CELEBRATING 85 YEARS IN SERVICE OF RMTs

The RMTBC REVIEW

Massage Therapy in BC

REGISTERED MASSAGE THERAPISTS ASSOCIATION OF BC

85 years

FALL/WINTER ISSUE 2022

INSIDE

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REGISTERED MASSAGE THERAPISTS
ASSOCIATION OF BRITISH COLUMBIA

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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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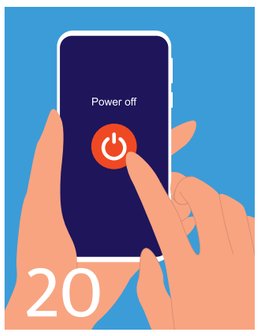


THIS ISSUE

HOW MASSAGE THERAPY RESEARCH HELPS ADVANCE THE PROFESSION

By Douglas Nelson. Reprinted with permission from Volume 21, Issue 1 of *Massage Today* magazine, the news source for the massage therapy profession. For more information, visit www.massagetoday.com

When I was asked if I would be interested in being the President of the MTF, I said "no," not just once, but multiple times. Why the initial hesitancy?

Of all of my roles within the field of massage therapy, the role I feel most strongly identified to is that of massage therapist. While many of the past presidents of the MTF were very accomplished researchers, I am most comfortable in my treatment room seeing clients with musculoskeletal pain and discomfort, and so I wondered: What value could I bring to such an important position?

Insight and Opportunity

As time went on, however, I realized that my primary perspective as a massage therapist could actually be the most important contribution. Many years ago, I would have told you that research is kind of important but mostly done by people with advanced degrees and seldom directly connected to my daily practice. Does that sound familiar to you?

As the years went by and I continued to focus on my practice and clients, the ways in which research dovetailed with my practice became more and more evident. When I saw clients with a condition that was unfamiliar to me, I found myself going to the International Journal of Therapeutic Massage and Bodywork (IJTMB) to read a case report and learn from the experience of other massage therapists. When I didn't know enough about how to approach a problem, I found myself scouring the literature for new insights. When I spoke to other health care providers, I sought out working knowledge of the research literature, which was an invaluable tool for conversation and connection.

Looking back on that evolution, I decided to finally say yes to the challenge of accepting the presidency of the MTF, keeping the perspective of massage therapists front and center in my work here.

Looking Ahead with New Initiatives

As my term comes to an end, these last three years have only strengthened my commitment to the important role of massage therapy research literature in the profession. There are many examples of initiatives from the MTF that positively impact the daily practice of massage therapy. Following are a few highlights.

- MTF recently completed an ergonomics project, yielding a treasure trove of insights that will likely help individual therapists lead longer, healthier and more productive massage therapy careers. It is an example of a real-world study, using massage therapists in their regular settings that may have a tremendous impact in the field.

Douglas Nelson, LMT, BCTMB, CNMT

Douglas Nelson has been practicing massage therapy since 1997 and is the founder of Precision Neuromuscular Therapy Seminars. He is also the president of the Massage Therapy Foundation (MTF).

"If the research supports the idea that massage can help people dealing with restricted activity, think of the tens of thousands of people that would be positively impacted."

- How many of us have massaged someone who, due to injury or a health condition, cannot maintain an adequate activity level? Can massage really prevent atrophy and help these people maintain some muscular health when activity levels are very limited? This is exactly the question that researchers from the University of Kentucky will explore using initial funding from the MTF. If the research supports the idea that massage can help people dealing with restricted activity, think of the tens of thousands of people that would be positively impacted. Learn more about this study by viewing the Research Perch episode where we talk about this study.
- A current Research Perch (video interviews with poignant topics) interview with Blessing Hospital staff in Quincy, Illinois, was fascinating. This hospital, through the vision of one passionate physician and its CEO, decided to hire five massage therapists to make the hospital experience better for patients and providers alike. What they created was quite remarkable, as is the feedback from patients. Perhaps most importantly, this interview might inspire other hospitals to do the same, potentially providing jobs for hundreds of massage therapists. Watch the Research Perch episode.
- In the therapy room, the first task is to listen to the client and hear their needs and goals for the massage session. In the same way, we at the MTF listened to the needs of educators at the American Massage Therapy Association's 2018 Schools Summit. What they wanted was help and guidance in teaching massage research. They wanted prepared lesson plans that would easily help educators present the material without hours of background research. We returned a year later with the Instructor's Guide to Teaching Research, an E-Book, available to any educator. The cost? Completely free—made possible by individual donors like yourself. You spoke, we responded.
- Massage therapists have a goal of making a difference in the lives of the people who grace our treatment tables. Few experiences are as satisfying as knowing you made a positive impact in someone's life. The MTF's Community Service Grants are one example of direct impact with people who need the benefits of massage therapy but lack access. Serving on the Community Service Grants committee was my first assignment as an MTF volunteer. Reading the grant proposals was incredibly inspiring as it exemplified how we are a giving and caring profession. The hardest part was having to select only a few to be funded when so many were worthy of our support. It was, and continues to be a heartwarming philanthropic aspect of the MTF. While many of these grants were within the borders of the United States, dozens were in global destinations. Reaching beyond borders is also exemplified with our collaboration with the Registered Massage Therapists of British Columbia (RMTBC). Not only have they been wonderful partners in helping support IJTMB, our peer-reviewed research journal, they are also active partners in idea generation and implementation. We relish their insights and commitments to the field and look forward to other collaborations across the globe and with other health professions.

Continuing the Positive Impact on the Profession

Tomorrow morning, when I go back in my treatment room, I will take great pride and solace in the knowledge that I am part of something much bigger than myself. The work of the MTF has given me resources to help serve my clients more effectively. In return, my support of the MTF enables me to serve the profession by supporting research, education, and community service projects that positively impact the profession.

We massage therapists bring much good into the world, and the MTF is a tremendous resource to multiply that effect for generations to come.

Did You Know?

The Massage Therapy Foundation celebrated its 30th anniversary in 2020!

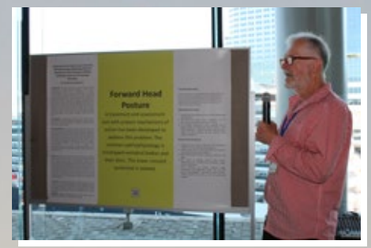
President Douglas Nelson, along with incoming President Robin Anderson, both hosted a virtual celebratory event last year to commemorate the hard work taken on by volunteers and educators. The event included a retrospective on MTF's history, highlighting key moments along the way.

You can still watch MTF's Virtual 30th Anniversary Celebration.

For more information, visit MTF's website.

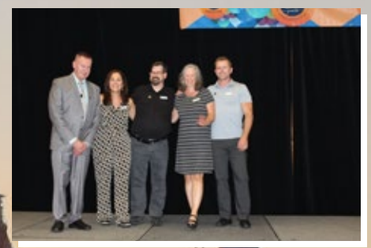








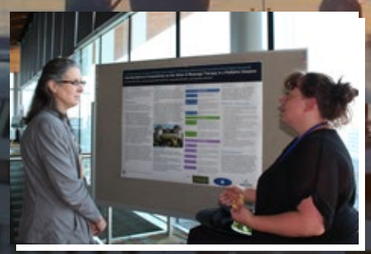












Our sold out conference Registered Massage Therapy and Rehabilitation: Current Research, Evidence and Future Directions was held last month at the beautiful Vancouver Convention Centre. The conference was a tremendous success, replete with a First Nations welcome from Coastal Wolfpack, a celebration of our 85th anniversary, outstanding lectures, presentations, and informative exhibitions.

HISTORY OF MASSAGE THERAPY IN BC:

THE BATTLE DECADES (1970s TO 1980s)

As we celebrate 85 years of service to RMTs, it is important to reflect on the work done by brave and committed RMTs throughout the past. This article by Margaret Behr outlines some of the absolutely incredible steps and roadblocks they encountered while trying to bring professionalism and acceptance to our practice. She and her husband Peter have been at the forefront of advocating for RMT's for decades and were integral to the growth of the profession. Their contributions cannot be overstated.

Article by
Margaret Behr

Peter & Margaret Behr and Ann Sleeper cutting the 85th anniversary cake.

Battle for Public Recognition and Respect

During the 1970s to 1980s there was little recognition of the massage therapy profession in the public, and a pervasive long-standing perception linking massage with sexual services. Newspaper and other advertising consistently reinforced this perception.

When my husband and I contacted a realtor to help us rent a clinic in 1982 in Powell River, the realtor showed us one with a rear parking lot and entrance, and even whispered: "So people won't see who is coming to you." What did he think we were practicing? Well, we know.

It made us realize that we really had our work cut out for us to educate our community about massage therapy, its uses and benefits. It was a battle that RMTs all over the province had to take on.

Yellow Pages Battle

Imagine a steady stream of people contacting massage therapy clinics expecting sexual services. This was the experience of many RMTs in the 1970s and early 1980s.

Long before Google, websites and cellphones, the phone book's Yellow Pages were the main resource available to BC's referring physicians, other health professionals, members of the public, and prospective massage therapy clients.

In the Yellow Pages listings then there was no differentiation made between advertisements by registered massage practitioners and body rub or sex workers. Under the single heading of "Massage Therapy" in the phone books of every city and town in BC, RMTs, sex workers, unregistered massage service providers, and body workers were all listed together. This contributed to ongoing confusion about massage in the public mind, a denigration of legitimate massage therapy, and increased risk especially for female RMTs.

I recall the reality of this in my first massage therapy practice based in Victoria in the late 1970s and early 1980s. My clinic listing in the Yellow Pages followed one for 'Dinah's Den.' Especially on convention weekends there would be a constant stream of requests from conventioneers for sexual favours.

HISTORY OF MASSAGE THERAPY IN BC

I'd have to brace myself to listen to the answering machine in my office on Monday mornings. The calls could be explicit and rough. And when some "customers" came to my clinic they were obviously astonished by my professional looking waiting room, framed diplomas, and my brisk white lab coat. The general result was a confused expression, a mumbled confession that they "must have got the wrong place" and a hasty departure.

In 1981, there were only 130+ registered massage therapists in the province. One of the first major massage therapy battles was with Yellow Pages to get their agreement to restrict the advertisements under "Massage Therapy" to licensed RMTs only.

This was accomplished in 1981, after nearly three years of negotiation between the APMP Part III and Yellow Pages. Ever since, there has been a clear distinction in their listings under "Massage – Registered Therapists" and "Massage Services." It was a first advertising step in the legitimization of massage therapy as a professional health care service distinct from body rub and other services.

Battle with the Physiotherapists

As previously noted, there existed an uneasy pairing of the BC Physiotherapists and Massage Practitioners as they were both legislated under the same provincial health care Physiotherapists Act and shared a common allotment of fees under the Medical Services Plan. In the 1980s, physiotherapists began an overt and active campaign to discredit the education and scope of practice of massage practitioners with the BC government and other organizations.

One example of this is contained in the 1982 Massage Practitioner President's response to a letter from David Rushworth PT who was an APMP-appointed government liaison/representative.

He circulated a letter to the APMP Council with unwarranted criticism of massage practitioners for not policing unregistered practitioners offering community education courses. He also forwarded it to the newsletter editor of the Physiotherapists Association of BC. The Massage Practitioners' President was concerned that this "created and encouraged a divisive factor amongst members of the Association." Rushworth continued in this official government liaison role for a number of years, consistently tending to promote physiotherapists' interests over those of massage practitioners.

In 1986, BC physiotherapists ramped up their attempts to undermine massage therapy. In an active campaign to confine the scope of practice of BC massage therapists a number of articles, briefs and submissions were prepared, presented and published by the Physiotherapy Association of BC. Three examples are summarized as follows:

1. Physiotherapists' Brief to the BC Ministry of Health

In August 1986, the Physiotherapy Association of BC submitted a brief to the BC Ministry of Health entitled "On Massage Practice in British Columbia." Part of this brief contained inflammatory passages describing massage therapy services as "a frank luxury... creating a potential health risk for the public," a charge which was "completely unsubstantiated" in the opinion of legal counsel to the APMP Part III. It was a direct attack by the Physiotherapy Association on its fellow massage therapy health profession, calculated to undermine government confidence in a profession which enjoyed "a complete lack of patient or physician dissatisfaction." (see Swinton & Co. letter of legal opinion. April 7, 1987). It is hard to tell what effect a damning submission like this would have had on the BC Health Ministry's perception of massage therapy.

2. Physiotherapists President's Letter to the BC Medical Journal

In early 1987, Susan Lee PT, then President of the Physiotherapy Association, wrote a letter published in the BC Medical Journal discrediting massage therapy educational qualifications and eliciting support to limit its scope of practice. Legal counsel Winton & Co. again responded that they considered her letter "an attempt to trivialize the massage therapy profession by incorrectly stating your members' education qualifications and giving her legal opinion as to what the Act will or will not allow in your scope of practice." But meanwhile her letter was seen and read by hundreds of BC physicians. It is impossible to calculate the effect a letter of this nature, coming from the President of an allied health profession, would have had on many physicians' perception of massage therapy.

3. Physiotherapists Council Member's Letter to the BC Trial Lawyers Association

Irene Ruel, PT and APMP Council member, sent a letter to the Trial Lawyers Association in early 1987. In it she accused an RMT of "misrepresentation" of his qualifications and scope of practice in an article he had submitted, published in The Verdict, the Trail Lawyers Association publication. Legal counsel again considered this a "deliberate trivialization of the qualifications of massage practitioners by quoting the legislated minimum requirements without reference to the actual education and training undertaken by licensed massage practitioners." Many trial lawyers worked with registered massage practitioners who treated their ICBC patients. This letter would have had a substantial readership in the legal world of BC, with the imagined negative repercussions for massage therapy's reputation.

Winton & Co. concluded in its letter that both Ms. Ruel and Ms. Lee's letters were probably driven by "self-serving motivation... about the direct competition they fear (or are in fact experiencing) from massage therapists for payments under the Medical Services Plan."

They recommended the APMP Part III mount a vigorous PR campaign targeting the public, the medical profession, and especially medical practitioners referring to RMTs. They concluded: "No piece of propaganda against you should go unmet as you have an excellent record of service and ample evidence in the medical literature and elsewhere that the position taken by the physiotherapists is wrong." It was, however, the job of the MTA (RMTBC) to promote the profession, not the legislative body, the APMP Part III.

The later 1980s - the battles continue...

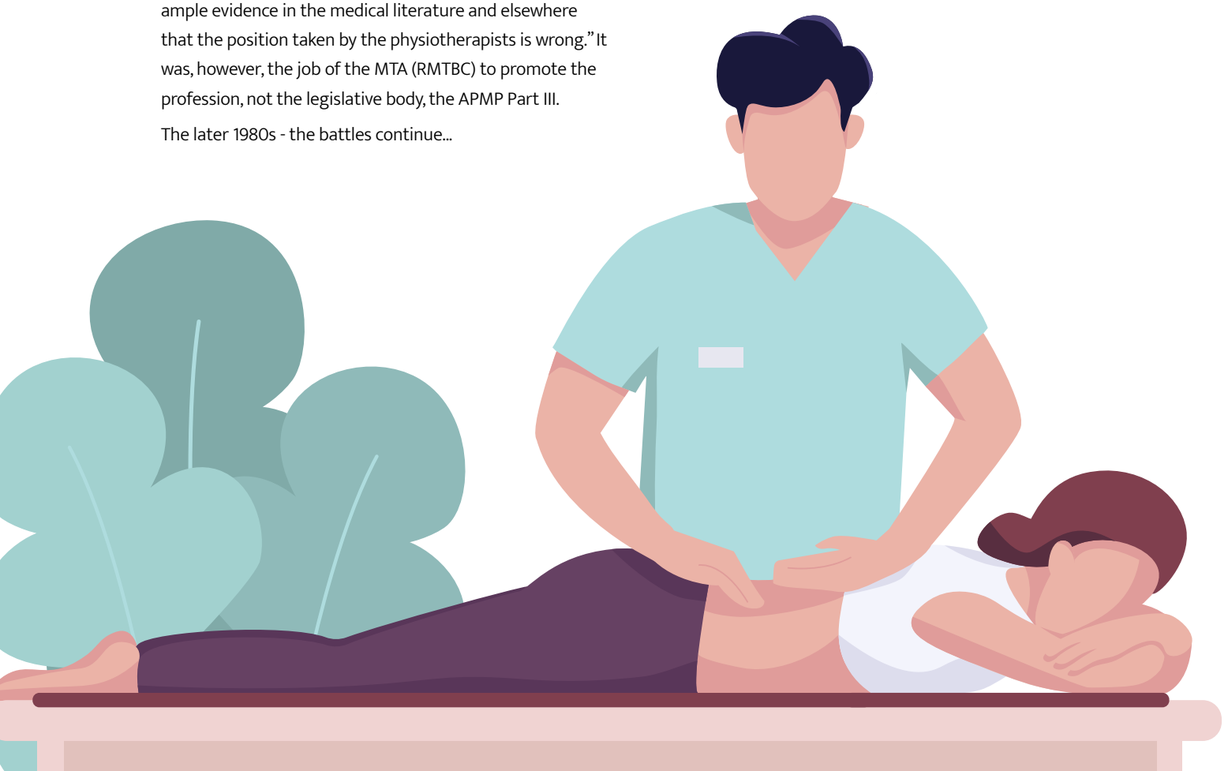
In the 1980s, many RMTs were opted-in and billed the BC Medical Services Plan for their services. They relied solely on it for their livelihood and financial security. By 1986 the number of RMTs had grown to 400, and they were perceived as a threat by many physiotherapists due to their increasing usage of the MSP common allotment of fees. The resultant bad publicity engendered by the physiotherapists' attacks had to be counteracted.

At the AGM in October 1986, the MTA (RMTBC) brought Keith Hancock in to address the need for a public relations plan for the Association. Mr. Hancock was a specialist in PR for non-profit professional health associations like the chiropractors. He outlined the steps needed for massage therapy to secure broad-based public acceptance. He stressed, among other approaches, the need to establish a strong grassroots do-it-yourself PR network of RMTs in every community.

The MTA (RMTBC) established a public relations committee and in time created a province-wide phone tree. This became an invaluable tool for quickly disseminating information to RMTs throughout the province.

The user fee battle, 1987

In early 1987, the BC Social Credit government announced an across-the-board $5.00 user fee for all alternative health practitioners' services: massage therapy, physiotherapy, chiropractic, naturopathy, and podiatry.



HISTORY OF MASSAGE THERAPY IN BC

In terms of the massage therapy MSP fee schedule at the time, it constituted a 42% decrease in massage therapy fee outlay from the health budget coffers. Though it does not seem a huge patient fee in terms of today's dollars, at the time the $5.00 user fee precluded many low income, disabled, injured and senior patients from accessing needed treatments.

Despite having only 127 MTA (RMTBC) members at the time, the MTA PR committee, chaired by Peter a, immediately went to work, mobilizing RMTs across the province to start a massive patient letter writing campaign to protest the planned user fee.

The MTA phone tree linking the province's RMTs was put to good use. The Ministry of Health and MLAs were flooded with hundreds of patient letters. Third party organizations contacted by RMTs also weighed in on behalf of their members. RMTs were interviewed on radio and TV and in local newspapers. Some visited their local MLAs. An ardent group of therapists in Victoria worked tirelessly to contact people within the government there.

The campaign created widespread public exposure about massage therapy. It created a strong political presence for us for the first time in our history. However, despite a valiant campaign, the government instituted the user fee on July 1, 1987.

MSP coverage battle, 1987-1988

In the late 1980s the health care system in BC was in the midst of major revisions. MLAs and Medical Services Commission officials warned the MTA that there was a strong likelihood that massage therapy, then seen as one of the least powerful lobbyists, might be removed totally from medical plan coverage.

The MTA PR Committee ramped up its efforts. Undoubtedly the effectiveness of the user fee letter writing campaign created a higher profile for massage therapy. So the MTA President, Peter Behr, and Dr. John Yates, Academic Director of the teaching college The West Coast College of Massage Therapy (WCCMT) were granted the opportunity to meet with the Minister of Health Peter Dueck and 20 members of the Social Credit government's caucus on June 11, 1987. The MLAs attending all acknowledged that they knew little about the profession.

The MTA's presentation and a professionally produced brief outlined our educational and professional standards, our skill in treatment of pathologies, explanation as to how and why massage therapy works, and an overview of our cost-effectiveness. The presentation was well received.

By November 1987, however, the MTA sent an emergency bulletin to all RMTs stating that reliable sources had revealed that the government had a secret plan to remove massage therapy from MSP and WCB as of January 1, 1988.

Membership in the MTA rose to an all time high of over 200 members. RMTs province wide responded and leapt into action. They were encouraged to visit their MLAs, do more local radio and TV station interviews, get articles in their local newspapers, and get their patients to write more letters to the Health Ministry in protest. In other words, pull out all the stops.

The response was overwhelming. The government was swamped with thousands of letters from patients, physicians, other health professionals, third party groups, and members of the public in support of keeping massage therapy covered under MSP. The massive letter writing campaign produced an unprecedented number of letters - more than for any other issue in the government's time in office. The media coverage was unparalleled. Thousands of BC residents indirectly became more educated about the benefits and availability of massage therapy.

We were told a touching and somewhat humorous story about an off-shoot of the thousands of letters received by the government. The Health Ministry offices in Victoria had to hire more staff to respond to all the letters, and then all the secretaries who read the letters began to book massage therapy treatments for their overworked shoulders and necks!

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The Social Credit Caucus comes to Powell River, February 1988

Then MTA President and PR Committee Chair Peter Behr got amazing news – from February 5th to 7th, 1988, Premier Bill Vander Zalm, Minister of Health Peter Dueck, and the whole Social Credit caucus were coming to Powell River, Peter's hometown. The mountain came to Mohamed! Time for overdrive!

When the caucus members descended from their plane, the first thing they saw was a large delegation of patients with placards saying "Save Massage Therapy." And from then on, spearheaded by Peter and Margaret Behr, the community rallied around in support of the profession.

Taxi drivers sported buttons saying "Save Massage Therapy," so did all the servers at the government banquets, the hotel workers, and the attendants at all related functions. A local doctor's letter supporting massage therapy was faxed to all attending MLAs, causing a stir as the fax was a brand new innovative technology at the time. When the MLAs woke in the morning, outside their waterfront hotel was a sailboat tacking back and forth with its sail lettered with "Save Massage Therapy!" Residents used their imaginations and came up with so many original ways to show their support. Even curly-haired, 4-year-old Emma Behr played a part, charming the influential Minister of Finance and other MLAs by telling them elephant jokes at a barbecue for the visiting politicians!

Success!

By June 1988, the news was out – the government would continue cover massage therapy under MSP! The MTA was complimented by a number of politicians, foremost the province's second most powerful elected official Mel Couvelier, the Finance Minister. He personally told MTA President Peter Behr that "massage therapy has the most effective lobby" he had ever seen.

The government was so impressed with Peter Behr's lobbying prowess that they offered him a position on the Board of Directors of UBC. But he declined the honour as he was exhausted after so many years of organizing as the MTA President and PR Committee Chair.

Kudos to all the 400 or so pioneer RMTs who undertook this battle to save the profession, all the patients who spoke up for the value of massage therapy, the members of the public, and the organizations and groups who supported us. It truly helped to promote and establish massage therapy as a well-respected health profession.

Without them contributing to the success of that early campaign, today's 6,000+ RMTs would not have the recognition they enjoy. They would not have the privilege of billing patients' extended health care plans, or MSP, ICBC, WCB, the RCMP, or DVA for their patients' treatments without the status of a regulated health profession and MSP coverage.

Massage therapy in this province would look unimaginably different.

INTERVIEW

LORI GREEN

As we continue to provide information on what is happening with other Massage Therapy Associations across Canada, we are pleased to offer this conversation with Lori Green, Executive Director of the Massage Therapy Association of Saskatchewan.

Your Association has been working towards government regulation for some time. Can you tell us how long this process has been going on and where you are at today. Any idea on how this will come about?

The "actual" dream started in 1995 when three Saskatchewan Massage therapy groups decided to amalgamate and create MTAS (Massage Therapist Association of Saskatchewan Inc.) This is when Saskatchewan standards were set with the 2200-hour mandate of education and a membership qualifying exam was established.

How long have you been personally working on moving this legislation forward?

I was hired in 2005 and that has always been one of the priorities in my job description.

How long have you been the ED and what is your background. What personally motivates you to keep pushing and growing the association?

I have been with the Association as ED since 2005. My background was coming as an ED in the visual arts Non profit sector. Part of my position and committee work in the Arts was to work towards "status of the artist' legislation in Saskatchewan.

I have always worked in the non profit sector or as I like to describe it the "for purpose" sector as I need to believe in the cause and enjoy the never ending plethora or types of work that keep me motivated. I was looking for a challenge, and a change. Massage Therapy and the quest to raise awareness of the benefits of massage therapy and moving it from the masses thinking massage was a luxurious gift and advocating for it to be considered a bonafide health practice and relevant for all people to use was enticing. The fact that they were looking to be regulated was another plus in my area of interest. I still enjoy the work and the people that I have met and worked with along the journey.

What are the biggest challenges facing the association?

The increase in cost of living has certainly affected our members as they are not part of Medicare, and clients who do not have a benefit policy are finding it difficult to continue the treatments in massage. Of course, without legislation new graduates can join other Associations that have members in our Province without having to write an entry to practice exam. The other interesting fact is with the announcement that indeed Regulation is coming many members are fearful that:

They will "have" to belong to the College will they "need" to belong to an Association.

Some massage therapists will opt out of the Association which as we know is a necessary counterpart to any College in Healthcare.

Who (and how) currently investigates complaints/concerns from the public? What are your disciplinary options?

We have a very competent complaints and investigation committee at MTAS and we also have a Disciplinary committee.

The C & I is made up of a Chair and MTAS members. They will investigate and determine if the matter can be resolved at this level or if it needs to be turned over to Discipline.

Discipline is headed by an individual not related to the Board of Directors, and 2 – 3 members 2 from outside of the massage sector and one within. We also have a retired police officer who is our Investigator.

Unfortunately this is a "big" problem for those of us without regulation. It forces the Association to wear two hats, one to advocate on behalf of the member and one to arbitrate the member.

The situation is uncomfortable and very hard to work with. This also is a huge problem for the public: We can only deal with members from our Association. We don't have any real recourse except for removing a member from our association but they are free to join another. The public does not have ONE place in which they can seek to resolve a situation.

How many massage therapists in the province belong to the association?

We have approximately 830 members in our Association.

What benefits/programs do your offer your members?

Very low insurance and malpractice insurance.

We have an excellent affinity program for our members.

Many free online/in house continuing education courses.

We are members of the CMTA so our members can reap the benefits and knowledge of the National Group.

We have specific MTAS only programs upcoming.

What are your continuing education policies and are the association therapists required to do x number of continuing education courses per year to keep up their membership (accreditation)?

Our policy is 40 credits (1 hour – 1 credit) over a three year period. We encourage our members to educate themselves in business so up to 14 credits can be in business. We have a competency committee which evaluates all courses and assesses the credit for each course based on the PCPI and the scope of practice.

Do you recognize certain program/schools in the province as accredited affiliations? How are the schools regulated?

To date there are no schools that are accredited as yet in the province of Saskatchewan.

The schools here teach to the 2200 hours (or equivalent) and to the PCPI all programs are approximately two years.

Our private vocational school in the Ministry of Advanced Education registers the four schools in Saskatchewan. MTAS is always included in review and comment of the school and or changes in the curriculum of current schools in the Province.

Do you offer an insurance plan for your members – if so, what does this look like?

Description of Coverage

Professional Liability

Miscellaneous Malpractice Liability Form (PR0 1N)

$5,000,000 Limit per Occurrence
$5,000,000 Aggregate Limit per Policy Period

DEDUCTIBLE: $0

Legal Expense Coverage

Legal Expense Insurance

$25,000 Limit per Occurrence
$25,000 Aggregate Limit per Policy Period

Criminal Defence Cost Reimbursement Endorsement

Criminal Defence Cost Reimbursement Endorsement (GE0031)

$10,000 Limit per Occurrence
$10,000 Aggregate Limit per Policy Period

Commercial General Liability

Commercial General Liability Max form (LR20N) - Occurrence form

$5,000,000 Limit per Occurrence
$5,000,000 General Aggregate Limit per Policy Period
$500,000 Tenants Legal Liability - Any one Premises

DEDUCTIBLE: $1,000

Property Extension Coverage

Building and/or Contents - Broad Form BF02N and Property Extensions Endorsement GE0001

$10,000 Limit Per Occurrence
$10,000 Aggregate Limit per Policy Period

DEDUCTIBLE: $500

Legal Guard Information Service (G019N)

24/7 Telephone access to a legal information service for questions you have relating to your business. (1-855-365-LEGA)

Where do you see the association/ profession in five years?

I see our profession regulated!

I see our Association as being the largest Association in Saskatchewan still and thriving with new members.

I also see MTAS as being leaders not only in Saskatchewan but in Canada in the field of research and innovators in our profession.

I see us healthy, happy and thriving!

ELECTRONIC DEVICES IN THE TREATMENT ROOM:

RISKS, LEGAL REQUIREMENTS & BEST PRACTICES

By Madeline Green, an Associate at Whitelaw Twining Law Corporation in Vancouver, British Columbia with contributions from articling student Patrick Kurek.

Registered massage therapists commonly use technology in the treatment room for a variety of purposes such as charting and playing music. Despite the fact that the majority of RMTs today use a computer or tablet in their daily practice, many practitioners are nonetheless unaware of their ethical and legal responsibilities if they chose to use electronics while treating patients.

The primary ethical issue that arises when an RMT uses electronics in the treatment room is whether or not their patient's privacy, trust and dignity are maintained. Client trust is particularly important in the practice of massage therapy because of the nature of the treatment itself which involves practitioners engaging in the therapeutic touch of patients who are fully or partially undressed under the draping sheet. A patient who sees their RMT using a mobile device or computer while they are unclothed during a treatment is likely to become distressed and upset. Patients may even come under the misapprehension that their RMT is taking photographs or videos of them without their knowledge or consent.

Despite these concerns, there are many benefits to using electronics in modern practice. For example, mobile phones, tablets and computers can serve various functions including assessment, education and home care. So, how can technology be effectively integrated into a massage therapist's professional practice while maintaining the patient's trust? It begins with effective communication.

Requirements for RMTs Using Electronics

The College of Massage Therapy of British Columbia's Practice Environment Standards defines the minimum level of expected performance for RMTs who use electronics in the treatment room.

In these Practice Environment Standards, the CMTBC defines "electronic devices" as any device which may have features including photographic, video or audio recording capacity and includes, among others, mobile phones, computers and tablets.

The first thing that an RMT must consider is how they are using the electronic device. Namely, electronics may not be used by an RMT for non-clinical purposes such as texting, playing games, watching videos, etc.

Instead, the device may only be used for a permitted purpose which include one or more of the following: intake, assessment, treatment, charting or education (including home care instruction), as well as voice recording by an RMT who is visually impaired and making voice notes for charting purposes. Playing music on an electronic recording device is a permitted purpose, but only where it does not require the RMT to manipulate or handle the electronic recording device while the patient is present (except at the patient's request due to patient preference of music).

While RMTs are permitted to use electronic recording devices to play music, they cannot manipulate or handle the device while the client is present unless it is at the client's request.

Madeline Green

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Further, electronic recording devices cannot be relied on to provide "adequate lighting" for the massage therapist. A massage therapist should be able to make entries in the health record without relying on the light from electronic recording devices.

The second thing that an RMT must consider is whether or not they have told the patient about the device and obtained their consent to its use. This process must occur with each patient, every treatment. Even if an RMT is using an electronic device in the treatment room for a permitted purpose, the RMT must still take additional steps to ensure patient comfort and safety. In particular, the CMTBC requires that an RMT:

- explain the proposed use of the electronic recording device to the patient and explain to the patient that the recording capabilities of the device will not be used for any other purpose;
- obtain the patient's verbal consent to use the electronic recording device for the stated purpose;
- record in the patient's health record that verbal consent was obtained; and
- not use the electronic device for any purpose other than a permitted purpose to which the patient has consented.

Further, if the electronic recording device is being used to create a video, photographic or audio recording of the patient for the purpose(s) of intake, assessment, treatment, or education, the RMT must obtain the patient's consent as required under PIPA.

The third thing that an RMT must consider is the placement of the electronic device. In particular, practitioners must ensure that electronic devices are placed in an unsuspecting manner and are not handled by them during the treatment, unless they have they patient's knowledge and explicit consent.

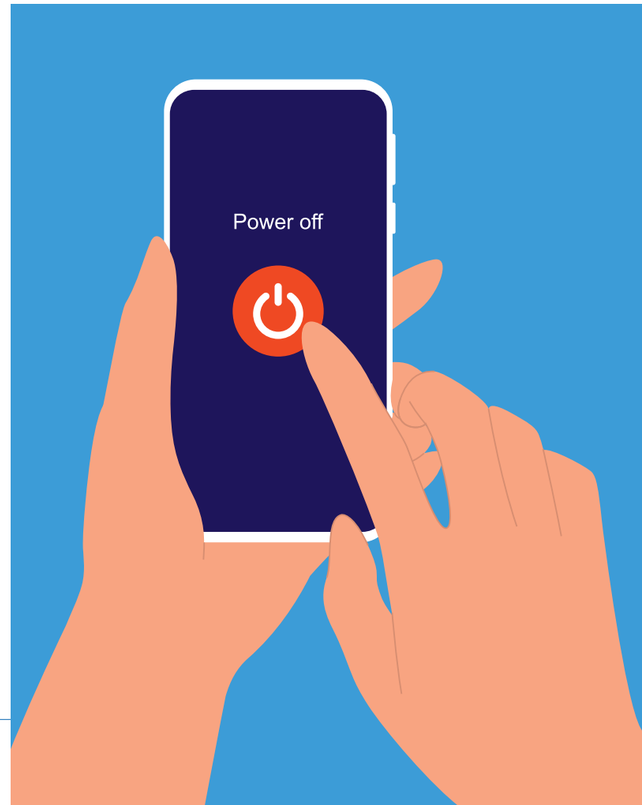
Further, all electronic recording devices must not be positioned in a way that would enable a video, photo or audio recording of the client to occur without their knowledge and consent.

In recent years, the CMTBC has seen an upswing in patient complaints that concern an RMT's use of electronic devices in the treatment room. In these cases, the CMTBC has set a clear precedent that the use of a mobile phone while giving treatment to a patient is reprimandable. There are several examples of RMTs being caught using their cell phones when the patient is in a vulnerable position. The common theme of these complaints is that the members did not obtain consent from the patient before using these devices. Even without malicious intent on behalf of a massage therapist, patient privacy and trust are paramount to the integrity of the CMTBC.

So, how can RMTs avoid patient complaints and maintain their patient's privacy and trust while using electronics in the treatment room? It begins with being prepared.

Best Practices

The safest approach is perhaps the simplest: practice abstinence. Of course, RMTs who don't use electronic devices in the treatment room at all are less likely to make their patients feel uncomfortable, and they are far less likely to be subjected to patient complaints about their use of electronics.



With that said, many RMTs still want to use technology in the treatment room because of its many benefits, whether it be for convenience, organization or other reasons. Practitioners who choose to use electronics in their practice can help protect their patients and themselves by taking the following steps:

i. Cover the camera and/or disable the recording software on the electronic device before bringing it into the treatment room;

ii. Ensure that the electronic device is being used only for a permitted purpose;

iii. Communicate openly and transparently about the use of electronic device with the patient;

iv. In an initial intake form, include in a list of all electronic recording devices used in the treatment room, a description of their clinical purpose, and a disclaimer that they will only be used for purposes consented to by the patient. Include a written consent section in the intake form or a separate consent form for the patient to acknowledge and sign prior to attending treatment;

v. Provide the patient with a copy of the intake and/or consent forms;

vi. During the course of treatment, affirm consent with the client whenever an electronic recording device is used and record the verbal consent in the patient's medical records;

vii. Place all electronic recording devices in an unsuspicious manner if they are being used during treatment; if they are not, remove them from the treatment room; and

viii. Only use electronic devices for purposes that have been consented to by the client.

Should you have any legal or ethical issues relating to your massage therapy practice, we invite you to visit www.wt.ca. This article was written by Madeline Green who is an Associate at Whitelaw Twining Law Corporation in Vancouver, British Columbia. Contributions from articling student Patrick Kurek.

Disclaimer: The information in this article does not, and is not intended to, constitute legal advice; instead, all information, content, and materials available in this article are for general informational purposes only. Readers of this article should contact their legal counsel to obtain advice with respect to any particular legal matter.

INTERVIEW

MARCUS BLUMENSAAT

A conversation with Marcus Blumensaat who in addition to his private practice, works in high performance sport for Canada's premier Olympic athletes and shares his knowledge and passion of disseminating modern, evidence-based, practical knowledge to health care professionals through continuing education courses.

Please briefly tell us a bit about yourself – where were you born, where did you grow up – passions while growing up?

I was born in Nanaimo, BC and grew up in Ladysmith, BC. As long as I can remember, I have been obsessed with sports of all kinds. Team sports, individual sports, mainstream sports, and offbeat sports. If I wasn't playing sports, I was watching them on TV. If I wasn't watching them on TV, I was playing with hockey cards, baseball cards, etc.

In relation to my professional life, this obsession with sports helped me in a couple of ways. One way was that by playing sports, I got injured and experienced first-hand what it is was like physically and mentally to be injured. Though I wish I never did suffer any injuries, it was incredibly enlightening. I learned what it was like to go through surgery, what it was like to go through a lengthy exercise rehabilitation process, what it was like to not be able to do the thing I loved to do, etc.

Being a 'super-fan' of sports also taught me a great deal about injury timelines. By the time I was ten years old, I knew how long it took for pretty much every orthopedic injury to heal and for an athlete to return to play.

It seems you are athletically inclined – are you or were you an athlete?

As I alluded to earlier, I was and still am an athlete. My primary sport was rugby. I was fortunate enough to represent Canada at every age level up to and including the Canada Under 23 team. I toured to some great places with these teams including to the world's epicentre of rugby, New Zealand.

Currently, mountain biking is my primary choice for activity, and I also love snowboarding in the winter. Life can get busy with two kids, so I am often just trying to squeeze in a home-based workout. As I like to say, "every move counts".

What led you to the profession of massage therapy – what was your background and where did you get your education?

I always knew that I wanted to work with the human body. This want came from my athletic background. I enrolled at the University of Victoria in hopes of getting accepted into their Kinesiology program. In my first semester at UVIC I took PE 141 – Human Anatomy and I was hooked.

I ended up being accepted to the Kinesiology program and thoroughly enjoyed it. At the same time, I also completed my certification as a Personal Trainer. Tack this on to my training I had performed and was performing during my athletic career and my exercise prescription knowledge base really started to expand.

When I graduated from university I was working as a kinesiologist but wasn't totally satisfied. I decided to go into either Physiotherapy, Registered Massage Therapy, or Chiropractic. It isn't exciting but the reason I chose Registered Massage Therapy was because I wouldn't have to move to a different city! I laugh when I think about that reasoning now. Sometimes a 23-year old's decision-making process is not a complicated one. So, I enrolled at the West Coast College of Massage Therapy and graduated from their 3000-hour program in 2006.

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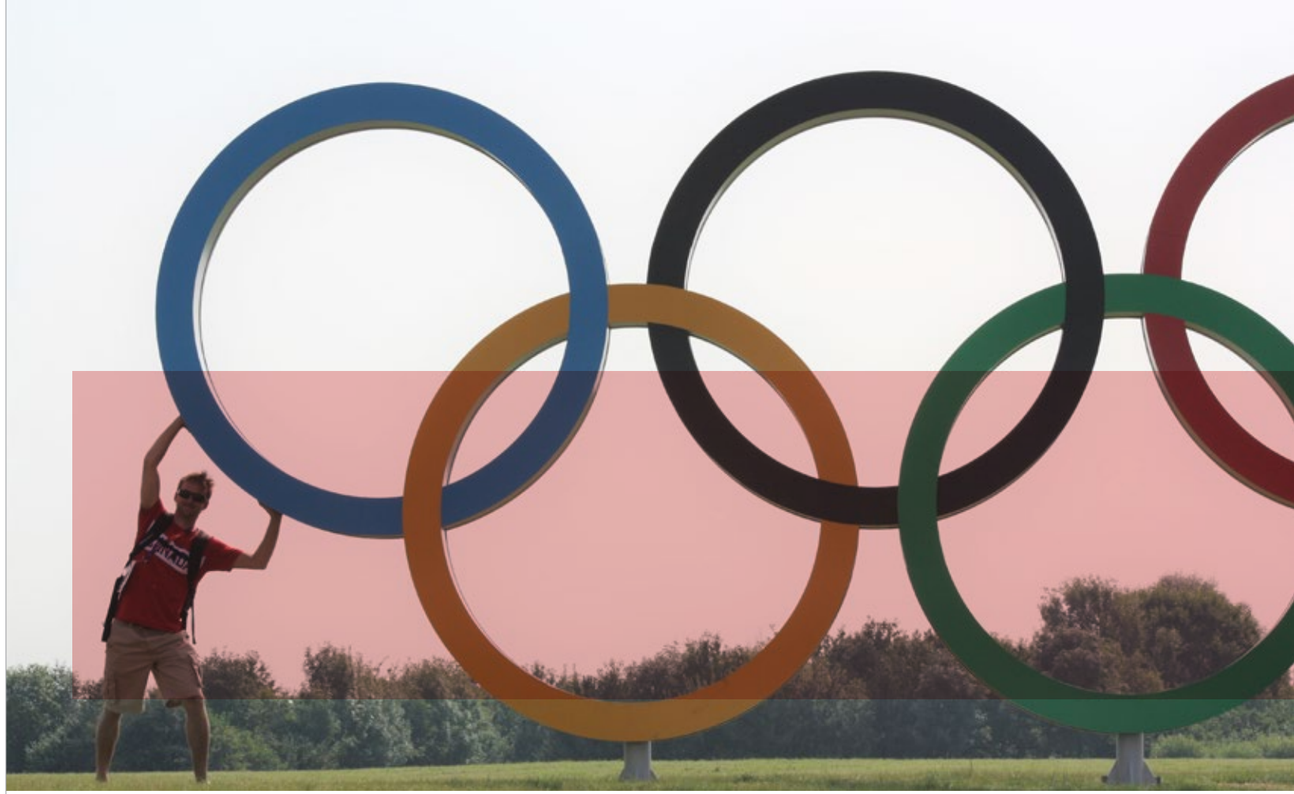

Since I started practicing 16 years ago, my education has continued and still does to this day. I am constantly reading research papers, taking courses, reading blogs, listening to podcasts, and learning from people that come into my clinic. I am a lifelong learner and found that the more I learn, the less I know so I am going to keep plugging away at it until I feel like I know nothing.

What most excites and interests you in current research and practice – please tells us about your MSK practice and the biopsychosocial model you espouse.

This is a loaded question. In general, what excites and interests me the most in current research and practice is the movement of all musculoskeletal (MSK) health care professions to a more evidence-based and person-centred approach.

The general public deserves evidence-based care. They expect it. Unfortunately, there are a lot of things being said and done to people seeking help and care that are not evidence-based, they are what we would call, 'belief-based'. It excites me to see world leaders in MSK health care continue to push forward with this initiative of championing evidence-base care and I am doing my best to help through my continuing education course.

Part of this evidence-based, person-centred approach is the Biopsychosocial (BPS) Model. The last few times that I have taught my course, I asked the registrants if they had heard of the BPS Model. Astonishingly, only approximately one-third of them had! In my professional opinion, it should be the first thing that is taught in any health care education curriculum.

For those that don't know what it is, BPS is a model put forward by George Engel in 1977 in a response to the world's mostly biomedical view of health at the time. The BPS Model espouses that someone's health is the result of the simultaneous interplay of numerous biological (biomechanics, tissue damage, age, sleep, nutrition, etc.), psychological (emotions, beliefs, expectations, anxiety levels, etc.), and social (culture, socioeconomic status, education, loneliness, family dynamics, etc.) factors. The BPS model suggests that health care practitioners should zoom out and look at the whole person and the context within which they are experiencing life when considering their health.

From a strictly biomedical perspective, I am really interested in the research looking at cartilage and its ability to repair and adapt. Long thought to be an inert tissue that did not possess the ability to repair and adapt, current research is showing otherwise. I recently wrote a blog touching on the latest research in and around Osteoarthritis and cartilage called, 'Wear' are we with Osteoarthritis?. It is not simply a 'wear and tear' condition that many people, including public and health care practitioners, currently believe.

You talk about working in a person-centred manner – please explain what this means to you.

Well rather than tell you what it means to me, I can tell you what most consider it to be. Essentially person-centred care encourages the active collaboration and shared decision-making between patients and clinicians to design and manage a customized treatment plan.

Another way of wording this, person-centred care responds to the individual context of the patient, employs effective communication, and uses shared decision-making processes.

Just recently, an incredible paper was published (Hutting et al., 2022) on person-centred care for musculoskeletal pain that focused on putting principles into practice. One thing that they emphasized was the importance of 'self-management support'. This is a very important part of my practice and something that I believe should be a part of all MSK health care.

Self-management support can be defined as interventions that aim to equip patients with skills that allow them to actively participate in and take responsibility for managing their persistent condition so they can function optimally. So rather than the health care practitioner being the 'fixer' or the 'star', they are more of a 'guide', or a 'coach' and the person plays a central role in their own care.

To me person-centred care incorporates each individual's context, knowledge, needs, values, goals, and preferences into shared decision-making about the management plan. It is also about arming people with the knowledge and skills to help themselves versus being dependent on a health care practitioner.

Do you correlate mental health/well being as part of your physical assessment of a client -does this affect your treatment?

Most definitely! This is what the BPS model espouses. It would be negligent to not consider the psychological and social factors in someone's life when considering their health. By the same token it would be negligent to not consider biological factors other than tissue damage or biomechanics when considering someone's health.

In my opinion, when a physical trauma did not occur e.g., falling off a ladder, getting hit by a car, etc., it is rarely ever one thing in isolation that is the primary driver/cause of someone's pain or inflammation. The person's symptoms or pain experience is often a result of many factors interacting together.

An important thing to remember is that often these factors are out of your scope of practice, so it is not up to you to address them. I believe we are responsible for 'educating' people that these factors could be influencing their case and that we should refer to other professionals when indicated.

You are generous in offering advice and knowledge to other RMTs and health practitioners through blogs and podcasts. What other types of training/research and knowledge do you offer?

My primary means of spreading all the knowledge and research that I have compiled over the years is through my continuing education course called, Exercise & Movement Rx – in – Modern Clinical Practice. It is a two-day course that I teach live, online and in-person. It covers more than the title implies. A large portion of the course talks about the foundational concepts of modern clinical practice like the BPS Model and Person-Centred Care.

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It took me 3.5 years to synthesize all the information and knowledge I have amassed over the years into a digestible course format. It was a massive project to put it lightly.

I started teaching it in the fall of 2021 and I haven't looked back. I have now taught it ten times and it is has been incredibly well received. There are so many comments that I receive regarding the positive impact the course has had on practitioners. I am oozing passion regardless, but this positive feedback really charges my batteries as I continue to mine information. New research comes out daily and hence, the course continues to get updated regularly!

What is your current assessment of the RMT profession. What advice would you offer a new student thinking about entering the profession?

Like all health care professions, I think there are positives and there are negatives to where the RMT profession is at.

I think the positive is that research shows that the different passive 'modalities' that all MSK health care professions use end up improving patient reported outcomes (PRO), like pain, about the same amount in the short term. This is fantastic!

For me the part that is most fascinating is that the 'modalities' often work in ways different than what we may think. There is no doubt that we see a change, or an improvement is someone's symptoms (a positive clinical outcome), but often the explanation that we give people as to why we saw that positive change can be refuted by evidence.

Often the explanations that we give as to what needs 'fixing' and what our passive modalities and exercise interventions are doing are simply not accurate. And herein lies the negative.

I believe the messages being delivered to people could be much more evidence based. I also believe that care should be employed in a BPS Model versus an archaic biomedical model where we are blaming asymmetries, posture, and biomechanics for everyone's pain and/or inflammation. There are so many other factors that influence someone's physiology, health, and pain experience.

This segues into my advice to students entering MSK health care professions and by extension where I see so much hope for all MSK health care professions operating in a BPS model.

There are many evidence-based ways that each of us can help the people that we see in our clinics. I would recommend not focusing solely on the passive, manual 'modalities' that you do to a person. They are a part of evidence-based care, but only one part. I would encourage said student to also focus on other skills that can help the people they see in clinical practice.

There is incredible therapeutic value in LISTENING. We can all listen to the person in front of us. Sometimes just being heard can help people.

We can all VALIDATE what people are experiencing and going through. There is incredible therapeutic effect in validating someone's experience and in RULING OUT RED FLAGS. This should be the primary focus of every health care practitioner, regardless of scope. With adequate education all MSK health care professionals can do this for people and can really help to ease someone's mind after they have spent countless hours consulting Dr. Google.

Once red flags have been ruled out, the person can be REASSURED and there can be a large decrease in their fear, anxiety, and worry. This has been repeatedly shown to have an affect on clinical outcomes.

Lastly, to the best of my knowledge, every MSK health care profession has it in their scope to prescribe MOVEMENT AND/OR EXERCISE. As mentioned above, like other 'modalities' exercise is very effective at decreasing pain in the short term and has the added benefit of decreasing inflammation.

This is my personal bias but also backed up by almost an infinite amount of scientific data...the more human beings move (with adequate recovery), the healthier we are.

Exercise has very specific physical effects like increased strength, ROM, power, endurance, and bone density. It also improves balance. It can also have amazing psychological effects like building confidence, decreasing fear, anxiety, and worry. Then of course, there are the secondary benefits like reducing the risk of chronic conditions like type 2 diabetes, heart disease, cancer, dementia, and depression.

I digress. Using what I call the 'education' modality, health care professionals can help people make sense of their pain through simple pain education, we can help to modify unhelpful beliefs, we can help decrease fear, worry, anxiety around their pain, inflammation, or injury. I could go on and on about how we can help people with the information we give them.

All MSK health care professions, despite their superficial differences and regardless of their scope, can help people in so many ways. It is my belief that more often than not, we are all helping people in very similar ways. Yes, there is a specific 'treatment effect' to our 'modalities' that we use but, in my opinion, it is the non-specific effects that all our professions can share, that do the heavy lifting when it comes to changes in 'clinical outcome' i.e., the observed change we see in people's cases.

So, I would encourage said student to not solely focus on helping 'fix' people with the passive manual 'modalities' they learn but to also focus on the other skills that can help people. Listen to people, validate their experience, reassure when indicated, empower through the 'education' modality, and last, but not least, get people moving.

If any, what legislation, regulations and education would you change to improve the profession?

This is a great question that I could answer in so much depth, but I will attempt to keep it brief. Based on research in the musculoskeletal health care field, I feel registration exams and core curriculum could use some updating.

Ultimately, I would like to see the core curriculum in educational institutions changed to cover more of the foundational concepts of modern clinical practice such as the BPS model, person-centred care, critical thinking, and pain education to name a few.

It would be fabulous to spend more time talking about things such as beliefs and their effect on people's health and the perception of pain. I also think it would be important to cover the power that clinician's words can have, both positive and negative, on clinical outcome. Lastly, I think there should be more time spent on exercise and movement prescription.

I do understand that change is difficult on many levels, but I feel it is incredibly important to adapt. This not only applies to registered massage therapy but to all MSK health care professions. The move towards more evidence-based care is happening around the world in all professions. I may be incorrect, but it does seem to me that continuing educators are leading the way on this; it would be nice to see governing bodies, educational institutions and professional associations take more of a primary role in this process.

What excites you most about your work?

Changing people's lives for the better. Is there anything more rewarding?

Who are some of the leaders in your field and how do you integrate their teachings/research into your field of practice?

As far as RMTs, I really respect Eric Purves based out of Victoria, BC. Eric teaches amazing clinical education courses that I believe are moving the profession forward in a very positive direction.

Worldwide in the MSK health care field, I could go on and on for days about physiotherapist Greg Lehman and his positive influence on my career as a clinician and as an educator. He is one of the most wise, intelligent, and insightful people I have ever met and is really moving the musculoskeletal health care field forward. I can't recommend his continuing education course enough.

Both Eric and Greg have put and are putting a lot of time and energy into educating other health care professionals on very similar things that I am teaching. They have been doing it for longer than I have and when they started there was a lot more resistance to the evidence-based messages that they are delivering. They inspire me to continue learning and to continue putting in the time and effort to help effect positive.

How do you stay energized and recharge between clients?

Red Bull.

I kid. I love spending time with my wife and two daughters. Kids are so grounding and just spending time with them reminds me of what truly matters most in life.

When not with my family I love getting out and doing adventurous things in nature. A little 'shinrin yoku' or 'forest bathing' always feels fantastic.

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