient that there are other ways you could achieve the same goals? Your obligation is to act in the patient’s best interest and not your own or the clinic’s. Should you fail to provide information about the alternative treatment plan because you do not prefer it for some reason, you are not acting in the patient’s best interests. There will undoubtedly be other examples that you can imagine. The point is that the patient’s best interests must always be paramount and that is never more important than when they may conflict with your interest or the clinic’s interest.

When are you required to reconfirm consent? When does the patient have to provide written consent? When do you need to give the patient a copy of the signed consent form? What are you required to provide to every client when they ask? Tune in next time to find out.

Disclaimer: You will not be surprised to learn that the contents of this column should in no way be construed as legal advice. If you have questions about the subject matter of this column please consult a lawyer directly. The content of this column is also my opinion only and not the opinion of the RMTBC or the CMTBC.

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