



Frequently Asked Questions



What are the requirements for license renewal?

Licenses Expire	CE Hours Required	Mandatory Courses
Biennial renewals are due on the last day of each person's birth month.	12 (All hours are allowed through correspondence)	None

How do I complete this course and receive my certificate of completion?

On-Line Submission: Go to **Massage.EliteCME.com** and follow the prompts. You will be able to print your certificate immediately upon completion of the course.

Fax Submission: Fax to (386) 673-3563, be sure to include your credit card information. All completions will be processed within 2 business days of receipt and certificates e-mailed to the e-mail address provided.*

Mail Submission: Use the envelope provided or mail to Elite, PO Box 37, Ormond Beach, FL 32175. All completions will be processed and certificates issued within 10 business days from the date it is mailed.*

*Please note - providing a valid e-mail address is the quickest and most efficient way to receive your certificates when submitting via fax, e-mail or mail.

Submissions without a valid e-mail address will be mailed to the address provided at registration.

How much will it cost?

Cost of Courses		
Course Title	CE Hours	Price
Conducting a Professional Client Interview and Massage Therapy Session	2	\$20.00
Elements of Massage Therapy	4	\$40.00
Ethics in Massage Therapy	3	\$30.00
Research Competency for Massage Therapists	3	\$30.00
★ BEST VALUE ★ SAVE \$45 ★ Entire 12-hour Course	12	\$75.00

Are you a Texas board-approved provider?

Yes, Elite is approved by the Texas Department of State Health Services to provide continuing education to licensees. Our provider number is CE1310.

Are my credit hours reported to the Texas board?

No, the Texas Department of State Health Services requires licensees to certify at the time of renewal that he/she has complied with the continuing education requirement. The board performs audits at which time proof of continuing education must be provided.

Is my information secure?

Yes! Our website is secured by Thawte, we use SSL encryption, and we never share your information with third-parties.

What if I still have questions? What are your business hours?

No problem, we have several options for you to choose from! Online at **Massage.EliteCME.com** you will see our robust FAQ section that answers many of your questions, simply click FAQ in the upper right hand corner or e-mail us at office@elitecme.com or call us toll free at 1-866-344-0973, Monday - Friday 9:00 am - 6:00 pm, EST.

Important information for licensees: Always check your state's board website to determine the number of hours required for renewal, and the amount that may be completed through home-study. Also, make sure that you notify the board of any changes of address. It is important that your most current address is on file.

Texas Board Contact Information
Massage Therapy Licensing Program Texas Department of State Health Services Mail Code 1982 P.O. Box 149347 Austin, TX 78714 Phone: (512) 834-6616 Fax: (512) 834-6677 Website: http://www.dshs.texas.gov/massage/

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CE for Texas Massage Professionals

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This course will describe the rationale and methods for establishing client rapport. It will also explain the rehabilitative process for clients needing pain relief, explain body positioning, draping, and how to create a setting conducive to client relaxation and comfort. In addition, this course will describe what clients may expect to feel following a massage session.

CHAPTER 2: ELEMENTS OF MASSAGE THERAPY

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This course is designed to familiarize you with the most common elements of massage as practiced in the United States. In this course, you will identify the elements of massage that are known to almost every licensed therapeutic massage therapist. This is the minimum amount of information any therapist should know in order to ethically treat clients or patients.

CHAPTER 3: ETHICS IN MASSAGE THERAPY

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This course addresses a range of issues and concerns for the professional massage therapist and introduces a number of concepts important to the ethical practice of massage therapy. Successful completion of the course equips you with the basic concepts and rationale for ethical decision-making in your practice.

CHAPTER 4: RESEARCH COMPETENCY FOR MASSAGE THERAPISTS

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The goal of this course is to help you understand how scientific research is conducted to provide accurate answers. In addition, methods are discussed to decode a research article and study it for flaws or biases that may affect the conclusions. You will also discover what some studies have scientifically verified about massage therapy.

Student Course Participation Sheet

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Course Evaluation

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All 12 Hrs ONLY
\$75

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Chapter 1: Conducting a Professional Client Interview and Massage Therapy Session

2 CE Hours

By: *Elite Staff*

Learning objectives

- ♦ List steps in the initial interview protocol.
- ♦ Describe the rationale and method for establishing client rapport.
- ♦ Describe how to discuss past massage experience with clients.
- ♦ Determine the type of session the client is seeking and appropriate questions to ask.
- ♦ Explain the rehabilitative process for clients needing pain relief.
- ♦ Describe the pain scale, palpation application, and necessity for client feedback.
- ♦ Explain what to consider in a treatment plan and session protocol.
- ♦ Explain body positioning, draping and how to create a setting conducive to client relaxation and comfort.
- ♦ Explain how to receive a massage.
- ♦ Describe what clients may expect to feel following a massage session.
- ♦ List steps to conclude a successful client session.

Greeting and interviewing clients

A successful interview and the establishment of rapport with a new client is an essential aspect for retaining clientele. It can be even more important to the client than the quality and expertise of the therapist's work. Too many therapists discount the value of their social and professional interaction skills. Just as learning a new technique requires practice, so too does honing one's skills in conducting a successful interview that establishes rapport and bonds clients to you.

If at all possible, before the client arrives, prepare all needed paperwork in the order you wish on a clipboard. Familiarize yourself with any notes you took when the appointment was made to use in your initial conversation. Doing this shows clients you are professional, and that they are important to you.

While it may seem like a cliché of proper behavior, it is extremely important to greet clients with a genuine smile, look directly into their eyes, shake their hands, speak in a pleasant voice, and offer them a seat. If you are working at a hectic, frenetic pace or show a lack of attention in your greeting, you may seem less friendly and risk making a poor impression. Practice your greeting in the mirror and study your face and smile so you are more aware of it in actual practice.

This initial moment with a new client can be crucial for developing a good relationship and ensuring the person's return for future sessions. It also can promote positive word-of-mouth recommendations to other potential clients.

As you greet clients, it is also prudent to observe their posture and manner of walking as they take their seat. Make a mental note of any skin conditions, postural deviations or signs of discomfort as they enter and sit down. You can inquire about this when conducting the interview to include in your overall evaluation of their condition. This awareness will allow you to notice any changes in their condition upon completion of sessions.

Establishing rapport

When the client has finished the paperwork, decide whether to interview him or her in the waiting room, if you have one, or in your treatment room. Complete your interview in the waiting room only if there are no other clients present – all information given requires privacy under HIPAA regulations. If other clients are present or expected to arrive, take your client to the treatment room to continue the interview.

Tell clients before initiating the interview that you would like them to fill out the assembled paperwork on the clipboard. Go over it briefly so they understand what you need. These likely will include a client history, medical history, release forms and other such paperwork. Assure them you are available to guide them in completing the forms if they encounter any difficulty or have any questions. Ask them to let you know when they are finished.

Take this time to finish any room preparation or other unfinished work. If you are already prepared to begin, allow the space and time to fill out the paperwork but periodically check on their progress in case your assistance is needed.

While they complete their paperwork, use the time to begin formulating a treatment plan for today's session based on your postural observations and the notes you made of their reasons for booking the appointment. Keep in mind to remain flexible about your treatment plan until assessing all verbal and written medical information acquired along with palpation examination results, range of motion tests and muscle strength testing that may be relevant to the session.

If possible, plan additional time for the appointment when scheduling new clients. Otherwise, the client may feel rushed, and the therapist will not be able to offer his or her best session. It will inevitably take longer to complete a professional interview with any new client. Extra time is needed for paperwork, questioning, evaluation, treatment planning, palpation or range of motion testing, and documentation of session results.

You may charge for this extra time; if this is an insurance-based session, then you can bill for the extra time. Otherwise, explaining that you will spend this extra time at no additional charge because of concern for the person's welfare can be a solid marketing tool for earning repeat business.

Tell the person you will just take a moment to look over the information. Before going over any physical complaints or medical history, focus on any personal information gleaned from the intake. This is the time to get to know a client and show an interest in him or her as a person, not just another opportunity for your financial reward. Explain that before delving into their current physical condition, you would like to get to know them a little bit. Take a moment to clarify

this part of your interview procedure by reassuring the person that his or her pain complaints, if any, are important and will be addressed.

At this point, ask questions that help identify the individual on a personal level. Ask the client about his or her occupation, how long has he or she lived here, and where did the person move from? Are there children or family here? Note any hobbies listed and ask about involvement in them. Anytime you have something in common with clients, be sure to let them know of your mutual involvement – but be brief. The emphasis should always be more on the client than you.

Clients who have received massage

Once you have established rapport, the interview focus shifts to clients' medical history and current condition. It is appropriate to know whether clients have ever received a massage therapy session in the past. If so, ask the following questions:

- How often have they received massage?
- When was the last time they received a massage?
- Have they experienced different types of massage from various therapists?
- What was the reason for getting the massage? Relaxation or pain relief?
- How it was performed? Flowing strokes, pressure, kneading, etc.?
- What body positioning was used to begin and end the session?
- Was the session effective either by relaxing them or relieving pain? If not, why?
- If pain was relieved, by how much? Is the same pain issue still evident today?
- Have they ever been hurt by massage? If so, in what way?
- Has anyone ever explained how to receive a massage?

The answers given determine the background experience of your client and what explanations or clarifications may be necessary. If a client's experiences were completely positive with all appropriate educational

Experienced massage clients new to the area

It is likely that a new client will come to you who has recently moved to the area, has received regular massage therapy in the past or whose previous therapist has moved away or is no longer in practice. These people have come to you seeking a new therapist, but many times they are still emotionally attached to their last therapist and have engrained their past therapist's routine methods in their mind and body. That is an important reason why you must ask about past treatment methods because they will be used to them, which can make any new treatment protocol less to their liking.

It should be understood this is a natural response to something new and different. To offset this mentality and transfer a client's loyalty to you requires re-educating the client to help him or her accept a new treatment application. If the client has had multiple therapists previously, ask the person to describe the differences in the sessions of each therapist. Explain the format you use in your treatments and describe any similarities to those the person has experienced with other therapists. Ask the person to be open to experiencing a new method, and after the session is over, give you feedback on it.

It is common for these new "experienced" clients to compare your massage treatments to their past therapist, and it may take them time

Determining the type of session

The interview focus now shifts to the client's medical history and current condition. When the appointment was made, it should have been established whether they were seeking a stress release relaxation massage or a pain relief therapeutic massage. Even those who were looking for a relaxation session should always be asked whether there has been a change in their condition where pain relief may now be their choice.

Allow clients to express themselves, but be aware of the time allotted for the session and bring closure by simply saying that you'll look forward to talking about it more later. Taking time for this type of interaction usually reduces any initial apprehension or fear and allows clients to feel more at ease and relaxed, thereby enhancing the quality of the session. It also establishes a greater chance of needed client feedback during the treatment. Creating a supportive environment in this way, your ability to build a loyal client base is optimized.

explanations previously made, then you can assure the person the past treatment was handled professionally and appropriately. However, it is not unusual to find that even clients who have been receiving massage for many years have not been asked these or other informative questions, nor have they received pertinent explanations. Massage therapists who learn to be well versed in asking about a client's previous massage experiences and who rationally explain their treatment protocol are likely to create a very favorable client impression.

Your attention to the client's answers allows you to determine whether previous treatment methods were effective. This information clarifies whether your methods are similar or different from past therapists to determine what needs to be explained as well as what to expect from your session. If any of these questions were not previously addressed, at this point you have the opportunity to explain the importance of this information to plan a session aimed specifically at the person's needs. Further explain that this attention to detail ensures he or she will receive the highest professional service you believe all your clients deserve. Most clients will be keenly aware of the compassion shown in your high regard for their welfare. This can earn you deserved respect and credibility for your knowledge and professionalism.

to get used to your routine. If you speak about this issue with them before their session, it may help to create a mindset that acknowledges there will be differences to what they have been accustomed to in their massage sessions. Bringing awareness to a new experience will generally open people's minds and bodies to a positive response. Avoiding the issue, on the other hand, can encourage a negative response because you may not match the expectations they had with their previous therapist.

To further bolster their acceptance and patience in getting used to your treatment, ask them to experience a few sessions with you and then see if they like your methods. Most clients will adjust to your methods over a few sessions, and frequently even prefer them to past methods. Some will even find your application preferable to any they've ever experienced.

After this trial period, if they have not developed a preference for your methods, you may offer to adjust your treatment protocol. Find what pleases them, as long as any changes to your routine will still allow you to perform the session with a positive therapeutic outcome.

When clients are receiving their very first massage, take a few moments to go over the benefits of massage and provide brochures or information about massage to read later. Regardless of their reasons for getting a massage, you must give attention to their medical history for any contraindications, medications to treat a condition, or current pain complaints.

If there are no medical reasons to preclude giving a requested relaxation massage, then the therapist should prepare to begin the session with an appropriate explanation of how to receive a massage, draping, body positioning, client feedback, a description of your

massage application, and what to expect to feel after the massage. If the client does have pain complaints, possible contraindications, or is being treated with medications, then further specific questioning is necessary.

Contraindications and medications

When contraindications are indicated but do not preclude a massage for clients, explain the rationale for avoiding contraindicated areas of their body and how you will work around those areas for their safety and security. If the contraindication is one that requires the therapist to adjust pressure, such as with a diabetic whose condition is under control through medication, it is imperative that the therapist knows how to conduct a safe therapeutic session. In this example, a prescription from a doctor authorizing massage therapy is absolutely necessary.

Some other client medical conditions under control through medication that could allow massage to be safely administered are high blood pressure, heart problems or cancer. But any of them would require a prescription authorizing massage from a doctor along with proper adjustments in pressure applications or the length of the session.

Because massage has the potential to alter the effects of medication, it is imperative to know how to make adjustments to your treatment based on a client's condition, and you must be able to articulate the reasoning for any treatment adjustments to the client.

It is the responsibility of a therapist to learn proper treatment protocol for any pathological condition presented by a client. This knowledge can be obtained through continuing education classes that focus on pathology in relation to massage therapy as well as a few written publications. There are several books available on this subject specific to massage therapy that a prudent massage therapist should keep in his or her library. Internet searches can identify these publications. Before treating any client taking medications, checking these sources can quickly inform the therapist on how to proceed or whether the session should be terminated.

Pain complaints

Assessment of a client's pain complaints requires obtaining a history and current pain status by asking appropriate questions along with palpation examination, postural analysis, range of motion testing, and muscle strength/weakness tests. Ask the client to tell you about his or her pain issue if the person seeks a therapeutic pain relief session. Appropriate questions to provide the therapist the knowledge to devise a treatment plan include:

- Does you know what caused the pain to occur?
- How long has the pain been going on?
- Is the pain acute or chronic? Explain the difference to the client.
- Is the pain constant or intermittent?
- Does the pain increase when you do a particular activity or movement?
- Has the pain spread to other body areas over time?
- On a scale of 1 to 10, can you rate the intensity of the pain?
- Describe the pain: Is it aching, burning and so on?
- Touch any current areas where you are experiencing pain.
- Have you experienced any range of motion limitations because of pain?
- Has your pain been diagnosed by a doctor?
- Did a doctor prescribe treatment?
- If so, have you received previous treatment and by whom?

- Did any previous treatment help or hurt? In what way?
- Are you still receiving treatment?
 - If you are receiving treatment, why have you come to me?

If your client has multiple pain complaint areas, you will need to ask these questions for each area.

Once you have obtained a written and verbal description of pain complaints from your client, inform the person that you need to complete your assessment through soft tissue palpation and range of motion testing for any limitations in movement.

You must determine a client's treatment plan according to your own skill level and knowledge of pain relief techniques. Describe your preliminary treatment plan to the client for approval before proceeding with any pain relief session. Describe how you will use the information derived from the person's answers, written pain history, postural analysis findings if performed, and any range of motion test results to implement your treatment plan. Make the client aware that your plan may change during the session, depending on the condition of the person's soft tissue upon palpation and response as you perform the treatment. Tell the client that all subsequent session plans will be determined by the results of each treatment completed.

Explaining the rehabilitation process for pain relief treatment

While any improvement or elimination of soft tissue dysfunction or pain will vary with each client, there are guidelines for rehabilitation that can help clients create realistic expectations of pain relief from massage therapy treatment. Understanding the rehabilitation process will help them have patience in obtaining positive results and should reduce any doubts about the merits of massage therapy for their condition. Clients sometimes do experience an immediate reduction or elimination of pain, but chronic or acute soft tissue conditions more often than not require repeated cumulative treatment, with steady pain reduction as treatment progresses. This is especially true of chronic pain complaints.

Most clients understand that longstanding, enduring pain will not magically disappear with a single one-hour massage session, but clients who don't need to have a more realistic expectation of results. While immediate, complete cessation of pain is always a goal, if that was always the result, you would have people lined up outside your door.

The reality is that rehabilitation of soft tissue dysfunction is dependent on the severity of the condition, how frequently treatment is obtained,

each individual's physical response, whether the client is engaging in activities that exacerbate the condition, making changes in work or personal habits, postural corrections, therapist skill level, or permanent physical disabilities that exist for a client.

Explain that client awareness and participation in their recovery by performing helpful stretches or strengthening of affected areas between massage therapy sessions may also affect the outcome. It may also speed the recovery process and should be encouraged. Educating your clients about these characteristics for soft tissue rehabilitation may help them provide you with helpful feedback and garner their confidence by recognizing your professional knowledge as a health care provider.

When your clients have a more informed awareness of the many things that can determine their rehabilitation, you can offer the following guidelines on how the rehabilitation process might work.

If massage therapy is effective treatment for clients' pain, they should notice a reduction of pain levels usually within the first five sessions, although this is not set in stone. You will have more chance for

success with your clients if they will commit to receiving this many sessions. Generally, for massage therapy to have effective pain relief results, clients need to be encouraged to receive session work two to three times a week. Clients should be made aware that if they can only receive a treatment once a week, then chances for complete pain recovery will be limited, their pain symptoms may only be temporarily relieved, or the rehabilitation process may take much longer.

After five sessions, if there is no improvement whatsoever, discuss whether further treatment is warranted. It would not be unethical to continue treatment because improvement may take longer with some clients, but this is a decision clients must make. Other options for their care may be to refer them to another massage therapist with particular skills you do not possess or to a different type of health care provider.

Many clients will experience relief with their first session. Most will notice less and less pain with regular session work. It is important to identify a client's pain scale level before and following each session to gauge improvement. Clients should understand and monitor their pain levels after treatments so they may provide you with necessary feedback at their next session to determine their progress and future treatments plans. Be sure to tell your clients that it is possible they will see even greater improvement two hours, six hours, or 24 hours after treatment and should report it at the next treatment.

Ideally, during the course of treatment, a person's pain will continue to subside, sometimes to the point where he or she feels no pain at the end

of the treatment. While the pain likely will return later, ask the person to monitor how long he or she remains pain-free between sessions before the pain returns. As the rehabilitation process continues, people should go longer and longer before the pain returns following sessions. Another sign of improvement is that even when pain does return, it is at lesser levels.

The goal is that eventually, improvement will continue until a client experiences no pain during, after or between treatments. At this point, a suggestion for maintaining clients' pain-free status is to have them continue to come in for treatment for two additional weeks. If they continue to remain pain-free, it is likely they no longer need further treatment except for maintenance. If their pain condition flares up again within a few weeks or a month, have them schedule a session as soon as possible. Generally, one or two sessions will return them to their pain-free status. Suggesting regular massage therapy as often as they desire or are able to schedule will help keep their soft tissue in a healthy condition. A rule of thumb is to recommend once-a-month treatments as a minimum to maintain a healthy status.

Massage therapy can reduce pain that is not fully caused by soft tissue dysfunction but not eliminate it. Pain from previous injuries, surgeries or physical conditions may be improved to a certain level that can be maintained. Clients should be made aware of this possibility when it is appropriate. Even so, many clients are satisfied with attaining a level of rehabilitation that has significantly reduced their pain; frequently, it is the only way they are able to manage their pain.

Pain scales and client feedback

Whether the type of massage you perform is for relaxation and stress release or for pain reduction, every client must have an understanding of pain scales in relation to his or her existing pain complaints and your palpation pressure.

The client seeking a relaxation massage who has no pain complaints quite often will recognize tender or painful areas as you perform your session. Discussing this possibility before the relaxation massage will ensure the client does not think you are creating the tenderness or pain with your palpation. Skillful application using progressive deepening of palpation pressure rather than starting your session with immediate deep pressure will ensure you do not cause or create pain for your client.

Knowing how to describe what pain scale level the client feels when any such area is located helps the therapist assess the severity of any dysfunction and determine proper palpation pressure. Making clients aware of and able to identify possible sensitive areas that are not consciously evident to them helps them provide accurate feedback to guide their session and to trust your palpation methods.

Explain that such a situation is actually beneficial because it helps find any problem areas and allows you to give focused treatment attention to them either during the session or in a future appointment. Further explain that recognizing and treating these areas now may eliminate or prevent any soft tissue problems from developing later. However, let clients decide before the session whether they want to address any sensitive areas found during the session. Some clients may not want pain relief techniques used, preferring to issue as little feedback as possible to maximize the relaxation component of their massage session. Any soft tissue conditions evaluated during a treatment can be discussed after the massage and a determination made whether the client wants attention given to them in future sessions.

If a client does want you to spend extra time with any given area during a relaxation massage, discuss the need to extend the massage

session. This will require acceptance and approval to charge a higher rate for a longer session. You may also offer to stay within the initially approved appointment time by working less time on other parts of the body or removing some body areas from treatment completely. If the client wishes to do that, let the person determine what adjustments he or she prefers to accomplish the session.

A widely accepted pain scale ranks it from zero to 10, with 8 as the first sensation of actual pain. Explain to clients that 9 is extreme pain and 10 is excruciating pain. Tell them to just say the appropriate number anytime during the session when they feel pain and that you will immediately adjust your pressure to a level where pain is not evident and then try to find a comfortable level of palpation pressure.

Instruct clients to provide verbal feedback when they feel the first sensation of pain as you reapply your technique of choice gently and slowly deepen your pressure. Tell them when they rate the pain as No. 8, you will ease your pressure slightly until they no longer feel pain from palpation. Tell them your goal is to only use palpation pressure they can tolerate comfortably, which would be from a 5 to a 7 on the pain scale. To describe the appropriate feeling, tell clients the area may feel sensitive as it is palpated but it will feel like a "good" hurt, not a painful hurt.

Explain that the pain scale is also used to describe palpation pressure and that your goal is to palpate to between a 5-7 on the pain scale to achieve effective changes in any soft tissue condition. Be sure to ask them to let you know if your pressure drops below a 5 on the scale because too little pressure may not noticeably reduce the pain.

It is a good rule of thumb to remind returning clients about the pain scale and need for feedback before beginning each subsequent session until you are satisfied they will provide you with accurate and appropriate feedback.

Palpation application

Many clients erroneously believe that unless a massage is deep enough to cause pain, they aren't getting a "good" massage. This false belief

might stem from previous therapists who improperly applied deep pressure too quickly, were incorrectly trained, or never learned how

to communicate sound massage therapy practices to their clients. The result has been far too many members of the public expecting pain as a measure of whether they are receiving a “good” deep tissue massage.

Take the time to re-educate these clients by explaining that deep tissue massage can be accomplished without pain. If your client expects or insists on pressure that causes pain during your sessions, it may be time to re-examine your technique or your ability to communicate how you perform your sessions. It may also require a clearer explanation of how to receive pain-free deep tissue massage. Aggressive palpation in a hurried manner as matter of practice may frequently hurt new clients who don’t provide feedback on their pain – and who instead choose not to return for massage treatment again and spread word about their negative experience to others.

It is not uncommon for a client to say, “You can go deeper than that” as you begin to massage any particular area of the body. This usually occurs before you have completed a body area where you are systematically applying pressure from light to medium to deep. Such a statement indicates the need to explain your palpation methods before beginning the session. Inform the client that with each new body area, you will initially apply light pressure to assess the condition of the tissue and progressively increase your pressure deeper and deeper as the tissue allows.

Explain that you will not work any deeper than can the client can comfortably tolerate and that you will apply your deepest pressure

Treatment plan and session protocol

Once clients have an understanding of the characteristics of a massage therapy session and you understand their reasons for seeking a session, it is time to discuss your proposed treatment plan for their approval. Determining your plan is based on your interview, clients’ medical history, any stated pain complaints, pre-massage palpation, and any range of motion tests or muscle strength/weakness testing when appropriate.

Your plan is also dictated by what your clients are seeking in their session. They may have pain complaints but wish to have a stress release/relaxation massage rather than a pain relief-focused session. After assessment of all the information you have, choose the techniques within your knowledge base that may bring you the best results. Determine whether to focus on certain body areas or provide a full body session. Ask clients whether there are any areas of their body they prefer not to have treated and remain mindful of avoiding these areas during the session.

Advise them of your evaluations, how you wish to proceed, and ask for their approval. If they wish for focused pain-relief treatment but

Body positioning

If your interviews take place in the waiting room of your establishment, once it’s finished, take clients to the treatment room. Whether you normally begin your sessions with clients in the supine or prone position, your explanation of your approved treatment plan format will have established the position you prefer. However, a client’s past massage experiences may have begun with an opposite starting position. As a gesture of concern for this client’s preferences, you may offer to begin in the position most comfortable to the person.

Being flexible in your approach may mean reversing the order of your proposed plan of treatment. In such cases, explain your new protocol and again ask for the client’s approval. If you feel the session would have greater effectiveness by not following a client’s preference, discuss your rationale after the session and ask whether the client would be willing to try your proposed method in the next session. If the client agrees, then after that next session, ask how the person feels to determine how future sessions will be performed.

last on each area treated. Let the person know that if you encounter any dysfunctional conditions, such as tight muscle fibers, or they tell you they have pain, you won’t increase pressure until the tissue softens and releases. Tell the client if softening and release does occur, you will then continue to increase your pressure deeper and deeper accordingly. If the soft tissue does not release or pain is not eased, explain that the dysfunction may require repetitive session treatments to eliminate before you can safely go deeper without causing injury to the tissue or exacerbating the problem. Ask the client to be mindful of any improvement or worsening of the muscles involved between now and the person’s next scheduled session and to tell you about it.

After following the protocol of progressively deeper palpation pressure, you will be able to provide deep tissue massage with no discomfort to the client and allow you to comfortably sink down all the way to the bone of a given area. If a client suggests you still can go deeper, press against the bone to show the person you can go no further. He or she usually will be amazed and surprised because this accomplishment came without any pain. This provides an opportunity to reinforce your earlier explanations that it is possible to receive the deepest of pressure without feeling pain when proper palpation methods are applied.

Re-educating clients who improperly endured pain from previous therapists heightens your credibility as a knowledgeable, skilled massage therapist.

also want a full body massage, it may be necessary to explain it is not possible to do both unless the session is extended for a longer time period (if available in your schedule).

Another factor in formulating a treatment plan is to retain the flexibility to make changes and adaptations during your session when palpation findings provide more information on soft tissue conditions and as you receive feedback from the client.

Upon client approval of your treatment plan, explain where you will begin on the person’s body, where you will subsequently transition to, and where you will finish the session. Ideally, your session protocol will be performed by moving from one body area to another in a sequential, systematic order, providing continuity and flow throughout the session. Whether relaxation or pain relief is the goal, explaining the details of how you will proceed can ease any potential anxiety or fear, especially with new clients. If applicable, explain when you may ask client to turn over, how you want the person to turn over, and that you will adjust the face cradle, support bolsters and draping.

There are differing points of view among therapists on which position to begin a session, and both have merits. But the ultimate decision should rest upon the client’s comfort.

Supine position

If the session is to begin in the supine position, place your hand on the table to show clients exactly where to position their head. Be sure to emphasize that the head should be completely on the table rather than extending over the edge. Next, illustrate the position of the legs centered over the bolster. Let clients know you will adjust the bolster if necessary. Explain that the bolster support can alleviate any lumbar back discomfort, and emphasize you will check on their comfort level with the bolster and add additional support if necessary to achieve comfort in the supine position.

When clients have neck pain complaints, offer a pillow support under the head and check to whether they are more comfortable with or without the support. Ask people who prefer pillow support whether

they can comfortably tolerate not having it while you perform any cervical treatment techniques and note that you will replace the pillow when you complete that area. If removal is uncomfortable, be flexible and treat the neck while on the pillow.

If the treatment plan dictates changing body positioning, tell clients that just before having them turn over, you will remove the support and replace it in an appropriate position after they've turned over. Explain that you will set up the face cradle before having them turn over as well and how it may be adjusted.

Lastly, when it comes time to transition their body position, describe how you will lift the draping just enough for them to roll over away from your side of the table. Show them how you will perform this so that their body will be unseen during the process, which will emphasize that you respect the client's privacy. This same method should be described when clients transition from the prone position.

Prone position

For clients beginning in the prone position, explain that you can adjust the face cradle for their comfort. In describing the bolster support for this position, physically illustrate where the placement of the pillow/bolster should be to support the front of the foot/ankle area. Ensure when you return to begin treatment that toes are positioned

Arm positioning

Client should be instructed to have their arms at their sides on the table in the supine position. This is not always possible, depending on the size of the client or width of the table. If a client's hands only slightly dangle off the table and do not impede your ability to perform your treatment comfortably and without incurring contact with your body, you may proceed in this position. If this is not the case or the arms or hands extend substantially off the table, it will be prudent to use the draping to wrap around the hands and tuck gently under the body to secure them on the table.

Draping

Your description of draping can be done before or after you explain body positioning. Most clients prefer draping that covers their entire body. While sheets are the most common material for draping, full body towels are at times preferred because they provide a more secure feeling of coverage and additional warmth for the client. Be sure to have blankets available for client comfort as well. For clients who feel overheated with full body draping, you can tuck the draping between the legs exposing the legs as long as genital areas are covered as well as the breast area for females. Adjusting the room temperature to a cooler setting is also an option.

Be explicit when you point to and tell clients to cover themselves with the draping upon getting on the table. Let them know you have

Creating a setting conducive to client relaxation and comfort

Ensuring client satisfaction requires attention to people's comfort needs before initiating a session. Explain that you want to provide a setting that will make their experience a pleasant one. Ask them their preferences for the lighting, room temperature, amount of draping covers and whether they would like music and if so, choices on music and volume. Provide a place to hang their clothes and to put their jewelry, and have a robe handy if they need to use the restroom during the session.

Tell them your choice of lubricant, but have other lubricant supplies available if they prefer another. With female clients, make sure that

at the edge of the pillow for maximum client comfort and not on the table, bent in a flexed position. Also let them know where the bolster will be positioned in the supine position when changing from prone to supine during the session. Explain that in either body position, you will remove the bolster by sliding your hand under the ankle area and gently lifting their legs to remove and replace the support bolster. Another consideration for females with large breasts is to place pillow support under the abdominal area to ease pressure on the chest in the prone position. This same pillow/bolster positioning may also be more comfortable for any client with lumbar back discomfort.

Side lying position

For clients unable to receive a comfortable massage in the supine or prone position because of pain or for a pregnancy massage, an effective session can be achieved in a side lying position. The knees may be brought up enough to flex the hip area with a pillow placed between them. Give clients a pillow to hug in front of them and place a pillow under their head. Explain how you will remove the pillow between the knees and the one they are holding when it is time to roll over to their other side and that you will replace the pillows in the same positions as before. It is wise to keep a supply of several pillows to accomplish any type of body positioning.

In the prone position, it is essential to tell clients the best suitable position for their arms. First, explain it is not desirable to place their arms forward with their hands resting on the face cradle or dangling off the front of the table. Explain that in this position, their upper back muscles, especially the trapezius, will be in a contracted position that will not allow you to use your techniques as efficiently to relax them. Ask them to place their arms at their sides on the table as a position of preference or dangling off either side of the table. You can always use the tuck draping of the hands next to their body if needed. Acknowledge that ultimately, though, whatever position is most comfortable for them is OK, even if it means resting their hands on the face cradle.

additional sheets, towels and blankets if needed for their comfort. Finally, tell them you will only uncover each body part being treated and recover them when finished as you move around their body while always respecting their privacy. If you tuck the draping under their legs when working there, explain how you will do that. If you will be using techniques that require range of motion movements of the legs or pelvic area, explain the diaper draping method you will use to accomplish that. Inform clients of any special draping methods, such as in a side lying position or appropriate draping methods for the breast area on females if treatment in this area is indicated and approved by the client because of pectoral musculature dysfunction or pain.

using lubricant on the neck, which could possibly get into scalp hair, meets with their approval. If not, be prepared to use techniques that do not require lubricant or gliding strokes in this area.

Be careful that your clients approve any use of aromatherapy scents, candles and so on. Recognize that using a scent for one client may not be wanted by the next, and it could be difficult to eliminate the smells from the room. If this is the case, have an air freshener ready to neutralize odors.

Keep your room spotlessly clean. Decorate your room with pleasing furniture or knick-knacks that are in no way offensive. Choose wall and curtain colors in shades that are soothing and relaxing. Have water, tissues, breath mints or cough drops available for yourself or the

Explain how to receive a massage

Conducting a professional interview includes ensuring that clients know how to receive a massage. Any new client, regardless of whether this is their first, can benefit from guidelines on how to receive a massage. Your instructions can answer any unasked questions in their minds and calm any fears. You may be surprised by how many clients with massage experience have never had this explained by previous therapists. When clients follow your instructions, you will find it easier to complete a successful session.

Begin your explanation by asking them to remove all jewelry possible. If they wear contact lenses, suggest removing them if possible, or not wearing them when coming to their next appointment. Explain that being in the face cradle could cause lenses to be pressed against the eye and potentially scratch them. Because some people will not feel free to remove their contacts, ask them whether there is any discomfort when you place them in the face cradle and determine whether to use it. If applicable, use a pillow on the table and have clients turn their heads from side to side during treatment.

Next address the removal of clothing. Tell clients that most clients receive massage completely unclothed, although they will be draped at all times. Avoid using terms like naked or nude because they may conjure thoughts of sexuality. Explain that it is also OK to keep underwear on if they prefer. Explain that the rationale for receiving massage unclothed is tied to the physiological benefits of massage. Tight-fitting clothing or elastic bands put pressure on blood vessels, impeding blood flow. Because one of the main benefits of massage is enhancing blood flow, thereby ensuring that cells better receive nutrients and oxygen and more effective removal of toxins, eliminating any clothing restrictions provides a greater chance for healthy tissue functioning. Assure clients that whatever level of clothing removal that is comfortable for them is certainly acceptable.

Once clients are on the table, instruct them to let go of their body tension, let their body be limp like a noodle or a ragdoll and to let you do all the lifting and moving of their head, arms and legs without their help. Suggest taking a few deep breaths and exhaling fully. Tell them to think of a pleasant thought or place, to drift into the relaxing music, to use any meditation practices they may have, to think of this time as their sanctuary away from all responsibilities and cares of the world.

Describe what the client may expect to feel following a massage

It is just as significant for clients to know what to expect to feel after a massage as it is to know how to receive one. While reactions may vary from person to person, knowing some of the possibilities will help your clients more clearly identify what they are feeling. This awareness allows you to maintain accurate documentation regarding the outcome of the session. Those receiving relaxation or pain relief massage may respond similarly or have completely different results. Take time to explain possible outcomes regardless of whether it is a client receiving his or her very first massage or a new but experienced client, no matter what their reasons for getting a session.

As a general rule, following a relaxation massage, explain that people tend to feel a floating or dream-like sensation. Clients often relate feeling a mind- and body high, relaxed, a feeling of wellness, or even feeling a little foggy but in a good way. Tell them these feelings generally last about 10 minutes to an hour following a session. Understand that these feelings are the reason many people love getting massage. Explain that massage triggers a physiological response in

client. Be sure their cell phones as well as yours are turned off. Your attention to all these details will enhance a setting of relaxation that your client is sure to appreciate.

Let them know that is OK to fall asleep and that you will gently wake them when necessary. If during the session they feel a need to cry or laugh, assure them it is alright because massage can sometimes release emotions, and they will be safe and supported by your caring presence.

Suggest that using the restroom before getting on the table is a good idea because massage can sometimes stimulate the need to go. Ask them to tell you if a restroom need arises during the session instead of trying to wait until the session is finished. Explain that you will leave the room and they can use a robe or wrap the draping around them and can notify you when they have returned to the table by calling out to you.

Remind them to give you feedback if they have pain during the session.

Tell clients you will whisper in their ear when the session is completed and remind them how to safely get off the table before you leave the room. If at all possible, tell them it is okay to remain on the table for a few minutes after completing the session to soak in the feeling of relaxation, and then to get up slowly. Describe and even demonstrate how to get off the table by asking them to roll on their side, bring their knees up to a 90-degree position, letting their feet dangle off the table. Then they should use their hands and arms to push them to a seated position; explain that this method puts the least strain on their back muscles. Instruct them to sit at the edge of the table for a few moments, gather themselves, and then gently ease off the table. Stress the need to ease off the table gently because clients who quickly push off the table could actually pull a back muscle in the process.

If your client is short or frail and your table is set high, provide a fold out step or stool for getting on and off the table safely. If your client is elderly or frail, you may wish to cover them with the draping and help them get off the table.

Finally, let clients know you will be waiting for them in your office or will come back when they are dressed and ready after the session is completed. Ask whether they have any questions. Tell them you will now leave the room so they may get off the table and dress. Let them know you will knock for permission to re-enter the room. Once the session is completed and you have left the room, give clients at least five minutes before checking on them to make sure they are okay and are preparing to leave the room or for permission to re-enter.

the body by releasing endorphins from the brain to create an elevated sense of mood, triggering these positive feelings.

Clients receiving pain relief treatment may also have these same feelings but may be focused more on what their pain levels are following a session compared with how they were before the session. Explain that it is common for clients to notice a reduction or elimination of pain, but not always. Results depend on many factors, such as the cause of the pain, the degree of injury or dysfunction, toxicity levels in the tissue, whether this is their first session or they have been receiving regular treatment, their body's particular response to treatment and more.

Advise clients to be aware of how their pain feels before the session so they may better notice any changes after completion. Inform them they may feel no change, minor differences or dramatic changes in their pain levels. Until the session is completed, there is no way to know. Additionally, alert the client that such changes can be felt anywhere from one to 48 hours following a session. However, you can tell them

that many effects of a session are generally felt within 24 hours after their treatment. Let them know you will inquire about their response during your post-session meeting.

It is pertinent to tell pain relief-seeking clients that they may have an intensified level of pain up to 24 hours after the session. If this occurs, tell them not to be alarmed because sometimes pain is not a bad indicator of session results. Explain that tissue dysfunctions can build up toxins that upon being released can take one or two days for the body to eliminate. This sudden release of toxins may have the effect of causing feelings of increased pain following the first few sessions until they are eliminated. Explain that even though the person may feel temporary additional discomfort, this is actually a positive result because the body is being cleansed of pain-causing toxins. Clearing of toxins is quite often accomplished in just a few sessions, and post-session pain levels usually subside or no longer exist.

Tell clients that people who do feel increased pain a day after their session frequently report that the second day after treatment, they

feel a dramatic improvement and often say they feel much better than before they received their massage.

And assure clients that if they still feel intensified pain two days following the session, then you may need to change the amount of palpation pressure you use on them or your techniques. Let them know you will make adjustments in the next scheduled session until you find the level of palpation that doesn't increase pain.

Admit that determining what constitutes an effective session sometimes requires a few sessions, depending on their response to treatment. Providing awareness of the possible results of a session increases credibility, instills trust in your evaluations, and better ensures your client will continue to return. If a client does incur increased levels of pain after a session, instead of deciding not to chance another session, most will remember you informed them of these possibilities. Client education in these matters helps develop patience and understanding for the rehabilitative components of massage therapy.

Steps to conclude a successful client interview and massage therapy session

Once clients are dressed and ready to leave, conclude the session with a post-massage interview by taking these steps:

- Offer them a glass of water.
- Inform them of the need to ask questions about their session.
- Ask them to relate what they are feeling now. Avoid questions that predispose an outcome, such as "Do you or are you feeling better now?" Clients may answer affirmatively to that question even when they don't to avoid hurting your feelings. Ask for honest feedback so your assessment documentation is accurate; tell them you are not seeking compliments but need to determine whether future sessions should be similar to this one or whether you need to make adjustments to improve the outcome.
- Did they notice any areas of discomfort during the massage? If so, ask them where and to describe what they felt.
- If they experienced sensitivity or discomfort during a relaxation session, ask them whether they would like to focus treatment on those areas in their next session.
- Ask if they feel the same, worse or better after a pain relief session. If the response is better or less pain, ask them what the pain scale level is now compared to before treatment. If they answer "the same," then remind them repetitive sessions are needed to determine whether massage will be effective. If the answer is "worse," ask them what their current pain scale level is and discuss the need to adjust palpation pressure or techniques in the next session.

- Process payment for the session.
- Book their next appointment.
- Remind them to be aware of any changes they experience in the next 48 hours and that you'll want to know about them at the next scheduled session.
- Thank them and walk them to the door.
- Write documentation notes regarding the session.
- Prepare the treatment room for your next client.

Depending on each therapist's work environment, conducting a professional client interview and massage therapy session as described may not be possible. Working in a doctor's office, spa, salon or cruise ship may limit the time allotted by the employer to accomplish the suggested format. However, discussing the need for client safety and welfare with your employer by using this interview/treatment method may result in changes to the protocol. Private client interviews and those seen at massage establishments can certainly be conducted following the guidelines presented. Attention to every detail assures client needs are considered and affords the therapist the potential for a successful session outcome while establishing a professional client/therapist relationship.

Chapter 2: Elements of Massage Therapy

4 CE Hours

By: John Vinacci

Learning objectives

- ♦ Identify the cultures in which massage is first referenced.
- ♦ List the reasons why massage was practiced in those cultures.
- ♦ Recall the most commonly used massage strokes.
- ♦ Recognize several auxiliary massage strokes.
- ♦ Explain the benefit(s) of each stroke.
- ♦ Differentiate when to use certain strokes as opposed to others.
- ♦ Summarize professional therapist standards of appearance.
- ♦ Describe a typical massage room setting.
- ♦ Understand the purpose of interviewing a client or patient.
- ♦ Describe a typical Swedish massage sequence.
- ♦ Recognize why some conditions contraindicate massage.
- ♦ Identify the common contraindications for massage.
- ♦ List the characteristics of each contraindication.
- ♦ Describe at least 5 complimentary modalities to Swedish massage.
- ♦ Differentiate use between the various modalities.
- ♦ List the 10 most common essential oils used in aromatherapy.
- ♦ Describe the ethical standards applicable to a massage therapist.
- ♦ Identify the ethical standards that govern the massage.
- ♦ Recall the ethical standards applicable to the interaction with the client or patient.
- ♦ List the three key elements involved in starting a massage business.
- ♦ Understand what information a business plan should address.
- ♦ Identify several advertising and marketing strategies.
- ♦ List five business expenses particular to the massage profession.

Introduction

This course is designed to familiarize you with the most common elements of massage as practiced in the United States.

Massage – sometimes referred to more generally as *bodywork* – is one of the oldest known forms of therapy. It is a ‘touch therapy,’ meaning it requires the touch of one person’s hands, forearms, or elbows (or even feet) on a receiver’s body for the purpose of relieving aches, pains, fatigue, stress, and improving circulation and muscle and joint mobility. Basically, massage is soft-tissue manipulation. Since numerous studies are now showing the benefits of massage, it is gradually becoming an acceptable practice of Western medicine and used to treat an ever-growing field of maladies. Benefits of massage that are now widely accepted:

- Loosens hypertonic muscles.
- Relieves aching muscles.
- Reduces chronic pain.
- Increases flexibility and range of motion.
- Passively exercises and tones atrophied muscles.
- Reduces scar tissue.
- Reduces spasms and cramping.
- Improves circulation.
- Relaxes the nervous system.

- Stimulates the nervous system (with certain strokes).
- Reduces bouts of insomnia.
- Lowers blood pressure.
- Lowers heart rate.
- Improves skin tone.
- Speeds up recovery process from injuries and illnesses.
- Strengthens the immune system.

There are many elements and features of massage. This specialized practice can be performed by a therapist in numerous ways; with their hands alone, which may or may not include auxiliary components such as skin lubricants, and tools, such as stones. Due to the many elements of massage and the varying degrees of treatment for injuries and illnesses, an increasing number of U.S. states are requiring at least 500 hours of training before a person can be certified to perform massage. Once trained, many states then require therapists to pass a state exam in order to be licensed in that particular state.

In this course, you will identify the elements of massage that are known to almost every licensed therapeutic massage therapist in the United States. This is the minimum amount of information any therapist should know in order to ethically treat clients or patients.

SECTION I: A HISTORY OF MASSAGE

Massage dates back to at least 3000 B.C. It was known to be practiced in India about this time as part of Ayurvedic (“Art of Life”) philosophy. Massage was integrated with other medical practices such as herbal remedies and hot baths to treat fatigue and muscular tension. A sacred Indian book written about 1860 B.C. described the positive benefits of integrating massage, “Rise early, bathe, and [massage the head] to reduce fatigue and promote well-being.”

Similarly, it was known of the Chinese to be practicing massage during the same time frame, if not earlier. The Chinese lay claim to the first written record of massage being practiced, which occurred either in 4000 B.C. or 2700 B.C. [Though there are conflicting reports regarding the first written record, the date of 2700 B.C. is more widely accepted

and still earlier than any other record.] Massage was used to relieve pain, tension, and even treat paralysis. A quote from *The Yellow Emperor’s Classic of Internal Medicine*, circa 300 B.C., tells us that massage was used to treat, “...complete paralysis, chills and fever, most fittingly treated with breathing exercises, and massage of the skin and flesh.”

Massage in China evolved over centuries and began with Chinese massage practitioners identifying *channels* in the body through which the universe’s energy (referred to as ‘Qi’ among the Chinese) and blood flowed. It was believed by the Chinese, and still is, that the blockage of these channels results in ailments. By applying suitable pressure to specific points along the body’s channels, the flow of the universe’s energy and blood can be restored, thus bringing the body

back into harmony. It also appears from Chinese medical texts that they were the first to include stretching and joint mobilization into massages. Not surprisingly, the Chinese are also credited with establishing the first massage schools around the turn of the first century A.D. Soon thereafter, massage migrated east to Japan.

It appears as though the ancient Egyptians were also practicing massage as early as 3000 B.C. as hieroglyphics and paintings dated between 2700-3000 B.C. depict reflexology of the hands and feet and the application of herb and spice infused oils to the skin. For the Egyptians, massage was believed to have been used for maintaining beauty as well as for its medicinal benefits.

The history of massage in the Western world begins with the Greeks, who appear to have started using massage around 800 B.C. primarily to keep athletes in peak condition. It was because of Herodicus, physician and teacher of the ancient Greek, Hippocrates, that it became routine for athletes to receive massage and be treated with oils on the skin before participating in games. Herodicus is one of the first physicians to believe that massage should be applied in a specific fashion and he supported it alongside an exercise program to maintain good health. By 460 B.C. Hippocrates – known to us as “the father of medicine” – was writing about the benefits of massage. He wrote, “Rubbing can bind a joint that is too loose and loosen a joint that is too rigid. . .hard rubbing binds, much rubbing causes atrophy, but moderate rubbing makes parts grow.”

Between 100 and 200 A.D., massage was a widespread practice in the spas of ancient Rome. The physicians Galen and Aulus Cornelius both wrote books during this time, promoting massage as a panacea for stiff and sore muscles, improving circulation, and treating neuralgia and other diseases. Roman gladiators, like the Greek athletes before them, also received massages before and after their competitions. Like Herodicus, Galen believed massage should be applied in a systematic way and considered himself a professional who distained any degradation of massage in the manner he used it. In one book,

Hygiene, he wrote that he had a distaste for people who received massages for sexual gratification, feeling this sullied the importance of massage towards one’s well-being.

Unfortunately, massage would not become widespread in Europe due to the repressive religious dogma that accompanied the Middle Ages. During this time, touching, pleasure, even appreciating beauty was frowned upon by religious authorities to the point of being considered sinful. Due to this perception, massage began losing whatever medical credibility it may have so far gained and its effects became mythical. The benefits of massage would come to be considered supernatural in origin and typically associated with witchcraft. In Europe, massage continued to be practiced in the farther reaches of western and northeastern Europe (primarily in the Scandinavian territories) by average citizens as a part of their folk medicine. Only in Islamic territories farther east, did massage continue to be practiced, according to the Greco-Roman tradition.

Finally, in the early 19th century, the Swede, Per Henrik Lik, developed massage into a systematic form of therapy for the benefit of gymnasts. His research and development led to the formulation of what is now known as Swedish massage and is the most widely used form of massage practiced in the United States and Europe. Over the following century, professional massage associations formed, such as Britain’s *Society of Trained Masseuses* in 1894, New York State’s *Society of Medical Massage Therapists* in 1927, and *The Florida State Massage Therapy Association* in 1939. Today’s most well-known association, the *American Massage Therapy Association* was established in 1943.

As time passes and more research is conducted, the credibility of massage gains ground scientifically while its mysticism recedes into the background. As the credibility of massage increases, it moves from being considered an ‘alternative medicine,’ to its proper place among other Western medical practices.

SECTION II: BASIC MASSAGE STROKES

In Swedish massage, there are five commonly used strokes:

- **Effleurage** – gliding or stroking the skin.
- **Petrissage** – kneading or squeezing large areas of skin or muscle.

Effleurage

Effleurage may be considered the most common stroke of all as it is typically used in the application of lubricants (e.g. oil, cream, or gel) to a client or patient’s skin. Effleurage strokes are long, broad, gentle, and gliding, and are meant to cover large areas of the body with a single stroke. Furthermore, these single strokes should bring the entire surface of the palm of one or both hands into contact with the receiver’s skin. Normally, effleurage strokes are done with light to medium pressure

- **Friction** – short and concise pressing or rubbing motions.
- **Tapotement** – quick percussion or striking movements.
- **Vibration** – a quick shaking along the skin or muscles.

since it is usually a preparatory stroke. Effleurage strokes may also be used as transitional strokes between the areas of the body a therapist is working on. The purpose of this stroke is to provide a general sense of relaxation and prepare the muscles for any deeper massage that may take place. Effleurage is effective in relieving tension associated with a hectic lifestyle or anxiety, but is not very effective in reducing the tension associated with injuries (e.g. strains or sprains).

Petrissage

Petrissage is effective for relieving chronic stress and loosening muscles in preparation for exercise. It is something of a kneading or squeezing motion in which large areas of either skin or muscle tissue are handled in the entire hand between the fingers and thumbs. This technique serves multiple functions such as increasing blood flow and loosening the muscles, as well as assisting the lymphatic system to move waste products through the body so they can be removed. To perform petrissage, moderate to firm pressure is applied to a large

muscle group such as the biceps or upper trapezius and are lifted away from the bone and squeezed and released in a slow, circular, rhythmic fashion. Although this stroke targets the belly, or “meat”, of a muscle, petrissage can also be applied using the first two fingers and the thumbs on small areas such as the face and around the jaw area. Doing petrissage in this manner is not common, but is reportedly effective for unbinding tension when other techniques are ineffective.

Friction

Friction, when applied correctly, can loosen tension at the joints by realigning muscle fibers. It is also useful in breaking down adhesions and scar tissue that can reduce one’s mobility. Typically applied

with medium to firm pressure with the thumbs or fingertips, friction movements are quick and short at either the origin or insertion of a muscle and move first along with the muscle fibers then perpendicular

to the muscle fibers. A circular motion may also be used. Among the various strokes, friction is one of the more uncomfortable techniques and may result in soreness of the targeted area after a massage is

Tapotement

Tapotement is characterized by rhythmically striking the muscles with light to moderate force in quick succession. It is used to stimulate the muscles and nerves or bring a client or patient out of a deep relaxation. There are several versions of this technique and they can be applied with the fingers, fists, palms, or edge of the hands.

Finger tapping, for example, is done lightly as if raindrops are falling over areas where there are many nerve endings, such as the face. Cupping the hands and striking the chest or mid-back may have the effect of loosening mucous from the lungs and respiratory tract. Cupping is done correctly

Vibration

Vibration is a broad term used to indicate the application of rocking, shaking, or trembling muscles. A soft and gentle rocking, typically used at either the beginning or end of a massage, can be very soothing and is a technique well-suited for clients or patients suffering from stress. However, shaking or trembling muscles can also be performed at a more vigor pace, which energizes muscles and prepares them for physical activity.

Other techniques

While these are the most common strokes a client or patient is likely to encounter when they receive a massage in the United States or Europe, many states require their licensed massage therapists obtain a certain number of continuing education hours per year. Fulfilling this requirement often brings to a therapist new techniques they are likely to integrate into their massages. The following techniques may be encountered in a massage session, though they may be less commonly used than the traditional Swedish massage strokes.

Stretching is used to lengthen muscles thereby increasing a client or patient's range-of-motion (ROM) allowing their joints to move more freely. There are two methods of stretching a therapist is likely to use during therapy: **passive (or static) stretching and Proprioceptive Neuromuscular Facilitation** (usually referred to as a **PNF stretch**).

With passive stretching, a muscle is pushed or pulled away from its origin by the therapist so that it is at a greater length than it would be at rest. This type of stretch is usually held for seven to ten seconds, which is the time it takes for muscle fibers to relax into a greater length using this technique.

A more effective stretch can be achieved with **Proprioceptive Neuromuscular Facilitation**. This technique takes a client or patient through several rounds of contracting and relaxing a target muscle while the therapist resists their ability to move the muscle through its full (ROM). Specifically, the therapist first uses a passive stretch to take a muscle to the end of its (ROM), then asks the client or patient to contract the muscle with approximately 10 percent of their strength for seven to ten seconds. When the client or patient relaxes, the therapist should be able to draw the muscle into a longer passive stretch. This cycle is repeated once then the technique is performed on the antagonistic muscle or muscle group. The resulting stretch will have a greater effect and is longer lasting than if passive stretching is done alone.

Compressions are usually performed with the entire palm of the hand, pushing muscles down straight into the massage table or mat. Since this technique uses the broadest part of the hand, it is used with medium to firm pressure. Compressions are used to assist blood and lymphatic flow and help initial a stretch response in tight muscles. They also release acetylcholine, a neurotransmitter that helps muscles fire more

performed. It is important to let a client or patient who is unfamiliar with massage know about the application of friction and what may result from its use.

when it results in a suctioning sound. With slapping, the entire palm comes in contact with the skin to create a slapping sound. Pummeling is done with the fists and only on "meaty" areas of the body such as the upper back, gluteal region, and the posterior and anterior thighs. Care should be taken not to apply pummeling to the lumbar region or spine. Finally, hacking or chopping is performed with the edge of the hands striking in very quick succession. Most Swedish massages end with this technique. Note that when using any variation of this technique, do not prolong its use for clients or patients using anti-psychotic prescription medicines; too much tapotement may induce psychosis.

When vibration is used for relaxation purposes, it should be performed for no more than 10-15 seconds. Prolonging vibration past this threshold is more suitable for sports massage since sustained shaking may result in an excitation of the muscles. As with tapotement, do not use prolonged vibration for clients or patients using anti-psychotic prescription medicines; too much vibration may induce psychosis. Vibration should also not be used over the abdomen as it may induce slight nausea.

quickly. This is why compressions are used throughout a sports massage (mentioned below). Outside of a sports massage, compressions may be performed before lubricants are applied and the massage begins, prior to working an area of the body, or when transitioning from one part of the body to another. Compressions should not be used where the receiver has varicose veins or over areas of bruising.

Feathering is a technique used on the skin to affect nerves (as opposed to muscles) and sooth them. It can also be used to reduce discolorations of the skin due to bruising when applied for a sustained amount of time (1-3 minutes). The touch should be light enough that a client or patient can feel the therapist's fingers touching the finer hairs on their body. Feathering may be ticklish and the onus is on the therapist when and when not to use this technique. Also, due to the sensitivity with which this stroke is applied, feathering may be misinterpreted as sensual in intent. A clear channel of communication between the therapist and the receiver should prevent such misinterpretations. **Holding** is similar to compressions in that it is used to assist blood and lymphatic flow. The main difference between the two techniques is that holding involves lightly compressing a muscle in the palm of the hands for 10-15 seconds and then releasing the muscle. Like compressions, this technique should not be used over varicose veins or bruises.

Forearms and elbows are used by therapists for two reasons, to either access deeper layers of muscles or to spare a therapist "wear and tear" of their hands, fingers, and wrists. To access the deeper layers of muscles, such as those of the back, it is not uncommon for a therapist to use a slow and controlled forearm to apply more pressure than they could with their hands or fingers.

An elbow may also be used to access deep layers of muscle but is more commonly reserved for areas where muscles meet the bone and for muscles that are extremely hypertensive. But forearms and elbow are also used to protect against overuse of the hands and fingers of therapists, and can extend a career that may otherwise be cut short by injury. In either case, a therapist should take care not to use too much pressure too quickly, especially with a sharp elbow, as doing so may result in the client or patient "muscle guarding" (muscle tightening that occurs to protect against injury).

Tools used by a massage therapist are not massage strokes but may enhance massage strokes by enhancing pressure, adding vibration or texture, adding hot or cold therapy, or by helping to correctly align the receiver's body.

Common tools include:

- A hand-held and smooth tipped stone, wood or plastic device to replace thumb pressure.
- A mechanical vibration device to prolong the vibrational stroke.
- Light rubber mallets to enhance tapotement.
- Hot stones, ice cups, and yoga bands to assist stretching.
- Neck cradles for positioning the head.

SECTION III: CONDUCTING THE MASSAGE

In a Swedish massage, there is a general sequence with which a therapist may proceed. However, before a massage can take place, there are some preparations.

Preparing for the massage

Even before arriving for an appointment, a therapist should be showered, free of scents, and have their fingernails trimmed short. The therapist should also be wearing clean, comfortable clothing that is not so loose it will brush a client or patient's skin. Dark colored clothing is preferred as it hides stains from oils, gels, and lotions. Any loose or hanging jewelry should also be removed as they may fall or cause noise.

The massage room should be in an area that is as private and noise free as possible, except for any music the therapist wishes to play. The therapist may choose to dim the lighting in the room as doing so produces melatonin, a hormone associated with relaxation and sleep. Because natural sunlight is particularly inhibiting to the body's production of melatonin, care should be taken by a therapist to block out all natural light if relaxation is the goal of the massage.

Swedish massages are usually given on tables that feature thick padding. With tables that are portable, padding may be minimal, in which case a therapist may choose to add additional cushioning by using extra sheets or thick blankets under the second of their top two sheets. The table should be clean and free of scents.

Additionally, the therapist should have props, bolsters, and pillows on hand to ensure the client or patient's body stays properly aligned on the table during the massage. Place a prop under the ankles in the prone position or under the knees in the supine position (face up) takes pressure off the lower back, for instance. Or, in cases where a client or patient's shoulders are rolled forward, a prop is usually placed under the shoulders in the prone position to prevent overstretching the upper back muscles.

Props are especially important during prenatal massages, as a client or patient cannot lie in their normal positions due to their pregnancy. Since a receiver's body alignment during a massage is important, many massage tables feature a face cradle or face hole to place their face in while being in the prone position. This helps keep a client or patient's spine in alignment, which helps muscles relax. Note that face cradles or face holes place pressure on a receiver's nasal cavities which may result in congestion. The therapist should have tissues on hand in the event this occurs. Certain essential oils also alleviate congestion.

Other items that the massage therapist should have on hand include skin lubricants, which – with the large number of possible lubricants on the market – will be a matter of the therapist's discretion. However, the therapist should take into consideration the scent associated with some lubricants especially if adding aromatherapy to the massage session. Additional items in the massage room may include extra blankets or linens to place on top of a client or patient for warmth, antiseptics (for cleaning the feet before massaging them), and towels so the client or patient can wipe off excess lubricants when the massage is over.

Once the massage room is fully prepared, a therapist should conduct a short interview with the receiver. This is to gain information about the client or patient's goals for the massage, whether they are taking any medications the therapist should be aware of, if there are any injuries that have not healed, if there are any areas of the receiver's body the therapist should not touch, as well as the receiver's preferences for lubricants and pressure. Once the interview concludes, the therapist should give the client or patient a few moments of privacy to undress to their level of comfort and lie on the table. This time should be taken by the therapist to wash and warm their hands before beginning the massage.

Conducting the massage

In a Swedish massage, it is usually the case that a client or patient begins in the prone position (face down). The general sequence begins with the upper back (including some shoulder and neck work), then moves down to the lower back, down to the legs, and finishing with the feet. With the conclusion of the feet, any props are removed and the receiver turns over onto their back. (Care should be taken by the therapist not to expose a client or patient during this maneuver.)

The therapist then proceeds with the front of the legs, to the arms and hands, to the abdomen and chest, the neck, and after a quick disinfecting of their hands, finally the face. Some therapists elect not to follow this routine once the receiver is in the supine position, choosing instead to start with the face, then the neck, then the chest and abdomen, then the arms and hands, the front of the legs, and finally the feet. This is a matter of personal preference on the part of a therapist. There are no particular rules for the sequence in which a massage should proceed, although the receiver should have a sense of flow about where the massage is going next. It is beneficial for a client or patient to always know where a therapist's hands are, as this can

reduce anxiety if it is their first massage, especially if the therapist and receiver are of the opposite sex.

As stated, a therapist will typically begin a massage on the back, first placing one hand on the upper back and one on the lower back and rocking the client or patient. This preliminary technique is relaxing and gives the therapist a moment to become completely focused.

Next, the back is undraped and tucked just under the waistline. A lubricant such as oil or lotion is spread with effleurage over large areas of the back, from the upper back to the lower back, up the rib cage, and around the shoulders and up the neck. Effleurage strokes should feel lengthy and complete, covering as much as the uncovered body without making the receiver feel as though boundaries are being crossed (refer to "Ethics of Massage," Section VI). Once the oil or lotion is evenly spread, the therapist may move on to the neck and shoulders using petrissage.

While any number of techniques may be used, friction feels particularly good at the base of the skull if kept slow and done without too much pressure. From the upper back, the therapist will move to the lower back, or they may massage one side of the entire back before moving on to the

opposite side. Across the lower back, a broad forearm through the region between the iliac crest and the rib cage feels good.

The therapist then moves on to the posterior legs and gluteal muscles, where compressions, deep effleurage, and petrissage can relieve stiffness brought on by clients or patients who spend long hours in an office chair. For the lower legs (calves), petrissage often works best. Finally, the feet in the prone position typically require the focused and specific pressure of thumbs and knuckles along and across the various muscles, while adding stretches of the toes away from each other and lightly pulled out. Working the feet is incredibly relaxing for many clients and patients.

Once the client or patient has turned over onto their back, the lower leg (specifically, the tibialis anterior and peroneal/fibularis muscles) is worked with stretches and thumb or forearm pressure. Meanwhile, the upper leg – the quadriceps muscles – are usually treated with compressions, petrissage and forearm pressure. Then, the arms and hands are massaged with any number of massage strokes, although forearms and elbows are not usually used due to the smaller muscle size of most people's arm muscles and the potential to damage superficial nerve pathways.

The abdomen, if massaged, is usually treated with effleurage while the stroke used on the chest usually incorporates effleurage with a pectorals stretch. Next, the many muscles of the neck provide the opportunity

for a therapist to utilize several different strokes: effleurage, petrissage, friction, vibration, feathering, and holding all feel pleasurable and are pain relieving for the neck. Of course, stretches for the neck are usually included. Finally, a face massage using light effleurage and feathering can send a client or patient into a deep relaxation. Depending on how deep this relaxation is and the goals of the receiver, the therapist may elect to finish the massage with tapotement over the whole body to stimulate the nervous system.

There are some points a therapist should consider when doing a massage. Naturally, the first is not to do any harm. If a client or patient looks uncomfortable during a stroke, the therapist should check in with them about the amount of pressure being used. The therapist should also be thinking about how one area of tension relates to the body as a whole; is one area affecting another? Massage therapists learn that everything is connected in one way or another.

The therapist should be focusing not only on the person on their table, but should be mindful of their own body mechanics so as not to injure themselves or cause themselves undue strain.

After the massage is over, the therapist should exit the room to wash their hands and arms which allows the client or patient time to collect themselves, dress, and exit the room. It is usually after the massage that payment is rendered for services.

SECTION IV: COMMON CONTRAINDICATIONS FOR MASSAGE

While some therapists might like to think they can treat almost any condition with massage, there are times when it is wise – both for the practitioner of massage and a client or patient – not to conduct a massage, first because of safety concerns and secondly, due to liability issues.

Contraindication is when a client or patient's body or mental state indicates a particular condition; a massage should not be performed. This section lists conditions a therapist is likely to encounter with someone at some point in their career. When these conditions are encountered, they should be referred to a physician for medical clearance before a massage is performed.

- **Broken bones** – Even light pressure should be avoided in regions adjacent to bones healing from breaks within the first few days of injury. Once the bone has healed, friction is useful for reducing any scar tissue associated with the break. Massaging the area around the broken bone during rehabilitation, however, may speed recovery by improving circulation in the area. Massaging the area around the broken bone may also reduce local pain and bruising associated with the break.
- **Cancer** – Conventional wisdom asserts that massage may spread cancer throughout the body, particularly to the lymph nodes; a situation to be avoided at all costs. Although more research needs to be conducted to confirm this assertion, massaging clients or patients with cancer must be given approval by a physician beforehand.
- **Diabetes** – A client or patient with diabetes may have reduced sensitivity to pressure. It is important for the therapist to verbally check-in with the receiver every few minutes regarding pressure. The area of a recent (within 6 hours) insulin injection should not be massaged because massage may accelerate insulin absorption.
- **Embolism** – Whenever there is a blockage of a blood vessel, massage is contraindicated since it may release the blockage and lead to a heart attack or stroke. Massage only with the approval of a physician.
- **Fever** – Clients or patients showing signs of a fever should not receive a massage as a fever may indicate the presence of an infectious disease. Although preliminary studies indicate that massage may reduce the higher bodily temperature associated with low-grade fevers not associated with communicable diseases, more research needs to be conducted. Until then, it is the safest course of action to avoid massage.
- **Hernia** – A hernia is the protrusion of an organ through the cavity wall that contains it. Massaging the area of the hernia or attempting to push the organ back into place can be extremely painful to the receiver and cause additional damage. Most hernias require surgery to repair and should be left alone by a therapist.
- **High blood pressure** – The excessive pressure build-up in blood vessels means that this condition is contraindicated for sports massage and deep tissue massage and any other type or technique of massage that stimulates blood flow, such as a tapotement. A relaxing massage with light pressure intended to sedate the nervous system is satisfactory.
- **HIV/AIDS** – AIDS cannot be contracted by skin-to-skin contact; instead, this virus can only be transmitted by the exchange of bodily fluids. Nonetheless, it is wise to avoid open cuts or sores on a client or patient regardless of their HIV/AIDS status. A therapist should always be aware of their own open cuts or sores before performing a massage and use medical gloves, if necessary. Also, note that persons with late-stage AIDS may be suffering from a communicable disease, so a massage may be contraindicated depending upon the specific illness.
- **Infectious diseases** – According to the CDC, influenza, hepatitis A & B, measles, meningitis, pneumonia, shingles, and strep throat are the most common viral (sometimes bacterial) infections in the U.S. that are contagious. Performing a massage on persons with any other these conditions may exacerbate their symptoms as well as expose the therapist to contagions.
- **Inflammation** – Although post-activity inflammation in athletes is common and massage is tolerable in such a case, the general rule is the areas of inflammation are to be avoided. In particular, inflammation of the veins (phlebitis) and skin (dermatitis) are contraindicated for massage. (Note that localized dermatitis can be worked around.) Ice may be administered at joints where inflammation appears, but the area of inflammation itself should not be massaged.
- **Osteoporosis** – This condition typically affects the elderly, causing their bones to become porous and fragile. A massage with light to moderate pressure may be allowed with a physician's approval, but firm to deep pressure should be ruled out. Massaging areas of bony protrusions, such as along the transverse processes of the vertebral column, should be avoided altogether.
- **Skin disorders** – Blisters, boils, burns, cuts, rashes, wounds, etc. should be locally avoided. Bruises, however, may be reduced in

size and discoloration by prolonged feathering strokes. Anything more than light pressure should be avoided with bruises.

- **Varicose veins** – Veins (usually in the lower leg) that are swollen, enlarged, and discolored due to poor circulation or some type of blockage. Varicose veins commonly affect middle-aged and older women more than men. Rigorously massaging the area or attempting to stimulate blood flow in the area of varicose veins should be avoided so additional trauma to the vein does not occur. Dislodging a blockage in a varicose vein could be particularly dangerous for the client or patient. Massaging around varicose veins with non-specific strokes and stretching muscles in the vicinity of the varicose veins is considered acceptable.

- **Neuritis** – The inflammation of one or more nerves. A client or patient may be insensitive to pressure levels and pain, or be overly sensitive to pressure and pain. This condition is often brought about by circumstances massage cannot prevent, such as pressure placed upon nerves by tumors, aneurisms, or superficial wounds. A physician's approval should be sought before massaging a client or patient with neuritis. Once approved, a massage may be conducted with light pressure techniques such as feathering, holding, or vibration, with the therapist checking in at regular intervals to monitor the receiver's sensitivity. Hot stones and cold/ice therapy should be avoided altogether.

SECTION V: COMMON MODALITIES OF MASSAGE

The modalities of massage you will read about in this section are the most common modalities of massage, besides Swedish massage, that are practiced in the United States. Some of these modalities may be

briefly encountered during what is otherwise considered a Swedish massage; it is not uncommon for a therapist to use utilize freshly acquired techniques they think may benefit their client or patient.

Sports massage

Sports massage – This modality of massage is geared towards athletes to facilitate their performance and recovery. Depending upon the needs of an athlete, they may elect to receive a massage at a particular time during their training cycle. Typically, an athlete may choose to receive a pre-event massage at the site of the competition in order to prepare their muscles for competition. The pre-event massage is characterized by quickly paced strokes. Petrissage, compressions, and vibration are used in order to stimulate blood flow to the muscles and it is usually performed with the athlete fully clothed for their competition.

A post-event massage, may likewise be performed at the competition, or will otherwise take place within a few hours of competing. Post-event

massage focuses on relaxing the body with slower strokes while also stimulating blood and lymphatic flow with petrissage to reduce recovery time. Stretches are commonly incorporated with both pre- and post-event massages and will target the muscles particular to the athlete's sport. Athletes may also use massage to recover more quickly from injuries. A 2010 study, cited in the **Journal of Strength and Conditioning Research**, discovered that even a few moments of targeted massage can improve the range of motion through the hips. In her own studies, Margaret Jones, Ph.D., of the American College of Sports Medicine, noted a decrease in muscle soreness in athletes receiving either pre- or post-event massage ("Deep Tissue Sports Massage").

Deep tissue

Deep tissue – This modality is as its name implies; it usually involves the application of forearms and elbows with firm pressure to access deep layers of muscle that are not typically accessible with hand or finger pressure. This technique is further characterized by a slow and deliberate movement, while the targeted muscle or muscles are minimally lubricated. When performing deep tissue work, the therapist should not be pressing muscles down into bones, as this can damage

both the muscles and bone and result in severe bruising. Instead, the applied pressure should be moving perpendicular to the bone or at as much of an angle away from the bone, as possible. The therapist should check in frequently with the receiver for feedback about pressure and pain; some discomfort is normal but sharp pain should be avoided. Deep Tissue Massage is sometimes considered a form of Myofascial Release (mentioned further in this section).

Aromatherapy

Aromatherapy – Although not considered a form of massage, aromatherapy is a relatively common supplement to a massage session. Used as early as ancient Greek and Roman times, essential oils have shown to produce a variety of effects. Oils from lavender or chamomile, for example, have sedative effects while eucalyptus, lemon, and pine oil have antiviral properties. Eucalyptus oil can also be used as a decongestant. Such oils can be used alone or in blends, to produce a variety of effects or enhance the effects of the oil used in the blend.

Essential oils are used during a massage session in one of two ways: (1) The oil is either diffused into the air by warming it with a special container or placing a few drops on a hot moist towel, or (2) the oil is massaged directly into the skin. Massaging oils directly into the skin is the less common method of application, as many essential oils are too powerful to be absorbed quickly into the bloodstream using this method. (Nausea or seizures can result.)

Some oils are more commonly used than others during a Swedish massage session. The following list includes the ten most commonly used oils and the conditions they are used to treat:

- **Basil** – anxiety, depression, digestive issues, insomnia, muscle spasms, poor circulation, poor concentration (caution; do not use during pregnancy).

- **Bergamot** – body odor, depression, infections, insect repellent, stress, ulcers (caution; do not use undiluted).
- **Cedarwood** – fungal infections, poor circulation, poor concentration, respiratory conditions (caution; do not use during pregnancy, do not use undiluted).
- **Chamomile** – acne, allergies, digestive issues, headaches, insomnia, minor pains, muscle spasms, stress (caution; avoid use during first trimester of pregnancy, do not take internally).
- **Eucalyptus** – body odor, congestion, disinfectant, infections, poor circulation, poor concentration, respiratory conditions (caution; do not take internally, do not take if epileptic).
- **Lavender** – bacterial infections, body odor, decongestant, high blood pressure, inflammation, insomnia, minor pains, muscle spasms, stress (caution; avoid use during first trimester of pregnancy, avoid with low blood pressure).
- **Lemongrass** – bacterial and fungal infections, body odor, digestive conditions, fever, insect repellent, poor concentration (caution; avoid during pregnancy, use in low doses).
- **Peppermint** – decongestant, digestive conditions, fever, halitosis, inflammation, lethargy, poor concentration, minor pains, muscle spasms (caution; avoid during pregnancy, use in low doses).

- **Rosemary** – antiseptic, congestion, digestive conditions, insect repellent, lethargy, poor circulation, poor concentration, muscle pains, muscle spasms (caution; avoid during pregnancy, avoid with high blood pressure).
- **Sandalwood** – antiseptic, bacterial infections, depression, inflammation, respiratory conditions, stress (caution; always dilute with a carrier oil or water).

Hot stone massage

Hot stone massage – This modality utilizes warm-to-hot stones (120-150 degrees) to direct heat deeply into muscles. The application of deep heat on muscles can have a sedative effect and is effective for treating hypertension and managing pain by dilating blood vessels, loosening tense muscles, and allowing a therapist quick access to deeper layers of soft tissue in less time. Hot stones can be utilized in one of two ways, either as an extension of the therapist's hands so that the stones are kept in motion, or by careful placement. When used as an extension of a therapist's hands, stones are usually heated to a temperature of 120-130 degrees and kept in constant motion so they do not burn a client or patient's skin. As the stones cool, the pace of the massage may slow until the stones are no longer at an effective temperature (less than 116 degrees). A therapist trained in hot stones will know when a stone is too cool to be effective.

Stones may be carefully placed directly on the skin provided they are not more than 120 degrees. Hot stones at a temperature greater than

120 degrees should be buffered by a towel or blanket to prevent burns on the receiver. As with a deep tissue massage, an open channel of communication is necessary between the therapist and receiver, to establish the client or patient's comfort zone regarding the heat of the stones. While the stones are often effective in loosening soft tissue and are very relaxing, there are cautions against their use.

A hot stone massage is generally contraindicated for clients or patients with diabetes, high blood pressure, heart disease, or those on blood thinners. Hot stones are also contraindicated for women who are pregnant or women experiencing menopausal hot flashes, or if the receiver has a sunburn. The stones commonly used for hot stone massages are usually polished basalt river stones which are high in iron, an element that effectively retains heat. Many types of stones can be used to apply heat to the body; however, it is best to ask specific questions before giving a hot stone massage for the first time, considering this modality often costs considerably more than a regular Swedish massage.

Shiatsu

Shiatsu – This modality was developed in Japan, and applies pressure to specific points along pathways of the body, called **meridians**. The goal of applying pressure along these pathways is to unblock the flow of Qi (life energy) throughout the body. Traditionally, it is believed that blocked Qi results in physical and mental unbalances, if left untreated. When applying pressure to specific points along the meridians, a practitioner may use fingers, thumbs, palms, elbows, or their knees. Like Swedish massage, pressure along the meridians stimulates blood

and lymphatic flow, if nothing else. While there is some skepticism among Western medical physicians towards the treatment of Qi in a Shiatsu session, recent studies of a similar modality, acupuncture (which applies needles to the same points along meridians), has been shown to be effective for managing pain. Continuing research into these related modalities reveals a variety of benefits, ranging from nausea relief to curing insomnia.

Reflexology

Reflexology – This modality applies pressure to reflex points on the hands or feet to stimulate changes in other parts of the body. Practitioners of this modality believe the hands and feet represent a small mirror image of the human body, and as such, they can treat distant ailing body parts by massaging them. For example, a client or patient with tight shoulder and neck muscles may have the base of their toes and the pads of their feet massaged. Similarly, to treat digestive issues, a practitioner may massage specific areas within

the arch of the foot, as this area corresponds to abdominal organs. Numerous studies conducted throughout China, Britain, and Finland found that reflexology positively affected many ailments, from colic in children, to heart disease in adults. Still, noting that many reflexology charts differ in small details, more research needs to be conducted to verify the connectivity between pressure points on the hands and feet and distant body parts. At any rate, the positive benefits unveiled by research, demonstrates the power of touch.

Trigger point therapy

Trigger point therapy – This modality was developed in the 1940's by Janet Travel when she discovered that the palpation of some irritable muscle bundles (commonly referred to as **knots**) resulted not only in local pain, but pain distant from the site of palpation, as well. Biopsies have shown these irritable muscle bundles (clinically referred to as **trigger points**) were electrically active and tight spindles of muscle in the general muscle tissue. The tightness and electrical activity found in these trigger points causes them to become self-perpetuating. The tightness stimulates an electrical impulse to the muscle spindles and the electrical impulses cause the spindles to contract, causing tightness.

Although it is not known what initiates a trigger point, left untreated they may cause chronic pain across broad areas of the body. Trigger Point Therapy attempts to relieve these sources of pain through a very particular application of pressure. The technique requires holding pinpoint pressure upon the irritable muscle bundle until the trigger

point begins to twitch. At this time, the therapist will apply more pressure until the client or patient tells the therapist the pain is about seven to eight on a scale of ten. At this time, if the trigger point is **active**, the receiver may also feel pain at a location away from the trigger point. Trigger points that do not refer pain away from their general area are considered **latent**. The therapist continues to maintain pressure until the twitching stops – indicating that the perpetuating electrical signal has been interrupted – and the pain has subsided to at least a two to three on a scale of ten. Trigger points are a widely accepted reality among many health practitioners such as physical therapists, chiropractors, and occupational therapists. Various studies have estimated that in 75–95 percent of cases regarding regional pain find trigger points are the principal cause.

Lymphatic massage

Lymphatic massage – Unlike blood which is pumped by the heart, lymph fluid moves through the body when muscles contract. However, sometimes a patient or client is not able to move about enough to stimulate the lymphatic flow, or they suffer from **edema** (swelling) a symptom of another condition. This type of massage is designed to help move lymph fluid through the body, assisting the body's cleansing cycle and improving the immune system.

Lymphatic massage is designed to move toxins and waste material collected from the body's bloodstream towards the lymph nodes, liver, and kidneys, as well as other cleansing organs. Performing this type of massage requires a deft touch, to the point where a receiver may barely perceive they are being touched, despite the rhythmic and constant pace of the technique. Nevertheless, the practitioner will guide lymph towards the various lymph node areas (such as the underarms, neck, and groin regions) so it can be collected and subsequently drained from the body. As an added benefit, lymphatic massage has a sedative quality that helps alleviate pain.

Reiki

Reiki – There are at least two varieties of this modality. However, the Usui System developed in the early 20th century by Mikao Usui, is the variety more commonly utilized to treat a client or patient's Qi (life force). Practitioners of this modality assert that they are able to access their own Qi and use it to manipulate the Qi of a receiver, with the goal being to balance a receiver's physical, mental, and spiritual health. This is done by the practitioner placing their hands lightly, on or above

As with every modality, there are situations when lymphatic massage should not be performed. The National Lymphedema Network lists four situations contraindicating massage:

1. Patients developing lymphedema after surgery who suddenly experience a marked increase in localized swelling. Under these circumstances, patients are advised to stop treatment and to see their physicians for evaluation, as soon as possible.
2. Patients developing a sudden infection should immediately discontinue treatment until the infection is treated and completely clears up. Patients, who have an increased risk for blood clotting, should be tested to rule out deep-venous thrombosis, before being treated.
3. Patients who have congestive heart failure must be monitored closely to avoid moving too much fluid [through the body] too quickly, which could put a strain on the heart.
4. When pain is present, treatment should be withheld until the underlying cause has been determined.

specific areas of the receiver's body, for three to five minutes. Then, the practitioner moves to the next in a series of twelve positions, which will positively affect the well-being of the client or patient. As of this writing, there has been very little scientific research into the claims made by Reiki practitioners, and as such, there is little more than anecdotal evidence to suggest that this modality is beneficial.

Myofascial release

Myofascial release – This modality is designed to eliminate restrictions that develop in **fascia**; broad, thin sheaths of connective tissue that surround muscles, bones, and organs. It is thought that by loosening this connective tissue, mechanical issues, such as scoliosis or range-of-motion issues, can be corrected. While deep tissue massage is usually considered a separate modality, it can be considered a type of myofascial release, as the pressure of the deep tissue technique overloads restrictions in deep layers of muscles and connective tissue until they release. Clients or patients seeking a myofascial release treatment, though, are often referring to the less invasive technique that utilizes light finger, thumb, or knuckle pressure.

Generally, the technique begins by the therapist placing their fingers, thumbs, or knuckles upon a muscle's origin with light pressure and taking a moment to "sink into" the soft tissue. The therapist then moves towards the insertion of the muscle, feeling for any restrictions or hardened areas within the tissue. Light pressure is maintained at the restriction for up to five minutes until the tissue begins to warm up and subsequently becomes softer. Finally, the therapist continues to move toward the muscle insertion until completing the stroke and removing their touch from the skin, slowly. This modality is sometimes uncomfortable for receivers as no lubricant is used on their skin and heat may be generated from their bodies in a manner they are not used to.

Prenatal massage

Prenatal massage – Prenatal or pregnancy massage is designed to address the anxiety, aches, pains, and swelling associated with pregnancy. Due to changes the female body undergoes when pregnant, several areas of concern must be addressed when giving a massage. First, the client or patient must be properly supported with pillows or other props to ensure the safety of the mother and child. In fact, most of the massage takes place with the receiver in the side-lying position, which reduces strain on the lower back. Second, some modalities should not be used during a prenatal massage, such as deep tissue, which may exacerbate damage to tissue already prone to bruising and swelling. Firm pressure, in general, should also be avoided on the legs in particular. As blood volume increases during a pregnancy and tends to settle in the legs, the risk of dislodging a blood clot in the leg rises.

Third, there are several contraindications when it comes to prenatal massages. If a potential client or patient is experiencing any nausea or vomiting, or is considered to be at a high risk for miscarriage by their physician, massage should not be performed.

There is also some debate as to whether prenatal massages should be performed when a woman is in her first trimester of pregnancy. Although women are at a higher risk for miscarriage during this phase of their pregnancy, many therapists will not perform prenatal massages for women in their first trimester for liability reasons, in case there is a correlation between the time a woman receives a prenatal massage and a miscarriage. Finally, a therapist should avoid any heat therapy during a prenatal massage, as the introduction of additional heat to the body, at this time, is considered potentially hazardous to the unborn child.

Craniosacral therapy

Craniosacral therapy – This modality involves the gentle movement of the bones of the skull and cranium to affect the fluid surrounding the brain and spinal cord. By using light pressure on the face and head,

craniosacral therapy purports to restore the body's natural balance, and functioning of the nervous system. This form of therapy is typically used in cases of chronic headaches, whiplash, and scoliosis.

Lomi lomi

Lomi lomi – Literally translated from the Hawaiian language as “rub rub,” this form of massage uses broad strokes with the entire hand and forearms flowing constantly over large areas of the body. Lomi lomi

focuses on treating the entire body, not just physically, but emotionally, mentally, and spiritually, as well. The therapist will usually invoke a Hawaiian prayer before the massage begins.

Ayurvedic massage

Ayurvedic massage – This modality is a complimentary therapy to a larger system of Indian medicine intended to detoxify, relax, and rejuvenate a receiver's spiritual being. During an ayurvedic treatment, the body is massaged vigorously with a warm blend of oils and herbs particular to the needs of an individual. This technique is based upon

the Indian system of five elements and three mind/body classifications. This system allows a therapist to not only know what oils and herbs to use for each treatment, but also how much pressure and how quickly the massage should be performed.

SECTION VI: ETHICS OF MASSAGE

As research continues to confirm the benefits of massage, many therapists have come to consider themselves as legitimate health care providers. While practitioners of massage do not take the Hippocratic Oath like new physicians, all therapeutic massage schools in the U.S. and most of the well-known professional massage organizations (American Massage Therapy Association (AMTA), Associated Bodywork & Massage Professionals (ABMP), National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)) require their practitioners to uphold certain ethical standards.

Likewise, many U.S. states with a regulatory board that oversees licensing massage therapists include *Codes of Conduct* in their rules and regulations. The reason schools, organizations, and licensing boards require adherence to ethical standards is to protect and preserve professionalism in the field, as well as, for the safety of both therapists and their clients or patients. Broadly speaking, ethical standards cover three basic areas of concern: self-conduct, in relation to giving a massage, self-conduct in business dealings, and self-conduct when interacting with clients or patients in general. What follows is a generalized *Code of Conduct* for massage therapists, based upon the ethical standards expected of the aforementioned schools, organizations, and licensing boards.

Regarding the Practice of Massage, a Massage Therapist Shall:

1. Provide the highest quality massage therapy for clients or patients seeking a professional service.
2. Practice only techniques they are trained, qualified, or otherwise certified to perform.
3. Project a professional appearance by being punctual, well-groomed, wearing clean clothes, and being free of odors.
4. Accurately inform a client or patient about the intended course of therapy and acquire their consent prior to the massage.
5. Properly drape or cover a client or patient to ensure their safety and comfort in accordance with local and state laws.
6. Provide therapy only in regards to what a client or patient requests and respect their desire to stop therapy at any time for any reason.
7. Withhold therapy for a client or patient if their medical condition indicates possible contraindications.
8. Refuse to diagnose possible medical conditions and instead refer the client or patient to a physician for a proper assessment.
9. Maintain and continue to develop skills through regularly scheduled continuing education classes.

Regarding Business Practices, a Massage Therapist Shall:

1. Provide therapy regardless of a client or patient's gender or ethnicity, or otherwise arbitrarily discriminate.
2. Provide a safe and secure setting and meet local and state health code regulations.
3. Maintain adequate liability insurance, in accordance with local and state laws.

4. Maintain accurate records of appointments, billing, taxes, and legal obligations.
5. Keep all client or patient information confidential, except when required by law enforcement officials.
6. Securely store and destroy all client or patient files, when necessary.
7. Honestly and accurately represent their experience and credentials, as well as their services when advertising and marketing.
8. Refrain from any and all activity that is illicit, illegal, or prohibited.
9. Conduct business transactions with honesty and integrity, disclosing fees for services clearly and concisely.
10. File all applicable state and federal taxes.
11. Refrain from the defamation of other therapists, health and wellness providers.
12. Treat all co-workers, employers, and employees with respect.
13. Clearly define the expectations of employees by providing a precise job description and internal company policies (if applicable).

Regarding Client/Patient Interactions, a Massage Therapist Shall:

1. Act in a manner conducive to the best interests of the client or patient, while safeguarding the reputation of the massage profession.
2. Ask only for information that is relevant to the practice of massage or a course of therapy.
3. Respect a client or patient's privacy by not disclosing sensitive information, discussed during therapy.
4. Refuse to engage in any and all sexual relations with a client or patient unless such relationships exist, prior to the onset of therapy.
5. Refrain from providing therapy when either the therapist or client/patient is under the influence of drugs or alcohol, except for prescription drugs.
6. Refrain from providing therapy if a client or patient is physically or emotionally abusive, in any respect.
7. Refuse any and all gifts intended to influence a course of therapy, or that results in personal gain.
8. Retain the right to refuse therapy for reasonable causes, such as unwanted sexual advances.

It is the responsibility of each and every professional massage therapist to uphold these ethical guidelines. Taking responsibility for their actions increases the respectability of each therapist, as well as their profession, and can lead to a long and possibly profitable career.

SECTION VII: BASICS OF THE MESSAGE BUSINESS

Learning how to massage consumes a great deal of a student's time, especially in schools that meet the minimum number of hours it takes to be considered a school that U.S. states recognize as "therapeutic massage schools." Although there is a trend towards requiring more hours of training to be a massage therapist, the number of hours dedicated to learning the business of massage is often minimal. While newly licensed therapists coming out of school tend to work as employees of spas and hotels, some new and experienced therapists go into business for themselves as the sole proprietor of a massage business. There is the opportunity to make more money conducting one's own business in the massage profession as opposed to being an employee, but few therapists know the basics of what is involved. This section is intended to provide that information.

Starting a massage business requires a vision or "mission statement," detailing what kind of service the therapist intends to provide. Are they going to serve a specific segment of the population, such as athletes, or provide relaxation massages for the general public? The mission statement is akin to an elevator speech – a 30 second speech about one's business – but even shorter. It should be thought about carefully and be creative enough that it sets the therapist apart, not only from other therapists, but therapists serving the same demographic.

It is helpful for the therapist to think about their ideal client or patient in order to create a memorable mission statement. Second to the mission statement is the *business name*. In the massage business, any and all sexual innuendos should be avoided. Even though the massage profession is growing in regards to respectability, some clients still view the touch of another human being as sensual. Both the mission statement and business name should be unambiguous towards this end.

Once the mission statement has been completed and business name decided upon, a *business plan* can be developed. The business plan should detail important information such as:

- Advertising and marketing.
- Billing.
- Bookkeeping.
- Business expenses.
- Company policies.

Each of these areas are important in their own respect, but without advertising and marketing, there will be few clients or patients for a therapist, which means no income either. There is an incredible number of ways to advertise a business, but in this digital age it is necessary to maintain a website. Whether the business website is built by a therapist themselves or outsourced, there is some key information it should include: who does the business serve, the therapist's credentials, services provided, pricing information, contact information, a cancellation policy, and the location details with a map. Some therapists also include a blog about their business or recent trends in massage, printable forms for perspective clients to bring to the massage, and/or an online scheduling calendar. A good website is also easy to navigate and easy to read. Many professional massage associations include a free website for a therapist's business, provided the therapist is a member, but paid-for web-hosting offers more opportunity for creativity. Of course, any cost associated with maintaining a website should be recorded and receipts kept, as it is tax deductible.

While a website is essential, there are many other ways to advertise. Therapists often wear t-shirts with their company logo and information or put a business bumper-sticker on their vehicle. Business cards, flyers, and sidewalk signs are another standard in the massage business. Less common marketing strategies include presentations about the benefits of massage at other local businesses and giving brief introductory massages at festivals, fundraisers and sporting events. A clientele may also be built by offering special discounts, package deals, and gift certificates.

It is suggested to speak with at least one person a day about massage. Therapists who wish to enter the orthopedic massage field (treating musculoskeletal disorders), may want to talk to doctors about how massage can benefit their patients. This can provide a steady source of income. Perhaps, the best advertising could be the clients themselves. As therapists provide reliable and consistent service along with good results, they create word-of-mouth, an invaluable tool, towards creating a reputation in the market.

Next, a business plan should cover billing. First, therapists have to consider what is a fair but competitive price for their services? What are other therapists charging in the same area, or marketing to the same demographic, charging? Charging too little may result in potential clients thinking little of the therapist's credentials. Charging too much may make potential clients look elsewhere for a massage.

Second, what forms of payment should a therapist accept? It is almost necessary to accept credit cards in this day and age. There are many processing companies willing to provide business owners with this ability. Business owners should be aware that contracts vary widely among such companies. Some may offer low processing fees but bind a therapist to a two-to-three year agreement charging them, even if a therapist quits their business. Or they may offer a contract that can be terminated any time but charge high processing fees. Contracts concerning credit card processing fees should be carefully reviewed.

Third, some therapists are able to charge medical insurance as a form of payment. Accepting insurance payments can be lucrative as insurance pays well, although not immediately, and car accident victims or workman's comp cases often need massage several times a week, in order to rehabilitate. Although Washington and Florida recognize massage therapists as health care providers and make it relatively easy for them to bill insurance, almost every state allows therapists to bill health insurance provided the massage therapist submits a lengthy amount of detailed paperwork. While the imminent implementation of The Affordable Health Care Act should make it easier for therapist to join the ranks of those providing massage, therapists should note that charting (discussed below) and coding for insurance cases is very precise and they should take a class in medical transcription for massage, or learn from a therapist, already billing insurance.

Fourth, all money collected must go into a business bank account and not a personal account, and any bank can provide those necessary arrangements for a small monthly fee. There are several reasons to have a business account as opposed to having money going in and out of a personal account; it makes balancing the respective accounts easier, keeping tax-deductible business expenses manageable to track, and it renders a therapist more professional. Fourth, every transaction should include a receipt. This is important for bookkeeping purposes.

Bookkeeping serves several purposes; one reason is knowing how much to pay in taxes. With federal and state tax regulations changing on an almost yearly basis, it is best for a therapist to set aside at least 20 percent of their earnings per quarter to pay quarterly taxes. However, what is owed in taxes can be reduced by the deduction of business expenses: oils, linens, and other massage supplies, office supplies, room/space rental, business utilities such as a dedicated phone line, work clothing, business license fees, insurance liability fees, continuing education fees, business related books, and even car mileage, when used for business, are all tax-deductible. As mentioned before, receipts should always be kept for six years in the event of an audit.

A therapist should take notes on every client or patient they see, not only charting what happens each session, but any pertinent personal information. Charting observations and assessments of each session allows a therapist to know if progress is being made and allows a therapist to remember what happened in each session. Charting each massage is also important in regards to liability; massage therapists

can be sued for injuring a person, but well written notes may protect a therapist by indicating the patient or client had a pre-existing condition.

Some tax deductible business expenses involved in a massage business may be:

- Massage table or mat (usually a one-time expense).
- Lubricants such as oils, lotions, and gels.
- Sheets and linens (as well as cleaning supplies or a cleaning service for them).
- Massage tools (such as hot stones and heater.)
- Office space or room rental (as well as room decorations).
- Massage license, business license, and liability insurance fees.
- Advertising and marketing materials (such as business cards).
- Office supplies (pens, notebooks, tax software, etc.).
- Work clothing.
- Bank account fees.
- Continuing education courses and conference fees.
- Professional association fees.
- Legal consultation fees.
- Business related books.
- Travel costs (log of distance travelled if deducting automobile miles).
- Cost of revenue lost to time training new employees (if having employees).

All of these expenses factor into a massage business start-up and monthly costs from which revenue projections can be made. Including such expenses in the business plan can help a therapist determine a fair price for their service so as to profit from their profession. Also, taking into account something as essential as office space may influence where the business takes place; would the therapist rather stay near home or rent a room in a location with a lot of foot traffic? Price is often a factor in such decisions. (Office space is often shared with another therapist which helps drive down the cost of the room for all therapists involved. All involved therapists should sign an agreement overseeing scheduled room usage and what, if any, supplies or other business expenses are shared.)

Policies of the massage company need to be included in the business plan. Policies should cover vital information for potential clients and patients such as:

- **Arrival time** – arriving 5-15 minutes before the scheduled appointment to fill out paper work and allow for undressing/dressing time and the protocol for late arrivals (usually shortening the session time, but charging the full price).
- **Cancellation and no-show policy** – cancelling or not showing up for an appointment, with less than 24 hour notice, usually results in a cancellation fee, sometimes up to the full cost of service.

The protocol for the therapist cancelling or rescheduling an appointment may also be covered here.

- **Accepted forms of payment** – almost all therapists accept credit cards, checks with a matching ID, and cash. This section should include a returned check policy. Any form of payment not taken should be clearly noted.
- **Scope of practice** – what techniques the therapist is qualified and not qualified to employ as well as a disclaimer indicating that a therapist is not qualified to diagnose medical conditions.
- **Confidentiality** – information between a therapist and client or patient is private unless sought by authorities. The necessity of the full-disclosure of all medical conditions and prescription drugs may also be mentioned here.
- **Professional boundaries** – how the therapist will treat unsolicited sexual advances or sexual conversation, the draping policy, the clothing policy for the receiver, the client's right to refuse or end service, and issues related to client comfort should all be addressed here.

A gratuity policy is sometime included among these business policies but is not considered vital information. Anything a therapist thinks a client or patient should know should be mentioned in their business' policies. Too much information is better than too little information in this regard as clearly defined policies may protect a therapist during legal proceedings.

While a lot of work goes into developing and maintaining a massage business, there is still the matter of the therapist actually doing massages. But, doing massage can be physically demanding, especially for long hours and the type of massage a therapist likes to do. Even a therapist with excellent body mechanics is still prone to injuries. Usually sore hands, wrists, elbows, shoulders, and lower back. A therapist's self-care is as essential to a massage business as any other element; without taking care of themselves, they cannot take care of others. This is usually meant in a physical capacity, meaning a therapist needs massages as much as their clients do. However, self-care relates to a therapist's mental well-being, too. Are they giving themselves enough time to rest every day? What about spending enough time with their family or friends? Do they have time for their hobbies or favorite activities? Are they exercising and eating right? Such shortcomings can be as damaging to a therapist as doing too many massages and no business will succeed for long unless such personal needs are met. Even professional development is critical. Learning new techniques may train a therapist to use their body differently, reducing the wear and tear that comes from doing the same techniques, repeatedly. Learning new skills keeps the therapist's mind fresh and flexible and ready for unexpected challenges. A therapist who addresses these self-care issues is better able to meet the demand of doing massage while running a massage business.

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Chapter 3: Ethics in Massage Therapy

3 CE Hours

By: John Vinacci

Learning objectives

- ♦ Outline key principles of professional ethics in massage therapy.
- ♦ Define the concept of power dynamics.
- ♦ Distinguish between transference and countertransference.
- ♦ Describe the nature of the fiduciary role.
- ♦ List four ways practitioners might work outside their scope of practice.
- ♦ Explain the risks of dual or multiple-role relationships between practitioners and clients.
- ♦ Explain the relationship between patient autonomy and agreements, including the client's bill of rights, informed consent, and right to refuse treatment.
- ♦ List four strategies that reinforce appropriate boundaries.

Introduction

This course addresses a range of issues and concerns for the professional massage therapist and introduces a number of concepts important to the ethical practice of massage therapy. Successful completion of the course equips massage therapists with the basic concepts and rationale for ethical decision-making in their practice, to help them navigate unknown ethical territory, identify questionable behavior, and identify “red flags” of potential conflict, as well as take steps to resolve these issues. Equally important, it will help therapists know when to seek professional guidance with a supervisor or mentor, or turn to other appropriate resources for professional assistance.

This course fulfills three credits of mandatory coursework in ethics. In addition, it:

- Explains concepts important to ethical theory and practice in professional massage therapy and bodywork.
- Examines the value and function of ethical codes and professional standards of conduct.
- Emphasizes the delineation of boundaries that define the therapeutic relationship.

Principles of professional ethics

Ethics refers to principles of morally right or good conduct. Professional ethics in massage therapy is the application of guiding principles of right conduct to the study, practice, and business of massage therapy. Unlike personal ethics, which are flexible and open to debate, professional ethical codes are formally defined, mandatory standards of conduct established by and for members of professional associations to ensure quality and integrity in the profession.

Because virtually all state licensing authorities, certifying/accrediting agencies, and professional associations establish their own standards of conduct and ethical guidelines for their members, massage therapists need to refer directly to the organizations and academic or training institutions with which they are affiliated, as well as state, local, and national associations, to review the ethical guidelines that apply. This course is based on standards of ethical behavior embodied in both the American Massage Therapy Association (AMTA) and National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) Code of Ethics and Standards of Practice, and common to the ethical codes of other agencies regulating massage therapy.

A code of ethics states the ethical responsibilities of the massage and bodywork professional. Standards of practice further establish the expectations of professional conduct in regard to the law, confidentiality, business practices, roles and boundaries, and prevention of misconduct. This course intends to clarify the meaning of statements and concepts central to the ethical practice of massage therapy.

Broadly speaking, the code of ethics for massage therapists covers three areas of concern:

- Self-conduct in relation to performing a massage.
- Self-conduct in business dealings.

- Self-conduct when interacting with clients in both a professional setting, as well as within the public arena.

What follows is a generalized code of ethics for massage therapists based upon the ethical standards set forth by many professional massage therapy schools, professional massage therapy organizations, and massage licensing boards.

Regarding the practice of massage, massage therapists shall:

- Provide the highest quality massage therapy for clients or patients seeking a professional service.
- Practice only techniques they are trained, qualified, or otherwise certified to perform.
- Project a professional appearance by being punctual, well-groomed, free of odors, and wearing clean clothes.
- Accurately inform a client or patient about the intended course of therapy and acquire their consent prior to the massage.
- Properly drape or cover clients or patients to ensure their safety and comfort in accordance with local and state laws.
- Provide therapy only in regards to what clients or patients request and respect their desire to stop therapy at any time for any reason.
- Withhold therapy for a client or patient if a medical condition indicates possible contraindications.
- Refuse to diagnose possible medical conditions, and instead refer the client or patient to a physician for a proper assessment.
- Maintain and continue to develop skills through regularly scheduled continuing education classes.

Regarding business practices, a massage therapist shall:

- Provide therapy regardless of a client or patient's gender or ethnicity.
- Provide a safe and secure setting that meets local and state health code regulations.

- Maintain adequate liability insurance in accordance with local and state laws.
- Maintain accurate records that pertain to appointments, billing, taxes, and legal obligations.
- Keep confidential all client or patient information, except when required by law enforcement officials.
- Securely store and destroy when necessary all client or patient files.
- Honestly and accurately represent experience and credentials as well as services when advertising and marketing.
- Refrain from any and all illicit, illegal, or prohibited activity.
- Conduct business transactions with honesty and integrity, disclosing fees for services clearly and concisely.
- File all applicable state and federal taxes.
- Refrain from the defamation of other therapists and health and wellness providers.
- Treat all co-workers, employers, and employees with respect.
- Clearly define the expectations of employees with a precise job description and internal company policies (if having employees).

Regarding client/patient interactions, a massage therapist shall:

- Act in a manner conducive to the best interests of the client or patient while safeguarding the reputation of the massage profession.
- Ask only for information that is relevant to the practice of massage or a course of therapy.
- Respect a client or patient's privacy by not disclosing sensitive information discussed during therapy.
- Refuse to engage in any and all sexual relations with a client or patient unless such a relationship exists prior to the onset of therapy.
- Refrain from providing therapy when either the therapist or client/patient is under the influence of drugs or alcohol (except for prescription drugs).
- Refrain from providing therapy if a client or patient is physically or emotionally abusive in any respect.
- Refuse any and all gifts that are intended to influence a course of therapy or that result in personal gain.
- Retain the right to refuse therapy for reasonable causes, such as unwanted sexual advances made by the client.

The nature of the practitioner-client relationship is a fiduciary one. This means the client trusts that the practitioner will act in the client's

best interests, and it is the practitioner's duty to do so. This concept is central to professional practice and the therapeutic relationship. While the practitioner and client share the same primary concern and objective – the client's welfare – it is the practitioner, by virtue of professional status, who is ultimately responsible for the client's safety, security, and well-being. Practitioners bear the burden of accountability, because they are in a position of authority or power in relation to the client.

Massage therapists treat individuals ethically not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term "beneficence" is often understood to cover acts of kindness or charity that go beyond strict obligation. In this context, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms (beneficence and non-maleficence).

The principle of beneficence requires massage therapists, other things being equal, to do good or what will further the patient's interest. The principle of non-maleficence requires massage therapists, other things being equal, to avoid harm to the patient, or what would be against the patient's interests. Both principles rest on the fundamental importance of what is in the patient's interest. The first is the positive requirement to further the patient's interest. The second is the requirement to refrain from doing what damages the patient's interest. Different claims covered by the principle of beneficence may come into conflict and force difficult choices.

Ideally, therapists' relationship and interactions with clients is a partnership that promotes healthy behaviors; leads to sound, informed, health-care decisions; and ensures the client's voice is heard. The client's best interests should always be the therapist's primary goal, and the guide for all actions and decisions. If therapists ever suspect they are acting out of an unhealthy need or motive, or feel the interactions or relationships with the client are impeding rather than facilitating the therapeutic process, they should seek assistance and/or supervision. Massage therapists can consult a professional massage therapy organization for guidance, supervision, and other professional resources.

The following sections discuss key points of ethical massage therapy practice in more detail.

Accountability

Professional organizations protect public safety by certifying the competence of their members through licensing and continuing education requirements. Accreditation and professional affiliations maintain quality control and show accountability to clients, colleagues, and the profession, as a whole. They confirm that massage therapists abide by prevailing health and safety standards, conduct themselves in accordance with relevant legislation and/or professional regulations, and possess the specialized knowledge and skills in their field.

Scope of practice

Scope of practice refers to massage therapists' area of competence, usually obtained through formal study, training, and/or professional experience, and one for which they've received certification or other proof of qualification. Unlike other standardized training programs or fields of study, schools of professional massage therapy and state requirements vary significantly in the number of necessary hours of study and curriculum. Some schools provide substantial training in specialized procedures, such as lymphatic-drainage techniques or hydrotherapy, while others may only touch upon these subjects, if they are discussed at all.

Once massage therapists successfully complete an approved training course, written examination (state and/or national), and, in some cases, a practical evaluation, they are deemed "competent" in the subject area of massage therapy, despite the fact that specific skills, training, and knowledge base may be very different from that of other practitioners. Licensing agencies and professional societies establish standards of quality and professional expertise in the field and ensure that licensed individuals keep pace with recent developments through continuing education requirements.

Massage therapists who choose to provide services they are not appropriately trained or competent in is a dangerous personal decision that undermines the profession and may carry weighty legal implications. Personal level of discretion and ethical standards will largely determine the manner in which massage therapists advertise their services, describe their education and professional experience, and list credentials. Therapists must decide if they can rightfully claim substantive experience in a discipline for which they've attended a three-hour workshop or watched a series of instructional videos, or

when they can properly call themselves an expert in one modality or another.

Misrepresenting one's educational achievements, credentials, or abilities is a serious breach of responsibility that endangers client safety and reflects poorly on the massage profession as a whole. If a

Health and safety

Practitioners must abide by industry standards of safety and hygiene. Client draping, towels, the massage table surface, and other relevant items or materials must be cleaned according to accepted standards of sanitation, and meet all legal health and safety requirements (including universal precautions relating to communicable diseases). Practitioners should know how to cover cuts and use sanitizing supplies, such as disinfectant hand wipes, effectively.

Practitioners must have the skills and knowledge to assess a client's condition and provide safe and appropriate therapy. They must be attuned to verbal and non-verbal client feedback, and alert to possible contraindications for massage. Sometimes these decisions are less than clear-cut, requiring a bit of research or consultation with medical personnel more familiar with the client's condition. Massage therapists should never allow the client, the client's relatives, or even the client's doctor to pressure them to proceed if the therapist has any doubts regarding the safety of a specific procedure for a specific client. Therapists are ultimately responsible for any injury sustained by the client during or resulting from massage and the medical and legal liability associated with it – even if the client's physician specifically recommended or prescribed the bodywork.

If massage therapists have strong concerns about the client's health related to medication or procedures received through another source, they should suggest that the client have a trusted healthcare professional review the course of treatment. Pronouncements like this should not be made flippantly, as they could be the basis of legal action against the therapist for practicing medicine without a license. If therapists believe a client has a serious medical condition or may have suffered an injury, they should tell the client immediately and refer the client to the appropriate healthcare professional. Therapists should not discuss the condition with the client's doctor or anyone else unless they have explicit permission from the client to do so. Therapists should document the referral and the reasons for it in the client's record.

Massage therapists should keep scope of practice in mind when they give advice or make recommendations to clients. While listening attentively to a client is a relatively risk-free venture, sharing opinions is not. Depending on the topic of conversation and the therapists' specific comments, they may be engaging in high-risk behavior whenever they have casual conversations with a client. Therapists should resist requests for "advice" in any subject outside of their areas of expertise, even though it is natural to be drawn into discussions with a client, especially one they've come to know well.

Patient autonomy, informed consent, and right to refuse

Informed consent refers to patients' right to understand their condition(s) and participate in decisions regarding care of that condition. The patient or patient's guardian is required to sign a written statement acknowledging agreement to proposed treatment terms and awareness of the known risk factors associated with them.

Through this process, a healthcare practitioner informs a patient about the risks and benefits of a proposed therapy and allows the patient to decide whether the therapy will be undertaken. It is based on the moral and legal premise of patient autonomy, and is the formal application of clients' rights to make decisions about their own health care.

Autonomy (self-rule) is based on the principle of respect for persons, which holds that individual persons have the right to make their

subject is outside massage therapists' area of expertise, they should not hesitate to say so. The therapist should then direct the client to the appropriate informational resources or professional services. Massage therapists should make sure any information or suggestions they pass along are supported by the professional community and recent research findings, and are appropriate and safe for the client.

Advice can be a dangerous and slippery slope for practitioners, in large part because they may have some knowledge and experience regarding a health-related topic, but that topic is not strictly within their scope of practice. If therapists have found an effective nutritional supplement or exercise program that relieves the same symptoms the client is experiencing, therapists may have a strong impulse to share that information with their client. Therapists may also want to warn the client away from a health regime that they consider ineffective or potentially dangerous.

When giving their point of view, therapists should make sure they delineate a professional recommendation, based on years of experience and study, from suggestions or opinions of a more personal or general nature. They should help their clients distinguish between subject matter in which they, the therapist, are not professionally qualified. If a health or medical issue is outside of a practitioners' scope of practice, they should recommend that the client see a qualified health professional regarding the matter.

Safety is not limited to hygiene, skill, and scope of practice concerns, however. For example, when considering the importance physical boundaries play in maintaining a safe environment for the client, in American culture, the generally accepted rule for personal space puts approximately three feet between one person and another. However, this distance is quickly minimized for the sake of treatment. In fact, the amount of personal space is reduced even before a massage session begins, as therapists welcome clients and subsequently review their intake information. During the massage itself, the distance of personal space is reduced to skin-on-skin contact. Although there is an agreement between the therapist and the client to reduce the amount of personal space during a massage, this is not an invitation by either party to circumvent any or all physical boundaries. The focus of both parties should be on therapeutic goals that are established in part by standard protocols for physical safety. Such protocols include but are not limited to consent for working sensitive areas such as the abdomen, gluteals, and female pectoralis muscles, what part of the therapist's body touches the client, not touching the client inadvertently with loose clothing or hair, keeping a client draped in accordance with local laws and regulations, how the draping is moved, not working underneath draping, reassuring clients that they are allowed to remain clothed, and reassuring clients that they are empowered to stop the massage if they feel uncomfortable during the session. By respecting and adhering to such protocols, particularly with new clients, therapists establish the boundaries for future sessions.

own choices and develop their own life plan. In a healthcare setting, the principle of autonomy translates into the principle of informed consent: Therapists shall not treat clients without their informed consent. In order to affirm autonomy, every effort must be made to discuss treatment preferences with clients and to document them in written records.

In massage therapy, informed consent usually takes the form of an agreement between the practitioner and client that states their shared objectives, the proposed treatment plan, expected outcome(s), and the anticipated time frame for results. It may also refer to the client's medical history, asserting that the client has informed the practitioner about all known physical or medical conditions and current

medications, and will inform the practitioner if any of these conditions change.

Informed consent in massage therapy typically includes a statement explaining the role of massage therapy in pain and stress reduction other specified purpose, and its limitations:

- Massage therapy does not take the place of medical examinations, care, or treatment.
- The therapist is not a doctor and does not diagnose medical conditions or prescribe medication.
- Clients should continue to consult their primary caregivers or other specialists for ongoing health care and medical conditions.
- Clients should consult their primary caregiver to review healthcare recommendations before making significant changes in their health and exercise regimen or diet.

In addition to being an ethical obligation of caregivers, including therapists, legislation in all 50 states requires that clients be informed of all important aspects of a treatment and/or procedures, although the details of these laws and statutes differ greatly. General guidelines require clients to be informed of the nature of their condition and the proposed treatment or procedure, its purpose, risks and benefits and their probability, risks and benefits of alternatives, and risks and benefits of not receiving the treatment. Failure to obtain adequate informed consent renders a healthcare professional liable for negligence or battery and constitutes medical malpractice.

While informed consent is a well-established practice, it often fails to meet its stated purpose. Recent research findings strongly suggest that procedures to obtain informed consent may not adequately promote the patient's comprehension of the information provided, rendering the consent not truly "informed." Studies suggest that a majority of patients do not read a consent form before signing it, and less than half of the U.S. population understands commonly used medical terms. Additionally, clients with limited reading ability are at increased risk for medical errors, due to problems reading medication bottles, appointment slips, self-care instructions, and health education brochures. These clients are also likely to have trouble reading materials intended to aid in obtaining informed consent.

Several methods to improve the procedures used to obtain informed consent have been proposed, including improving the readability of consent forms, asking clients for recall to establish understanding, adding additional stimuli, such as multimedia presentations, and providing written information. The following section discusses "best practices" for informed consent forms, but also applies to other written material intended for the client.

In order to ensure that clients understand the procedure to which they are consenting, all materials must be presented in a comprehensible manner. Written health-care materials, such as consent forms, are often written with a relatively complex sentence structure and vocabulary, making it difficult for the average adult to interpret the information. Therefore, providing these materials in the language the client finds most familiar is likely to increase comprehension substantially for many individuals.

Providing written information to clients regarding their diagnoses, proposed treatments, and other information given during informed consent discussion allows them to refer back to such information, which promotes comprehension. Some investigators have proposed that clients should receive written consent forms days before receiving a procedure.

Key principles include the following:

- **Informed consent is always specific:** The goal of the informed consent process is to ensure that clients have an opportunity to be informed participants in decisions about their health care. To achieve that goal, practitioners must explain the patient's condition and inform the patient about treatment options and alternatives, including the risks and benefits of each, providing the information that a "reasonable person" in similar circumstances would want to know when making the treatment decision. A key element of the process is that practitioners explain why they believe recommended treatments or procedures will be more beneficial than alternatives in the context of the patient's diagnosis. Thus, informed consent is always specific: to the individual patient, the clinical situation, and the recommended plan of care or recommended treatment(s) or procedure(s).
- **Consent for multiple treatments:** However, to say that consent is always specific is not the same as saying that separate consent is always required for every episode of repeated treatment. When the plan of care for a given diagnosis involves repeated treatments or procedures, practitioners should ensure that patients understand that they are consenting to multiple episodes of treatment. Separate consent is not required for each individual episode. If a patient's condition changes enough to warrant a change in the care plan, the practitioner must explain to the patient how the situation has changed, establish goals of care in light of the new situation, recommend a new plan of care, and obtain informed consent for the new plan or for specific treatment(s) or procedure(s) now recommended.
- **Notification versus consent:** Informed consent also differs from "notification," that is, providing general information relevant to clients' participation in health care. Similarly, patients entering a healthcare facility must be notified that their records will be used for purposes of routine healthcare operations. Likewise, patients should be notified that their information may be used for quality improvement purposes to enable the organization to fulfill its obligation to monitor the quality of care it delivers and to carry out quality improvement activities for the benefit of all clients. Notification informs clients not only about their rights, but also about organizational activities and processes that shape how care is delivered. Like informed consent, notification serves the goal of respecting clients as moral agents[14].

Informed consent should:

- Explain patients' condition and diagnosis clearly and concisely, in language they can understand.
- Inform the patient about the recommended treatment(s) or procedure(s), including:
 - The name, nature, and details of the recommended treatment(s) or procedure(s).
 - Indications for the recommended course of action.
 - Likelihood of success of the recommended treatment(s) or procedure(s) for this patient.
- Describe the expected benefits and known risks of the recommended treatment(s) or procedure(s).
- Describe reasonable alternatives to the recommended treatment(s) or procedure(s), including the expected benefits and known risks of each alternative.
- Identify the practitioners who will be involved in performing the treatment or procedure.
- Advise the patient if the recommended treatment or procedure is novel or unorthodox.
- Encourage the patient to ask questions.

Intake interview and documentation

Clients should fill out a formal intake form on their first visit that includes:

- Client's name, address, and telephone or other contact number(s).
- Reason for visit.
- Medical history.
- Insurance/payment methods (if applicable).
- Emergency contact information.

The client should also sign and date the following statements:

- Release of medical records.
- Notice of informed consent with scope and limitations of practice.
- Client's bill of rights.

A client's bill of rights typically includes the following information:

- Name of practitioner.
- Details of practitioner certification and list of credentials.
- Practitioner's area of expertise, philosophy, and/or approach to massage.
- Fees and service schedule.
- Payment terms.
- Filing procedures for written complaints.
- A right to information statement, asserting the client's right to the following information:

- Practitioner's assessment of the client's physical condition.
- Recommended treatment, estimated duration of treatment, and expected results.
- Copy of client's health forms/records held by practitioner.
- Statement of confidentiality.
- Statement of refusal, explaining the client's right to terminate a course of treatment at any time and choose a new practitioner.
- Clients' right to invoke, explaining client's right to invoke these rights without fear of reprisal.

Both the practitioner and client are ensured the "right of refusal."

For a client, this means the right to refuse, modify, or terminate treatment regardless of any prior agreements or statements of consent. For a practitioner, this means the right to refuse to treat any person or condition for just and reasonable cause. These rights safeguard a client's freedom to choose any practitioner, and a practitioner's freedom to terminate treatment, if necessary. These rights might come into play in cases of negligence or abuse. For example, practitioners can refuse to work with an abusive or unstable client, and clients can refuse treatment from a practitioner they suspect is practicing under the influence of alcohol, drugs, or any illegal substances.

Business management and promotion

Conducting business in an ethical manner involves treating people fairly and decently, using skills and time effectively, and adhering to high standards. A massage therapist's promotional materials, record keeping, financial dealings, and conduct in day-to-day business matters should also follow ethical guidelines. Maintaining a practice in good standing means:

- Filing local, state, and federal taxes.
- Discussing and/or displaying fee schedules and billing practices prior to a first meeting.
- Making the client's welfare the paramount concern.
- Following generally accepted accounting practices.
- Keeping accurate financial records.
- Maintaining patient confidentiality.

- Respecting and collaborating with other professionals.
- Making appropriate referrals, if necessary.

Any negative perceptions of a massage professional's marketing materials or advertisements tend to reflect poorly on colleagues and the profession as a whole. Promotional materials should:

- Include the therapist's license number, place of business, and phone number.
- Refrain from using fear or guilt as motivational tactics.
- Avoid unrealistic, misleading, or sensational claims, or promises to cure specific conditions or ailments.
- Avoid using words or images that might be construed as sexual in nature.
- Adhere to truth-in-advertising standards.

Documentation and records

Proper documentation and record keeping is a critical, routine aspect of a successful practice. Massage therapists or other staff members should keep notes legible and accurate. If therapists or other professionals refer to files at some time in the future (a medical emergency or legal proceedings, for example), the context and details of the notes should be clear. Other healthcare personnel will need to know the background, presenting status, actions taken and the results, with some discussion of treatment strategies and expected objectives.

Therapists should adhere to the following guidelines for preparing and maintaining records [9]:

- Maintain accurate and truthful records: record only factual information, observations, and actions. Don't record opinions, or conjecture about a client's condition. When recording statements made by a client (regarding an injury, for example), therapists should use quotation marks to demarcate the client's words. Therapists should keep a separate file for personal notes or any material of a speculative nature.
- Make sure the forms they use to collect client information are appropriate for their practice and cover all pertinent areas. Therapists should also ensure forms are free of errors and are easy to read and understand. Questions should be stated simply. Therapists should avoid jargon or complicated medical terminology, or define terms as needed. In addition, they should

review forms on a regular basis, and revise or simplify confusing formatting or content.

- Take a comprehensive case history and review it with the client before beginning treatment. This should include an overview of the client's general state of health and thorough medical history, the reason(s) for seeking massage therapy, onset and duration of problematic symptoms, medical history of family members (if appropriate), and occupational background.
- Ensure staff members are trained to record client histories and other important information properly and thoroughly, and to ask appropriate follow-up questions if there is any ambiguity in a response. Therapists or organizations should implement some structure or mechanism to ensure this information is complete for every client and answers are recorded in sufficient detail. Therapists should review any personal or medical information taken by other staff members in a personal interview with the client to ensure information was recorded properly and in adequate detail.
- Areas that do not apply to a specific client should be marked "N/A" (non-applicable) rather than left blank.
- Develop a short, simple form that clients can use to note their progress (or lack of progress) at each visit.

- Document any client non-compliance with the care plan, including canceled appointments (DNKA = did not keep appointment), refusal or failure to follow healthcare instructions and/or take needed medication, activities or behaviors that pose a risk to the client's health. Therapists should communicate the rationale for their opinion and should not proceed with any action that conflicts with their professional judgment.
- Have clients sign a form acknowledging they have been informed of the potential consequences of their action or inaction, and are choosing to refuse recommended treatment, if clients disregard recommendations for treatment.
- Notes should be legible and accurate. Therapists should pay attention to their handwriting and use clearly written and recognized abbreviations. They must remember that they and other people may need to refer to these notes years in the future, so they should be easy to read and understand.
- File records promptly and accurately. Establish a strict filing system and adhere to it, and be sure other staff members know the system and the importance of using it.

Confidentiality

Massage therapists should keep all original records in their possession. They should provide copies of x-rays, notes, and records documenting client care for clients or healthcare facilities that require their own copies. Therapists should only share information in cases where disclosure is required by law, court order, or another appropriate, professionally approved manner, according to legal requirements.

Practitioners should emphasize the importance of confidentiality and retaining original file copies to all staff members. They should institute the following procedures when providing copies, and make no exceptions:

- Have the client sign and date a release authorization form.
- Keep a copy of the release authorization with the client's records.
- Copy only the information requested.
- Note in the client's file: the party requesting the copy, what specifically was requested, and the date, to whom, and where the copy was sent.

All information and matters relating to a client's background, condition, and treatment are strictly confidential and should not be

New clients

Massage therapists should assume that a new client knows nothing about massage therapy. Many massage therapists create an information sheet to acquaint new clients with basic massage concepts. Office personnel, customary procedures, and other useful points regarding their place of business, such as bathroom locations, and what to expect in a typical session, can be distributed to clients in the waiting room before their first session. Providing basic instructions and answers to common questions in a brief information sheet can put new clients at ease, especially when these clients are new to the experience and unfamiliar with a facility's personnel and way of conducting business.

During the session, the therapist should inform the client when moving from one area to another, especially when the movement is to a particularly vulnerable area, such as the abdomen. Therapists should also do the following:

- Assess sensitivity and tolerance and inform the client as they progress to deeper movements.
- Perform tapotement only with client permission, and after the individual is adequately informed about the process.
- Take care not to startle a client in a relaxed state.
- Inform the client regarding potential massage after-effects, such as tenderness or soreness, and the expected duration of such effects.

The following guidelines were established for litigation purposes and should be standard practice in all healthcare environments:

- Practitioners should alter records as minimally as possible, and only when necessary.
- Practitioners should not erase errors. They should cross out the error using a single line, so as not to conceal what is written underneath, and write the word "error" above the incorrect statement.
- If practitioners review their records and feel they need to clarify a point, they should write the date and the additional comments with the note (labeled "addendum").
- If litigation is threatened, practitioners should not make any kind of change to the records.

Not all file contents are subject to the same retention times. Massage therapists should keep records for current and former clients for as long a period as is practically possible, but at least the length of time specified by federal and state regulations as the legal minimum. They should retain children's records after they turn 18 for a length of time that equals the state's statute of limitations.

communicated to a third party (even one involved in the patient's care) without the client's written consent or a court order. Practitioners must treat clients with respect and dignity. They should handle personal information with sensitivity and keep the content of written records a private matter. Practitioners who can't resist telling secrets or repeating gossip in their personal lives should be aware of the heavy penalties associated with jeopardizing client confidentiality in a professional context. Without an understanding that their disclosures will be kept secret, clients may withhold personal information. This can hinder caregivers in their efforts to provide effective interventions or to attain important public health goals.

Disclosure of personal health information should protect patient confidentiality as much as possible. Where confidentiality cannot be maintained, clients should be informed about how their personal health information will be used and whether the information will be identifiable or anonymous. Coordination of health care in daily practice, requires limited disclosure of information to other healthcare providers, companies related to client reimbursement or payment, etc.

- Ask the client near the end of the session if any particular area needs further attention.
- Invite feedback and implement changes based on client comments.

At the end of each session, therapists should discuss the clients' treatment plan and health objectives. They should ask the clients to assess their progress or lack of progress toward treatment goals. Massage therapists should also answer any questions the client may have, and note the following information in the client's record:

- If the client feels bruised, nauseated, or lightheaded (check blood pressure and monitor).
- The length of the massage session.
- When the client should return for another session (session intervals/frequency).
- Anything the client can do to accelerate progress toward treatment goals.
- Anything the client should do or not do between sessions.
- What results the client can expect, and when.

Practitioners who recommend clients replenish fluids after a session may want to provide bottled water at their office.

Interpersonal dynamics and power in the therapeutic relationship

Interpersonal dynamics exist in all relationships and are a normal and necessary part of a therapeutic relationship between client and practitioner. An important part of this dynamic is a power differential; the imbalance in authority or power that results from therapists' greater expertise in the area of massage therapy. Massage therapists' education, skills, experience in the field, and professional certification give them an authoritative advantage over their clients.

With any position of power comes the potential for abuse. Massage therapists, like many healthcare professionals, forge close relationships with people in their care. The combination of physical and social interaction between practitioner and client can trigger strong emotional responses in one or both parties, leading to small improprieties as well as egregious misconduct.

Asking a client, who is a lawyer, for free legal advice; requesting a church donation; or selling their daughter's Girl Scout cookies at the office; mentioning personal details about a client; or repeating what was said during a session to a friend or spouse: All are subtle ways practitioners can take unfair advantage of their relationships with clients. Even when clients appear to welcome rather than resent such requests or behavior, they are never appropriate and do not belong in a professional environment. It is equally inappropriate for practitioners to accept favors, free merchandise and services, or confidential information (such as stock tips) from a client. These interactions can distort the therapeutic relationship and obscure its primary objective.

Boundaries in the patient-practitioner relationship¹²

Boundaries define the limits of appropriate behavior between professionals and their clients. By establishing boundaries, a massage professional creates a respectful and protective space for the therapeutic relationship to occur. A boundary violation occurs when a massage therapists' behavior goes beyond appropriate professional limits.

The intimate nature of massage therapy involves practitioners in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert, all of which present the potential for blurring of limits to professional relationships. Remaining within the bounds established by the purpose of the relationship can be especially difficult in prolonged or long-term relationships. Even so, in all encounters, practitioners are responsible for retaining their professional boundaries.

A variety of standards establish the limits of appropriate professional behavior, whether those limits are explicitly enumerated in standards of conduct, codes of ethics, or law, or tacitly conveyed through professional training and widespread acceptance. Individuals who seek help must rely on the professional they consult to be trustworthy: When practitioners behave in ways that calls their professional judgment and objectivity into question, the trust on which the relationship depends is compromised. And when trust is compromised, the efficacy of the therapeutic relationship is negatively affected.

Part of massage therapists' responsibility in maintaining clearly defined boundaries is to protect the client should the therapist act or speak inappropriately, or be motivated by anything but the client's best interests. Inappropriate behavior tends to make people uncomfortable. If therapists notice that a client is not responding positively to massage therapy, they should make sure their behavior or comments are not a contributing factor. Relieving stress and physical stiffness or pain should be a relaxing and comfortable experience. If a massage therapist's behavior is appropriate but a client appears anxious or uncomfortable in the session, the therapist should discuss potential concerns with the client.

A boundary violation occurs when a professional's behavior goes beyond appropriate professional limits. Boundary violations generally

It is not unusual for clients to unintentionally test professional boundaries, or for practitioners to unknowingly relax them. When practitioners and clients are motivated by countertransference and transference, respectively, they become more susceptible to inappropriate impulses that can lead to misconduct. Transference refers the redirection of all the feelings experienced by the client, related to his or her past experiences and relationships, stirred up by or in the session. Transference is neither negative nor positive, but is "always a distortion; a projection of emotions from the past to current objects [3]." Countertransference refers to redirection of all the feelings experienced by the practitioner, related to his or her previous relationships and experiences, that are stirred up during the session, including the practitioner's conscious and unconscious response to the client's transference of emotions.

Massage therapists should be aware that transference and countertransference can activate strong emotional reactions and/or feelings of sexual attraction, raising unrealistic expectations on the part of clients and practitioners. They should learn to identify emotional red flags of blurred professional/personal boundaries in their own behavior. If massage therapists overreact, preach or lecture, are uncomfortable or unsure of themselves, or are dissatisfied in their interactions with a specific client, they may be experiencing countertransference, bringing emotions and reactions from their personal life into their professional environment.

arise when a personal interest displaces the professional's primary commitment to the patient's welfare in ways that harm the patient or the patient-practitioner relationship. Interactions between massage professionals and patients or clients are ethically problematic when they can affect the care that other clients receive or they affect the massage professional's relationships with colleagues – or when they give the appearance of doing so.

Boundaries may be breached in several ways. Some breaches are inadvertent or not intentionally exploitative. These are known as boundary crossings. Commonly cited examples are a goodbye hug initiated by a client at the completion of treatment; non-sexual physical reassurance at times of extreme stress; running a session overtime; or selective self-disclosure. Repetitive boundary crossings are potentially harmful because they blur boundaries, thereby increasing the chances of boundary violation. Boundary violation is a significant and potentially harmful breach where the practitioner overrides the client's rights or actually does harm to the client. Some examples include: affectionate or flirtatious communication; self-disclosure about the practitioner's personal problems; or breaking confidentiality.

In summary, the characteristics of healthy boundaries include but are not limited to awareness, congruency, mutuality, protection, and flexibility and adaptability. To be more precise, awareness refers to massage therapists' understanding that they must delineate and maintain boundaries. In order to maintain awareness, therapists must think clearly at all times, and should therefore refrain from engaging in unhealthy practices such as recreational drugs or alcohol before or during times in which massage therapy is practiced. Congruency means that massage therapists' boundaries should align and be compatible with their core values. Without congruency, boundaries will be difficult to delineate and maintain. Mutuality refers to a respect for others and their associated boundaries, both within and outside of the professional therapeutic relationship. In effect, this means that whatever boundaries massage therapists keep during a massage session apply to interactions with clients in the public arena. Protection refers to the protection granted by healthy boundaries which safeguard each client's sense of self-worth and individuality, as well as the therapist's sense of self-worth. Finally, flexibility and adaptability of boundaries

help to meet the various dynamics inherent in dealing with multiple individuals whose needs differ depending upon their unique situation. When massage therapists periodically evaluate their own boundaries,

it allows them to create more or less rigid boundaries as any given situation may demand.

Personal boundaries and self-disclosure

Self-disclosure is the process in which the practitioner reveals personal (rather than general or professional) information about themselves to the client. There are many different motivations for and types of self-disclosure. An incident may be deliberate or accidental, initiated by either the client or the therapist, and can be spoken or unspoken. An example of unspoken intentional self-disclosure is how therapists choose to decorate their workplace (with careful selection of a meaningful poster or picture, or a family photo, for example). Some self-disclosure is unavoidable, as therapists' presence communicates facts about their gender, approximate age, etc.

Some disclosure is accidental because it is not meant to be shared but is communicated through body language or tone of voice. Accidental self-disclosure also occurs in cases where a practitioner bumps into a client unexpectedly, when both are sitting in their doctor's waiting room, for example. Therapists may or may not want to disclose information about why they are there, and it may be difficult to find a safe middle ground, revealing enough to be professional and friendly, but not enough to compromise their own personal space and privacy.

It's difficult to know where to draw the line. Massage therapists should ask themselves two questions before self-disclosing:

- How will it benefit the client?
- How will it affect their professional boundaries?

Therapists should also consider their own privacy. For example, what if a therapist and a client attended the same Alcoholics Anonymous

meeting? This might make it hard for both to get the full benefits of attending the meeting during times of stress or relapse. Self-disclosure is not always conscious and deliberate. Words can be blurted out, poorly thought out, or tinged with emotion. When in doubt, do not self-disclose.

In a similar vein, it is usually best for therapists to withhold emotional responses or judgments (both negative and positive). A good rule of thumb is for therapists to monitor their own feelings without imposing them on clients. If therapists are distracted by a strong feeling, they should mentally put it to one side, wait until after the session, and then talk with a peer or supervisor or deal with it personally. As with other boundary crossing, self-disclosure should be client-focused and based on the welfare of the client. Different clients and practitioners have different personal boundaries, so appropriate boundaries must function within the client's comfort zone.

Personal and professional boundaries exist for the benefit of both the practitioner and the client. Changing or moving boundaries results in an unclear or ambiguous relationship that puts the safety of the client at risk, although it may not appear to have negative repercussions at that time. Transgressions often have delayed consequences that do not appear harmful initially. Detecting boundary violations is complicated by the fact that transgressions are more often a process than an individual event or occurrence. Boundary violations may be subtle, or masked by the professional/patient relationship.

Dual/multiple role relationships

A dual or multiple role relationship occurs when an individual either at the same time or different points in time engages in two role categories, for example, in addition to the professional therapeutic relationship, there is also another relationship, such as relative, friend, student, business partner, or instructor. While it is perhaps best to avoid dual relationships, it is not always possible or practical. In small towns, for example, it may be more difficult to avoid dual relationships.

There is a great range of opinion regarding the propriety of dual relationships. While some feel that not all dual relationships are negative, all have that potential. Some organizations suggest that dual relationships are acceptable, if not exploitive. To ensure that the relationships do not cross the line into exploitation, therapists should follow recommended procedures including informed consent, open discussion, consultation, supervision, and examination of personal motivation, all of which should be documented.

Some professionals consider it unethical to work on friends, while others consider it acceptable to proceed as long as appropriate measures are taken to ensure there are no detrimental effects to the therapeutic or preexisting relationship. It is always best to avoid multiple relationships if it appears likely that the relationship might interfere with the therapeutic relationship. However, existence of a dual relationship is not necessarily a violation of boundaries. This is usually referred to as a "prohibited dual relationship." This means a dual relationship that might impair objectivity or effectiveness, or permit exploitation, or create an actual, apparent or potential conflict of interest.

It is the therapist's responsibility, not the client's, to maintain appropriate boundaries in the professional relationship. If a complaint is filed, it will be the massage therapist's responsibility to demonstrate that a client has not been exploited or coerced, intentionally or unintentionally. Massage therapists should be especially vigilant

regarding any conduct that could impair their objectivity and professional judgment in serving a client, and any conduct that carries the risk and/or the appearance of exploitation or potential harm to a client.

Massage therapists should recognize and avoid the dangers of dual relationships when relating to clients in more than one context, whether professional, social, educational, or commercial. Dual relationships can occur simultaneously or consecutively. Prohibited dual relationships can include, but are not limited to:

- Accepting as a client anyone with whom a massage therapist has had a prior sexual relationship.
- Forming a sexual relationship with a current client or someone who has been a client.
- Treating clients to whom the massage therapist is related by blood or legal ties.
- Bartering with clients for the provision of services.
- Entering into financial or business transactions with clients (other than the provision of massage services).

Other situations that complicate the massage therapy relationship include: extending the session, lending and/or borrowing money, meeting at inappropriate places or times, giving or receiving gifts, soliciting donations, making inappropriate self-disclosure, socializing with clients, and using inappropriate language. Maintaining appropriate boundaries is an essential part of compassionate, effective, and ethical massage therapy practice.

Although practitioners and clients may be similarly affected by these psychological processes and equally capable of showing poor judgment or acting irrationally, licensed practitioners are bound by their professional affiliation to act responsibly, even when the client does not.

Appropriate behaviors reinforce professional boundaries. Massage therapists should try to maintain the same structure and rules of

conduct in each session and with each client. Therapists should examine the rationale and potential repercussions of any changes or exceptions they make for specific clients, even at the client's request, before they implement them. Bending a rule may not always endanger the therapeutic process, but impropriety can be a "slippery slope." If

Terminating a professional relationship

If therapists feel it is appropriate, either because a specified, finite course of treatment with a client is concluding, or because they believe the relationship with the client has become dysfunctional, unproductive, or emotionally damaging, it may be necessary to terminate the professional relationship with the client. While this can be a difficult and uncomfortable task, it should not be postponed out of a desire to avoid confrontation or discomfort.

Terminating a potentially damaging relationship is an important professional obligation with specific responsibilities. Practitioners must realistically assess their own limitations and/or their client's potential for therapeutic benefits, and make a determination in their client's best interests, without feelings of failure or guilt. Therapists must develop a plan for termination that is considerate of the client, understanding that the client may receive the news with emotion or distress.

Informed consent provides a framework for termination because it specifies the need for an ongoing discussion between the client and practitioner regarding the expected goals and anticipated timeline for therapeutic benefits. Therapists should involve clients in the process so they are aware of treatment objectives and can ask questions and make determinations about clients' progress toward them. Therapists should discuss obstacles to client progress as they come up, so the client is not surprised by an unexpected pronouncement or abrupt changes in assessment of the client's condition from one session to the next. Therapists should follow customary procedures for client assessment, and document relevant information about the client's progress or lack of progress toward treatment goals.

Sexuality and massage

Sexual misconduct, one of the most egregious examples of inappropriate behavior, refers to any sexual activity between the massage therapist and client. While women are less likely than men to be accused of sexual misconduct, they are not immune to such allegations. Some practitioners employ strategies of avoidance, ignoring the issue of sexuality entirely, either consciously or

Strategies for client safety

The emotional, financial, and legal consequences of professional misconduct for both the client and professional community are profound. Preventive policies should include an educational component that explains power dynamics in the therapeutic session, what constitutes appropriate and inappropriate conduct with individuals of the same and opposite genders, and strategies for speaking and acting in ways that delineate and reinforce appropriate boundaries.

For massage therapists to ensure clients' safety, they must actively and consciously "desexualize" the experience of massage; that is, make something with potential sexuality no longer sexual, or de-emphasizing that dimension. Desexualizing massage is a process of deconstructing the massage experience into its component parts, acknowledging human sexuality as a given, and accepting the practitioner and client as sexual beings.

It is natural for clients to feel some degree of anxiety or insecurity related to the process of disrobing and draping. Massage therapists can minimize anxiety or concern by stating and/or providing written information regarding disrobing. Before the client undresses, therapists

massage therapists uncharacteristically deviate from normal session structure or protocol, they should consider that their impulses may be motivated by self-interest, or they are having strong emotional responses to a client, seek peer support or supervision.

Before terminating the client, therapists should:

- **Consult appropriate information resources and supervising personnel.** They can also contact a professional colleague or supervisor about the situation with the client, post a question on a professional massage therapy website, or refer to professional organizations with which they are affiliated. Therapists may be able to find an alternative to terminating the client, or a sensitive way to present the issue. If therapists appeal to any of these resources, they must maintain strict rules of confidentiality and privacy, ensuring that the client's name or other identifying information is never revealed.
- **Do a reality check.** Therapists should make sure that they are "on the same page" as the client. Therapists should compare their understanding of a therapeutic relationship with the client's, and discuss disparities in the way the relationship is perceived, difficulties and desired objectives. This kind of clarification can help to determine the scope of the problem and whether it is the result of miscommunication or misinterpretation, something that can be remedied or requires termination.

If it is necessary to terminate the client, therapists should ensure it is done when they have sufficient time to discuss the subject fully. Massage therapists should take the time to respond to any questions the client may have, and give the client sufficient time to react to the news, respond to it, and regain composure. Massage therapists should try to leave the client with positive feelings about them and the practice of massage therapy. In addition, therapists can provide referrals to other massage practitioners or healthcare professionals, as appropriate.

unconsciously, due to their own embarrassment or discomfort with the topic. While this approach may save an awkward moment or two, an inability or refusal to address the subject when necessary (ignoring signs of sexual arousal, for example) may not only be inappropriate, but professionally irresponsible and a breach of ethical conduct.

should state that a draping procedure is required for purposes of modesty and physical comfort. Therapists can also mention or have a written notice that explains draping; that it will cover all parts of the client's body except the specific area receiving attention. Once therapists finish work in that area, they will recover it, and move to the next area. Massage therapists can tell clients to let them know if they have a question or concern, or feel uncomfortable in any way. If therapists encounter a client who prefers not to be draped, therapists should explain that they are unable to proceed with the session until the client agrees to this customary procedure.

Therapists should explain to clients what can and cannot be removed or left on without impeding access to parts of the body that will receive therapeutic attention. Therapists should reassure the client that it is not necessary to remove any more clothing than personal comfort or modesty will allow. In addition, therapists should request that clients wait to undress until after they have left the room. Therapists should never allow the client to dress or undress in their presence. Before they begin, therapists should inform the client of what areas they'll focus on and ask permission to proceed. Therapists should expose and work on

only one area of the body at a time, and cover the exposed part before moving on to another area.

Massage therapists should avoid ambiguity or the appearance of impropriety in their words and manner. For instance, therapists should dress appropriately in a professional manner, avoiding any outfit that could be construed as revealing or provocative. The therapist's demeanor should approximate that of other professional healthcare personnel. In addition, massage therapists should use appropriate language and avoid cursing or indelicate comments. When referring to physical conditions or parts of the body, therapists should use appropriate medical terminology. Therapists should never discuss sexual topics with or in front of the client, joke about sexual matters, make sexual remarks or jokes, or use sexual innuendo.

Misconduct

Misconduct has been a persistent and troubling issue in health care and medical professions since the early days of modern medicine. Written more than 2,000 years ago, the Hippocratic Oath urged members of the medical profession to refrain from "mischief, and in particular, sexual relationships with both female and male persons[4]." In recent years, accusations of misconduct in the healthcare and personal service industries have become increasingly common, due in part to formal regulation of the complaint process and greater awareness of the issue among the general public.

Misconduct takes many different forms that vary considerably in type and degree of severity. The following examples of misconduct demonstrate the need for ethical vigilance in every aspect of business practice, from organizational matters, to billing, to social interactions. Even in cases where inappropriate behaviors are the unintended result of thoughtlessness, errors in judgment, or improper planning, they risk potentially serious repercussions for the client and heavy penalties for the practitioner. Victims may face emotional and physical scarring with lifelong implications, and allegations of misconduct – even false ones – wreak havoc with practitioners' lives and livelihoods[5]. Misconduct takes many forms. The following list provides some examples of each type of misconduct:

- **Misrepresentation of educational status:** Identifying oneself as a craniosacral therapist after taking a two-hour course.
- **Substance abuse:** Practicing under the influence of alcohol, drugs, or any illegal substances (with the exception of prescribed dosage

of prescription medication that does not significantly impair the practitioner).

- **Financial impropriety:** Charging a cash-paying client a different fee than an insurance-paying client.
- **Exploiting the power differential:** Asking a stockbroker for financial tips during a treatment.
- **Misleading claims of curative abilities:** Guaranteeing a client that her pain will be gone in two sessions.
- **Accessibility:** Refusing to adapt the office (or making some reasonable accommodation) for those with physical challenges.
- **Bigotry:** Refusing to work with someone due to race, religion, size, or sexual orientation.
- **Inappropriate advertising:** Using a provocative picture in advertising; presenting misleading qualifications.
- **Dual relationships:** Dating a client.
- **Violation of laws:** Practicing out of one's home, when it is not permitted by law.
- **Confidentiality:** Name-dropping famous clients; telling a spouse details about his partner's session.
- **Contraindications:** Treating a client while sick or infectious; ignoring signs of conditions that preclude physical contact.
- **Informed consent:** Working on a minor without parental knowledge; treating someone's injury without permission.
- **Practicing beyond scope of practice:** Doing spinal adjustments, massage or counseling without appropriate training.
- **Sexual misconduct:** Watching a client undress or hugging a client in a sexual way.

Harassment

Harassment is a specific kind of misconduct or boundary violation in which an individual of equal or greater authority is inappropriately familiar with a co-worker or junior employee. Harassment can manifest itself in abusive remarks or behavior, belittling statements and actions, and discussion or commentary of an overly personal or offensive nature. Sexual harassment is abuse of power, typically exercised within the context of work, containing a sexual or gender-specific component.

The Equal Employment Opportunity Commission defines sexual harassment as any unwelcome advance, request, verbal statement, or physical conduct of a sexual nature, including visual displays, in which any of the following occurred. The therapist was[6]:

- Repeatedly asked out on a date by a manager, co-worker, or client after the invitation was initially declined.
- Propositioned to have sex with a manager, co-worker, or client.
- Propositioned to have sex with a manager, co-worker, or client as a condition of employment or in order to receive promotions or other awards.

- Continually touched on the body by a manager, co-worker, or client after they were asked not to.
- Touched on or near the genitals, buttocks, or breasts by a manager, co-worker, or client.
- Instructed to massage a manager, co-worker, or client that the massage therapist has declined to provide therapy for (due to sexual harassment) as a condition of employment or in order to receive promotions or other awards.
- Instructed to massage a manager, co-worker, or client in a specific manner so as to elicit a sexual response.
- Harassed, intimidated, or offended by the ongoing sexually explicit language of their managers, co-workers, or clients (language that either references the massage therapist directly or is explicit in nature within the massage therapist's vicinity but is not directed towards him).
- Asked to undrape the genitals, buttocks, or breasts during a massage or expose themselves to clients or patients who undrape themselves in a manner that is in violation of local and state laws.

Sexual harassment, like sexual misconduct, is not defined by any specific sexual interaction between two individuals. Harassment may include the discussion of sexually explicit topics at a place of business, unnecessary or inappropriate references to specific body parts or functions, and visual depictions of a provocative or offensive nature, such as posters or calendars featuring photos of nude or scantily clad models. Sexual harassment can occur between men and women, women and women, men and men, or any other combination of sexual or gender identity. Sexual harassment may feel humiliating or shameful, making the victim reluctant to report the incident.

Case studies

Case study 1: A massage therapist and client have had a professional relationship for four months now. During this time, the client has received a massage once per month. There has not been any inappropriate activity during this time, and there has not been any non-professional contact outside of the massage sessions. Lately, however, the client has been scheduling weekly massages. Moreover, the appointments have been at the home of the client, and the conversations during a massage appointment have typically been personal in nature, often speaking freely. Although it is unspoken, both the client and the therapist believe they would make great partners socially. The client has been physically attracted to the therapist since their first appointment, and the therapist has become increasingly attracted to the client as well. The client is aware that the therapist is also getting over the recent dissolution of a long-term relationship and has few social outlets. During the massage, the client occasionally makes sounds that signify pleasure and possibly even sexual arousal. The therapist finds the feedback flattering and puts extra effort into making the massage an increasingly sensual experience for the client.

Analysis: This case potentially violates several areas of ethical concern. The first is an abuse of the power wielded by the massage therapist in the therapeutic relationship. Having forged a close relationship with the client, the therapist has allowed an emotional response to escalate into a physical one and let a small impropriety on the part of the client escalate into egregious misconduct on the part of both parties. Whether intentionally or unintentionally, the client's transference (all the feelings experienced by the client, related to his or her past experiences and relationships, stirred up by or in the session) has tested the boundaries of the professional relationship leading to countertransference on part of the therapist (all the feelings experienced by the practitioner, related to his or her previous relationships and experiences, that are stirred up during the session, including the practitioner's conscious and unconscious response to the client's transference of emotions). Although transference and countertransference is generally neither negative nor positive, the risk of raising unrealistic expectations on the part of client or practitioner in this situation is high. Ultimately, the therapist is responsible for maintaining the therapeutic relationship and as such, is required to maintain boundaries that do not compromise professional judgment and objectivity. This case is also a clear example of an ethical violation of sexual misconduct, as the therapist intentionally seeks to gain the client's approval in a manner that is not within the therapist's scope of practice. In this situation, the therapist may want to consider how a potentially negative end to any personal relationship with this client may adversely affect the massage business in the future, both legally and in the court of public opinion.

Case study 2: A massage therapist has a private massage therapy practice in a small town. The therapist works at a clinic located in the center of town where five therapists share the office. One of his clients, an unemployed housewife, noted on her initial intake form that she rarely leaves the house, and that she arrived late because she got lost on the way to the clinic. Since then, she has been a punctual client for several months. Recently, though, she has been arriving to

Of course, the best option is to prevent sexual harassment from ever escalating to the point that ethical concerns are raised. Practitioners can combat sexual harassment in any number of ways; one of the easiest methods is to educate clients. As massage therapy becomes more readily accepted as a legitimate form of health care, today's massage professional should be referred to as a 'massage therapist' and not a 'masseuse' (female) or 'masseur' (male), as these terms carry with them sexual connotations. It requires little effort for practitioners to correct a client when they make this mistake in terminology, and it lets a client know that the massage therapist is a professional with ethical standards and boundaries.

her appointments with bruises on her back and shoulders. Today, she arrived early with a bruise over her eye, which was covered up with make-up. When asked about the bruises, the client said that she "fell down." Although the client has not mentioned anything personal to the therapist, he gets the sense that she is being physically (and possibly verbally) abused. The therapist has heard rumors that the client's husband is involved in illegal activities and organized crime. The client begins to visit the massage clinic even when she does not have an appointment scheduled. Sometimes, she just reads the magazines and asks questions about massage. On appointment days, she arrives very early and lingers long after her session is over. She continues to increase the frequency of her appointments so that she receives two massages a week. The therapist senses that this is not a case of physical attraction and that the client she just wants someone to talk to.

Analysis: In this situation, it may be difficult for the therapist to avoid a breach of the client's confidentiality, as she has not disclosed that she is either being physically or emotionally abused, regardless of appearances or hearsay. All information and matters relating to a client's background, condition, and treatment are strictly confidential and should not be communicated to a third party without the client's written consent or a court order (and in this case, there is no method for obtaining a court order). If the therapist finds that he cannot in good conscience let the alleged abuse go undetected by the proper authorities, the therapist is left with one or two of the following options: either refer the client to a social worker and/or terminate the therapeutic relationship. In giving the client a referral to a social worker, the therapist does not violate the client's principle of autonomy (self-rule), which holds that individual persons have the right to make their own choices; if the client wants to seek support for abuse (if it is taking place) she may do so of their own volition. And, in giving the client the referral, the therapist does not violate any professional boundaries, since he is remaining within his scope of practice. But the therapist may also choose to terminate the therapeutic relationship because the relationship with the client has become dysfunctional. The obstacle for the therapist should be relayed to the client as early as possible so that the client is not surprised by any unexpected pronouncement that the therapeutic relationship will come to an end.

Case study 3: A massage therapist working in a clinical setting has been treating a client who seems like a good person: fun, smart, and dedicated. During massage appointments, there has been no indication of either client dependency or physical attraction. The verbal and non-verbal feedback that the client provides during the session seems to facilitate the professional relationship. After the last appointment, though, the client began to discuss what appears to be a great business opportunity that he thinks the therapist might be very interested in. The client feels that this opportunity is so good that the therapist will probably want to share it with her friends, acquaintances, and other clients. He wants to meet with the therapist over lunch to describe the opportunity. He also wants the therapist to meet his spouse during lunch, since she is heavily involved in the business. The therapist doesn't know much about the client beyond the clinic, and has never

spoken to him about anything but massage therapy and his treatment plan.

Analysis: Here, the client is seeking to engage in a dual relationship with the massage therapist; in this case, the client is proposing a business relationship that goes beyond the therapeutic relationship. Although it is generally considered best to avoid dual roles or multiple relationships if it appears that the relationship might interfere with the therapeutic relationship. The possibility of a dual role or multiple relationships is not necessarily a violation of ethical boundaries. However, what is the potential impact of agreeing to accept this business opportunity with the client? Conversely, what consequences may follow from turning down the client's business opportunity, regardless of the reason? Any dual role or relationship may impair objectivity or therapeutic effectiveness, or permit exploitation, or create an actual, apparent or potential conflict of interest. Furthermore, engaging in any business besides massage therapy with this client may lead to other conflicts, such as the lending and borrowing of money, gift giving, soliciting donations, and the unsolicited marketing of massage to other business partners. Maintaining proper boundaries is critical to the effective and ethical practice of massage therapy.

Case study 4: A massage therapist works at a spa where he believes the employer's standards for cleanliness do not meet professional standards. The employer does not require oil or lotion containers to be cleaned as they are filled or at the end of the work day, does not require massage room surfaces to be cleaned on a daily basis, does not

send dirty linens to a laundry service to be sanitized, and only requires hot stones to be sprayed with a disinfectant between clients.

Analysis: The answer to this problem may lie in each state's particular regulations or the regulations suggested by each state's massage licensing board, although it should be noted that the suggestions for cleanliness advanced by a massage therapy board may not have legal precedence. Where the law is applicable, sheets, towels, table surfaces, and other relevant items or materials must be cleaned according to all legal health and safety requirements. Where the law is lacking in comparison to a code of ethics or standards of practice a massage therapist may accept, therapists may have to take it upon themselves to protect themselves and their clients from potential safety hazards. In establishments where hot stones are used, for example, the standard of practice is such that hot stones should be scrubbed with hot water and soap between clients, and the water in the hot stone caddy exchanged for clean water before the next client receives a hot stone massage. One reason for this is that an undetected pathogen from one client may be transferred to the hot stones during a hot stone massage and possibly transferred to the next client who receives a hot stone massage if the same stones and water are used. It would be a clear violation of a therapist's "do no harm" ethos to allow this happen, regardless of the employer's standards of cleanliness. Ethically speaking, the therapist should consider educating the employer about the fundamentals principles of infection prevention as outlined by the Centers for Disease Control.

Reporting misconduct

Many states require a "duty to report" by their licensees. If therapists believe they have first-hand knowledge of another practitioner acting unethically or illegally, they have a responsibility to report it. They should contact their state board, the certifying organization (NCBTMB, AMTA, etc.), or the Agency for Healthcare Administration (AHCA) to file a complaint. The AHCA is responsible for analyzing complaints and reports involving potential misconduct and initiating investigations. The boards and councils within statewide organizations determine probable cause and disciplinary action.

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Chapter 4: Research Competency for Massage Therapists

3 CE Hours

By: Staff Writer

Learning objectives

Upon completion of this course, the learner should be able to:

- ♦ Recognize the importance of research competency for massage therapists.
- ♦ Explain the scientific method.
- ♦ Define the different types of research.
- ♦ Identify the components of a research article.
- ♦ Summarize the consequences of not being involved with massage research.
- ♦ List the scientifically verified benefits of massage therapy.

Introduction

Stress relief, relaxation, maintaining wellness, and injury rehabilitation are among the many reasons clients seek massage therapy. Although it is widely assumed that massage therapy provides relief from stress and helps maintain the body's wellness, it is not widely known – not even by many massage therapists – how massage provides these benefits. It can be difficult to explain to a client how the pain relief of a rotator cuff injury and increased range of motion have been achieved through massage. Moreover, if it is hard to explain to a client how massage has helped them, how can a massage therapist be certain they are using the most effective techniques? Is it ethical to ask for payment if it is difficult to explain why a particular course of treatment is chosen over another? Should a therapist be expected to be taken seriously as a professional health and wellness provider by medical institutions or insurance companies without any verification that massage therapy actually provides benefits?

Questions such as these can be answered by becoming familiar with scientific research. While the word **research** may appear intimidating without a background in science or mathematics, the basic premises of scientific research are simple to understand. The word research means little more than a means by which questions can be asked and answered accurately. The goal of this course is to help the learner understand how scientific research is conducted to provide accurate answers. In addition, methods are discussed to decode a research article and study it for flaws or biases that may affect the conclusions. Finally, the learner will discover what some studies have scientifically verified about massage therapy. Armed with this knowledge, the therapist can provide truthful answers to clients when asked how massage works.

What is research?

Research is specifically defined as a “careful study that is done to find and report new knowledge about something or the activity of obtaining knowledge about a subject^[1].” The goal of research is to discover new facts about a new or existing question so revised or new conclusions can be drawn. To do this, scientists use a procedure called the scientific method, which uses measurements or observations to collect facts. As it relates to massage therapy, scientific research can be used to study the relationship between cause and effect. For example, does massage

help reduce a client's pain by stimulating their nervous system to release endorphins (pain-killing neurotransmitters)? To answer such a question, research must be conducted carefully so answers about certain effects can be shown to be the result of the cause that is being studied—otherwise, flawed conclusions will be drawn. Fortunately, the scientific method is self-correcting, so even flawed conclusions can eventually be revised for greater accuracy.

The scientific method

The scientific method is a step-by-step procedure for collecting information and subsequently drawing conclusions. In a best case scenario, accurate conclusions can be inferred from gathered information because the scientific method allows for the replication of an experiment to see if the information can be repeated. In a worst case scenario, either the information that is gathered may be completely unexpected due to a flaw in the execution of an experiment or a conclusion may be incorrect due to the biases of the researcher. The scientific method is meant to either confirm or deny particular questions about the way the world works, or it may lead to additional research in hopes of answering these questions.

There are generally five steps to the scientific method, which help show cause and effect. They are:

1. Ask a question. What is the goal? What should be discovered or confirmed?
2. Create a hypothesis. Given the background knowledge or study of existing information, what will happen when an experiment is performed to answer the question? Hypotheses should be stated so

that results of an experiment can be measured in a way that anyone performing the experiment can get the same results.

3. Design an experiment that can confirm or deny the hypothesis. What variables are involved? What equipment is needed? What tools will be used to measure the results?
4. Record and organize the results of the experiment. This will help make analyzing the results easier.
5. Analyze the results and draw conclusions from the data. The data will either confirm or deny the hypothesis, or require additional results or experiments to verify a hypothesis.

As it relates to massage therapy, the scientific method may be applied in the following fashion using this fictional, but quite possibly real-life, scenario:

- Develop a question based on your observations of the world. Does massage reduce a client's pain? If this is what clients tell you after a massage, you can put their subjective experiences to the test. For example, if clients tell you that your trigger-point therapy helps reduce pain in a certain muscle when you press your thumb into a

knot, you may ask, “If I press on a client’s muscles, what happens in their muscle or body that helps alleviate pain?” In this case, you would be trying to discover why the effect of pain reduction occurs when you apply a cause (massage). Keep in mind that the more narrow your question, the easier it will be to design an experiment later. Definitions are important as well. Exactly what particular technique is going to be used to press on a client’s muscle and thereby reduce their pain, acupressure?

- Next, develop a hypothesis. You might recall from your massage therapy training or other literature that massage affects the nervous system and that one of the neurotransmitters of the nervous system, endorphins, help reduce pain in the body. This leads you to hypothesize that pressing on a client’s muscle will release endorphins into their bloodstream. There should always be some kind of rationale behind a hypothesis, and not pure speculation.
- Third, design an experiment that will tell you what will happen in a muscle or the bloodstream when you apply a certain technique or certain amount of pressure to a person (the subject of the experiment). Here, you may wish to enlist the aid of a physician to measure blood composition and an exercise physiologist to measure your pressure (for the sake of knowing exactly what will happen when you use varying pressures). Getting help from several people who are experts in their respective fields can help minimize mistakes as well as provide varying viewpoints when it comes to interpreting results.
- Fourth, perform the experiment, collecting and organizing data. For this experiment, you might or might not see endorphins enter the subject’s bloodstream. You might see endorphins enter the bloodstream only when a certain amount of pressure is applied. You might even see a different neurotransmitter enter the bloodstream instead of the one you expected to see. It should be ensured that all the steps in an experiment are followed in order so that the experiment can be performed again or refined if necessary.

- Finally, draw the conclusions. Perhaps you did see endorphins enter the subject’s bloodstream and this explains why your clients say they feel less pain after a massage. Perhaps, though, you did not see endorphins enter the bloodstream, causing you to abandon your original hypothesis and coming up with a new one. Or, perhaps you forgot something when designing the experiment. Did you forget to time how long each instance of acupressure is applied? Forgetting even seemingly minute details of an experiment can have a profound impact on results.

In massage, an experiment such as this one can be either clinically significant or clinically insignificant. Such an experiment would be considered *clinically significant* if the subject’s endorphin levels rose to such a degree that their pain was reduced to a point that improved their quality of life. The experiment would be considered clinically insignificant if their endorphin levels rose only slightly and this did not do much to reduce their pain level.

Possibly the most important part of research is that the results gained from experimentation should be repeatable. If the results cannot be replicated and explained to others, the experiments will be meaningless. In the scientific community, the results and conclusions of research, known as *findings*, are checked in a process called peer review. The peer-review process uses people in the same or similar fields to conduct and verify findings. Every aspect of the experiment is reviewed for quality of the results and concurrence of the conclusion. Findings that have been rigorously reviewed and are considered important to the scientific community are then published in peer-reviewed journals.

Finally, an important point is that an experiment never proves anything; it simply supports or denies a hypothesis, which may lead to further questions. This is not unusual—sometimes the scientific method is a circular process.

Several types of research

There are many types of research. Generally, as it applies to massage therapy, most research currently falls into one of two types: *Basic research* or *clinical/applied research*. Basic research is meant to unveil fundamental information at either the molecular, cellular, or tissue level of organization. The example used to explain the scientific method in the previous section would be considered basic research. In addition, basic research is usually conducted in a lab. Clinical, or applied, research is used to investigate questions about functions. If the previous example used the scientific method for clinical research, the mechanisms responsible for endorphin levels rising in the bloodstream

when acupressure is applied to a muscle (if such were the case) would be investigated.

Other categories of research include *analytical research*, which offers an in-depth analysis of historical information and summaries of already completed research, and *descriptive research*, which analyzes surveys, questionnaires, and interviews. An example of descriptive research would be to find out which techniques are most effective for rehabilitating a rotator cuff injury. Therefore, knowing the type of research to conduct will influence how and to what extent the experiment is designed.

Variables in research

Variables can affect research studies and must be accounted for in any well-designed experiment. Often, these variables are specifically known as independent variables, which are things that can be controlled in an experiment. The *independent variables* in the imaginary study may include, but are not limited to, who or what is applying the acupressure, amount of time the acupressure is applied, depth or angle of the acupressure, whether the subject is standing, sitting, or lying down, and the gender and/or ethnicity of the subject. Sometimes, there are variables that can influence or corrupt an experiment. These are known as *confounding variables* and are things that cannot be controlled and sometimes are not considered. Examples include a subject’s general health, genetic dispositions, diet, home or work environment, or even sleeping habits. A good experiment will

find a way to balance the effects of confounding variables by including a large number of subjects or using a control group that receives placebo treatments with a group receiving the actual treatments.

Another important variable is the placebo effect, which is the theory that a subject’s belief that a treatment will produce certain results actually causes the results. It is estimated that as many as 15% of all changes in a subject group during clinical drug trials are the result of the placebo effect^[2]. This, too, should be accounted for when drawing conclusions from experiments (in cases where scientific experiments involve living subjects). Accounting for as many variables as possible in an experiment lends research more credibility, even when the results are not what might have expected.

Reading a scientific article

Although scientific articles vary slightly from journal to journal or between fields of study, they have a commonly accepted structure.

This is to done to increase the flow of information. For example, if one wanted to see which neurotransmitters were released into

the bloodstream during a massage, one could proceed directly to the Results portion of the article without having to read the entire entry. An *abstract* is typically provided at the beginning of scientific articles to provide a summary of all the relevant research and usually includes information about the subjects, methods used, variables, and conclusions. Abstracts are meant to be a quick-read and should be read in advance to decide whether or not to read the entire article for a more in-depth understanding of the findings. A scientific article is organized into sections, including:

- **Introduction:** Provides a basic overview of the topic and includes a summary of existing research, also explains why this particular research needs to be done and should end with a hypothesis.
- **Methods:** Provides details about who or what is being studied, the equipment used, how data will be gathered and organized, and a

step-by-step guide to the procedure so that it can be replicated by peers.

- **Results:** Reports the data that were collected.
- **Discussion:** Interprets the results (with the researchers attempting to explain them), their relationship to existing research, and limitations of the experiment. This is usually the longest section because the researchers try to elaborate on why the results turned out the way they did.
- **Conclusion:** Summarizes the Discussion section's findings and the experiment's relevance.
- **References:** Lists all the existing literature relevant to this particular research; it may include references to other scientific articles whose findings were limited or flawed and/or references that help explain the findings of this research.

What follows is a fictional example of an abstract related to the field of massage therapy:

Does Massage Therapy Benefit Diabetes Patients? A Review. <i>Diabetes Review</i>. May 2010. Enzo J, Dormer S, Nicholas M, Wilcox M. National Diabetes Foundation; Richmond, VA. Abstract Massage therapy is one of the fastest rising complementary therapies in the United States. This article reviews the existing evidence for the benefits and adverse effects of massage for patients with diabetes. Massage performed at the injection site has been shown to increase insulin absorption. In addition, preliminary research suggests that massage may have beneficial effects on glucose levels in the bloodstream and ease symptoms of diabetic neuropathy. Nonetheless, double-blind, placebo-controlled research is needed to verify any of the short- and long-term benefits of massage as a complementary treatment for diabetes patients and to delineate specific massage treatment protocols. Massage has been a suggested treatment for diabetes for approximately 100 years. However, the benefits of this therapy for diabetic patients remain ambiguous as exemplified on Internet chat boards and social media websites. One writer may pose questions such as, "Does massage therapy help manage diabetes?" Typical replies include, "If you find any information on massage for diabetes patients, please let me know. I want to find a therapy that can aid my 55-year-old mother who has been diagnosed with diabetes. In what way does massage help?" or "Does anyone know if massage helps all types of diabetes?" If the persons posting these messages were to search the Internet for answers to their questions, they may become discouraged, confused, and frustrated. Internet information on diabetes and massage is rife with unverified claims. For example, one website suggests that diabetes can be cured by self-massage. Another website describes a case in which a patient with diabetes who purportedly had his feet massaged with a technique known as Reflexology, reduced vast amounts of glucose in his urine during the second week of the specified treatment; ultimately resulting in the remission of his diabetes. Given such unverified claims, how do patients or loved ones decide, or physicians advise, about the efficacy of massage therapy for those with diabetes? This article seeks to explain what is and is not known about the efficacy of massage therapy for patients with diabetes by systematically reviewing the existing scientific literature using the Brisbane review methodology, a method explicitly aimed at maximizing comprehensiveness and minimizing bias. Using this method, all relevant studies that meet specific inclusion benchmarks are included in this article, irrespective of their results.

It should be noted that not all research articles are considered reliable simply because they are published. On occasion, some research articles may forgo the peer-review process, thus revealing a potential bias toward a positive outcome of the conducted research. An example would be a massage therapy clinic that conducted their own in-house experiment on whether deep tissue massage can provide relief of lower back pain, then collected data that confirmed their suspicions, and released the information to their existing clients without having it reviewed by an independent researcher.

How, then, does one tell a good research article from a bad one? There are some general signs to look for when reading a research article. They include, but are not limited to:

- The article has been peer-reviewed.
- A list of references or sources that the researchers have consulted in preparing their experiments.
- A name associated with each reference or source and their credentials. There may be no name associated with the reference or material, as is often the case with Internet articles. Reputable websites typically end in ".gov" or ".edu."

- The references or sources have been peer-reviewed.
- The references or sources have historical significance or are up-to-date.
- The article tries not to stray from facts and gives reasons for the conclusions.
- The article uses technical or scholarly language.
- Quotations or precise information from references or sources are cited within the article's text.

Fortunately, there are several reliable search engines for finding trustworthy research articles that relate to massage therapy. A list of these search engines can be found on the Massage Therapy Foundation's website on the Massage Research page, and includes links to Biomed Central, MerckMedicus, and PubMed. With these search engines, it is possible to find millions of scholarly articles, science journals, online books, citations, and other media that references massage therapy. The Massage Therapy Foundation's website also has several other important links, including webinars

Research and massage therapy

The purpose of researching massage can go beyond the desire to explain a course of treatment to a client. Accurate knowledge may help better a therapist by discovering which techniques are the most and least effective for treating clients given a specific ailment. As mentioned earlier, taking a clinical approach to massage can help the therapist and the profession gain respect and enhance stature in the health and medical community.

According to renowned massage therapist Susan Salvo, as a profession, there are several things that must be done to accomplish the goals discussed in this course. First, it must be shown that massage has a positive influence on clients, making the profession important to society. Second, it must be proven that massage's positive influence on a client is backed by scientific findings. Third, massage therapists must convey the image of a professional that conducts research and continues improving their knowledge and skills. Lastly, massage

therapists should be directly involved with the research on their profession instead of letting outsiders do all of the research^[4].

By not being involved in research projects, massage therapists allow their profession and its image to be defined for them. The negative consequences of not being involved in the research process will diminish the standing of massage as a legitimate form of therapy and lead to missed income opportunities from physician referrals and insurance reimbursements. Many therapists are becoming involved in the research process, which improves the quality of research done on massage therapy. As research continues to confirm much of what massage therapists have been saying about the effects of massage on the human body, funding for research is increasing from well-regarded scientific institutions such as the National Institutes of Health (NIH). Improving the quality of studies will lead to better research and will legitimize the therapist as a health and wellness provider to be compensated accordingly.

The effects of massage

While research in the exact benefits of massage is in its infancy compared with other fields of study, there are many things currently known about massage. The effects of massage can be general, in that it can provide an overall sense of well-being in a client, or specific, in that massage has been shown to relieve lower back pain. This section provides an overview of scientifically verified effects of massage therapy and the variety of techniques used to produce those effects.

It is possible to break down the effects of massage into three broad categories: Mechanical, physiological, and psychological. It is important to recognize that while the effects of massage can be broken down into any one of these categories, any category may overlap with another given the complex organization of the human body.

Mechanical effects of massage result from the direct placement of hands, forearms, elbows, or feet upon a client's body to manipulate their soft tissues (which include, but are not limited to, muscles, tendons, ligaments, and joints). Furthermore, mechanical effects are produced by pushing, kneading, rolling, rubbing, compressing, stretching, or lifting soft tissue. Mechanical effects are difficult to measure because they may overlap with either physiological or psychological effects. For example, is the loosening of a tense muscle due to its manipulation or the client's belief that massage will have that effect? Such an effect is difficult to measure and categorize. Still, it is known that the mechanical manipulation of soft tissue can move blood and lymph around the body, reduce edema, reduce scar tissue, lengthen

muscle fibers, and possibly move substances along the gastrointestinal (GI) tract.

Physiological effects relate to changes in blood pressure, changes in hormone and/or neurotransmitter levels, improved tissue oxidation, and structural changes to muscles, tendons, and ligaments. These effects are generally easier to measure as blood can be drawn and its composition examined and magnetic resonance imaging (MRI) can reveal changes to bodily structures. These effects are considered broad, affecting the entire body and promoting a client's general sense of well-being.

Psychological effects are associated with lower stress levels and bouts of anxiety or depression. These effects are the most documented in scientific research. There is a limitation to measuring the psychological effects of massage, however, as these known effects come by way of survey, questionnaires, and client interviews. These data are difficult to translate into a numerical value, and cannot demonstrate how reliable subjects' answers are regarding their subjective experiences. Even so, if it is known that one physiological effect of massage is that it reduces hormone levels such as cortisol and epinephrine (stress hormones), it can be deduced that one of these effects would be that a subject's stress levels are reduced. At this point, the scope of how massage affects the human body can be looked at more precisely.

Effects of massage on body systems

Cardiovascular system

Effects of, or changes to, the cardiovascular system would generally be considered part of the physiological effects of massage. Research conducted in 2008 on 263 subjects concluded that the application of deep tissue massage had the effect of lowering blood pressure and heart rates by as much as 10 beats per minute^[5]. Research conducted in 2009 discovered that the compression of trigger points in the lower leg stimulated a parasympathetic response from the nervous system, thereby reducing a subject's heart rate. To quote the study's abstract, "The therapeutic effects of [trigger point] compression were assessed by a subjective fatigue scale. Parasympathetic nervous activity was also assessed by spectral analysis of heart rate (HR) variability... The results indicated that [trigger point] compression (1) decreased HR [systolic blood pressure] and [diastolic blood pressure], (2) increased parasympathetic activity [and] improved the fatigue scores. These findings suggest that an increase in parasympathetic nervous activity

after the [trigger point] compressions induced a reduction of fatigue^[6]." Having shown that massage can also reduce the arterial pressure associated with the heart rate makes it valuable for patients with cardiovascular disease whether they are in the pre- or posttreatment phase of their pathology. Thus, there is no evidence to suggest that massage can invoke a cardiac event in susceptible clients. This is probably because most of the changes to the cardiovascular system stem from the stimulation of the nervous system's parasympathetic system (the resting, or calming, division of the nervous system). Moreover, a study conducted in 1933 revealed that massage can increase blood platelet count^[7], while similar research in 2006 showed that red and white blood cell counts increased in cancer patients when combined with other therapies^[8]. Other observed effects of massage on the cardiovascular system include increased blood vessel dilation, increased histamine levels (which aid the immune system by enhancing white blood cell function), and increased tissue

temperatures. Along with a number of other studies, the available research strongly indicates that massage affects the cardiovascular system in a positive manner.

It is still unclear whether research regarding massage and the cardiovascular system improves blood circulation. While it may seem obvious that blood circulation would improve throughout the body due to mechanical effects, this has not been clearly demonstrated. What has been demonstrated in one 2004 study is that massage improved blood circulation where localized edema occurred^[9]. Challenges to studying the effects of massage on the cardiovascular system lie partly in knowing that the cardiovascular system works on several levels, causing researchers to carefully consider what, exactly, they are measuring, as measurements concerning the cardiovascular system may relate to overall blood flow, arterial vs. capillary blood flow, nutrient exchanges at the tissue level, or even lymph drainage. Research in these areas is on-going.

Summary of the effects of massage on the cardiovascular system:

- Reduces blood pressure.
- Reduces heart rate.
- Increases red blood cell, white blood cell, and platelet counts.
- Increases neurotransmitters in the bloodstream that affect the parasympathetic nervous system.
- Increases histamine levels.
- Increases tissue temperature.
- Local improvement in blood circulation.

Nervous system

As the skin is sometimes thought of as the superficial nervous system, it may appear obvious that massage can have multiple effects on the nervous system given the multiple divisions of the nervous system. Most of the research on massage and its relationship to the nervous system has dealt with the effect of massage on neurotransmitters such as endorphins (which reduce pain), serotonin (which regulates mood,

sleep, cognitive functions, appetite, and to a small degree, muscle contractions), and dopamine (which helps control heart rate, blood pressure, and activities of the pituitary gland). Generally speaking, much of the research done on the nervous system's response to massage has focused on massage's relaxation and stress-reducing benefits, as well as effects on depression. Studies conducted in 2010 and 2009, respectively, have revealed that massage decreased cortisol (the stress hormone) levels in the bloodstream for women recovering from breast cancer^[10] and that shiatsu (an Asian modality of massage) decreased chronic stress in a study of 70 subjects^[11].

Research about massage and its positive effects on the nervous system are not limited to just its relaxing effects. Several studies have been investigating the effects of massage on patients with spinal cord injuries and motor neuron function impairment and have found that massage can assist in the recovery of some dysfunctions. Massage has also been shown to reduce motor neuron excitability, resulting in an increased range-of-motion when the cause of such restrictions was due to muscle tension^[12]. Massage has also been shown to be an effective therapy for increasing alertness and mathematical skills^[13], and relieving depression in adolescents^[14]. Massage has even been shown to speed the development of visual function in infants^[15].

Summary of the effects of massage on the nervous system:

- Increases neurotransmitter levels associated with the parasympathetic nervous system.
- Decreases cortisol levels.
- Alleviates chronic stress and depression.
- Assists in recovery from spinal cord injuries.
- Decreases motor neuron excitability.
- Increases alertness and cognitive function.
- Advances visual development in infants.

Muscular system

While clients often seek massage to relieve muscular aches and pains, the effects of massage on muscles is not easy to study because particular muscle fibers would have to be dissected. Naturally, it is difficult to find many willing subjects for this type of research. Thus, much of what is thought to be known about the effects of massage on muscles is actually anecdotal (subjective) evidence. It is known from several studies, though, that massage can increase a subject's range-of-motion, which is an important goal when trying to improve a client's quality of life. Research conducted in 2001 on 24 adults with chronic lower back pain concluded that massage reduced lower back pain and increased a subject's range-of-motion through the hips. The results of the research indicated in the abstract stated, "By the end of the study, the massage therapy group, as compared to the [progressive muscle] relaxation group, reported experiencing less pain, depression, anxiety and improved sleep. They also showed improved trunk and pain flexion performance, and their serotonin and dopamine levels were higher^[16]." While an increased range-of-motion has been demonstrated, the notion that massage can increase a subject's overall flexibility has been equivocal. Currently, there is no evidence to support the idea that massage lengthens muscle fibers themselves, as is often recited by massage therapists. However, as indicated in the previous section on the nervous system, massage does decrease motor neuron excitability, which can lead to a tense muscle returning to its original length.

Discussing the effects of massage on the muscular system would not be complete without mentioning myofascial trigger points, nodules within muscle tissue that reduce muscular function and refer pain. Trigger points are a common focus during a massage session, so it is expected some research would be done on them. Studies have concluded that trigger point therapy has been effective in reducing headaches and neck and back pain, as well as increase range-of-motion and restore normal muscular function^{[17][18]}. Although specific protocols for treating trigger points has not been established by these studies, trigger point therapy has been shown to be beneficial nonetheless.

Massage therapists often claim that massage can help relieve or reduce muscle soreness, but research has found nothing conclusive. While one study demonstrated a decrease in delayed-onset soreness (DOMS) and edema, another showed only slight improvement in a subject's perceived soreness level and range-of-motion restrictions due to muscle soreness, but no change in presentations of edema. There are limitations in measuring soreness levels because soreness may be more of a psychological perception than a measurable mechanical or physiological effect, and edema that occasionally accompanies soreness varies. Research into massage and muscle soreness is on-going.

Finally, it is sometimes asserted that massage serves as a passive exercise and can help tone a client's muscles without exercise. There is no direct evidence to support this idea, although there may be a connection because massage can delay the muscle atrophy associated with bed rest or paralysis due to its effects on other body systems (such as locally increased blood circulation). It should be noted, that delaying muscle atrophy is not the same as muscle toning—this appears to be a benefit massage does not provide.

Summary of the effects of massage on the muscular system:

- Relieves muscular pain.
- Increases a muscle's range-of-motion.
- Decreases motor neuron excitability.
- Reduces the effects of myofascial trigger points.
- May slightly relieve muscle soreness and any associated edema.
- May delay muscle atrophy through massage's effect on the cardiovascular system.
- Does not tone muscles.

Connective tissue

Massage also has effects on dense connective tissue such as tendons, ligaments, and scar tissue, (loose connective tissue, such as blood, is mentioned elsewhere in this course). The most recent research suggests that some connective tissue responds to massage in a similar fashion to muscle tissue; e.g., the transverse friction and cross-fiber friction techniques used in massage can increase a tendon's range-of-motion by reducing excessive amounts of scar tissue^[19]. Likewise, massage has been beneficial for burn victims, as deep pressure increases fibroblast (a cell that makes collagen and forms scar tissue) activity, resulting in scar tissue that is stronger and more flexible than it would be without massage^[20].

Endocrine system

As with the nervous system, the endocrine system controls much of the human body. Thus, it is difficult to discern the effects massage has directly on this system, or whether the effects of massage on this system are caused by its interactions with other systems. However, as previously discussed, massage can influence levels of cortisol, the adrenal hormone related to stress. Moreover, massage has been shown to decrease cortisol levels across multiple populations. Therefore, it may be inferred that massage can effect other hormones of the body, but this research is still in its early stages, as most research on massage and the endocrine system has been restricted to measuring cortisol levels.

Still, one of the endocrine system disorders, type 2 diabetes, is worth mentioning here. As this disease grows to epidemic proportions in the United States, money is being diverted into studying ways to combat the disease and its health consequences. Specifically, research is currently underway to study how massage might influence the levels of insulin (a hormone that helps muscles and fat absorb blood sugar) in the bloodstream. Preliminary reports indicate that massage may help relieve symptoms of type 2 diabetes, though most of the current research focuses on massage and whether it can stimulate insulin production or increase the absorption rate. A study conducted in 2008 showed that massage can help with symptoms, concluding that, "Preterm infants who received massage therapy not only showed greater weight gain but also a greater increase in serum insulin and IGF-1 levels (a protein hormone similar to insulin), suggesting that massage therapy might be prescribed for all growing neonates (a newborn child)^[21]."

Summary of the effects of massage on the endocrine system:

- Decreases cortisol levels.
- Influences the production and absorption of insulin.
- May relieve symptoms of type 2 diabetes.
- May influence numerous other hormone levels, thereby affecting multiple systems.

Lymphatic system and immunity

As discussed earlier, massage does have beneficial effects on the cardiovascular system and can locally increase blood circulation. Since the flow of lymph in the body is similar to blood circulation (except that it only flows in one direction), it stands to reason that massage may aid the flow of lymph, too. Indeed, there is evidence that massage decreases both localized edema and the edema that results from lymph blockages^[22]. Perhaps more importantly, research has shown massage to be beneficial for cancer and HIV-positive patients, as massage helps raise specific lymphocyte (killer T-cells) levels^[23]. Furthermore, research conducted on 35 men in 1998 found that massage increased white blood cell counts in men with percussive symptoms of prostate cancer^[24]. However, although the preliminary research appears promising, it should be noted, that larger, more thorough studies have failed to reach similar conclusions about massage and the immune system, indicating the difficulty in accounting for the numerous variables needed for accurate findings. Nonetheless, massage can reduce the pain, anxiety, and stress of patients suffering from cancer

or HIV diagnoses. Lastly, there has been a general concern among physicians and massage therapists that massage may assist in spreading some forms of cancer around the body. Although there is no evidence for this concern, it is worth considering the fact that since massage can assist lymphatic flow, massage is typically withheld from clients with lymphatic cancer who do not present a massage therapist with a physician's referral. This is simply erring on the side of caution until the proper research can provide the massage profession with guidance in this area of concern. As the number of cancer patients continues to grow and new courses of treatment sought, the massage profession can look forward to the results of this rapidly expanding field of research.

Summary of the effects of massage on the lymphatic system and immunity:

- Assists the flow of lymph throughout the body.
- Decreases localized edema associated with lymph blockages.
- Raises killer T-cell levels in cancer and HIV patients.
- May raise levels of other white blood cells in the bloodstream.
- May reduce the pain, anxiety, and stress associated with cancer and HIV diagnoses.

Integumentary system

Does massage have any effect on the skin itself? As stated in this course, massage can increase localized tissue temperature by increasing local circulation (as blood nears the surface of the body, it releases heat). It has also been established that massage can reduce subcutaneous scar tissue, giving researchers reason to suspect massage may help minimize scars resulting from burns if massage is applied within the injury's acute phase (investigations into this claim are currently underway). Thus, since massage assists nutrient exchange in muscle tissue, it likely assists nutrient exchange in skin tissue as well. Massage has been shown to improve conditions such as eczema, dry or rough skin, and itching in children on the most superficial layer of skin, the epidermis^[25]. Also, a 2005 systematic review of the literature found that certain massage techniques (effleurage, in particular) are routinely used to prevent skin ulcers in bedridden patients. As indicated in the study's abstract, "A careful review of this information; the clinical, physical, and pathophysiological aspects of pressure ulcers, including extrinsic and intrinsic factor; and the time-pressure relationship suggests that one type of massage may be beneficial for persons who are at risk for developing pressure ulcers^[26]." The study noted that the benefits of massage were not always observed, citing differences in the skin conditions of patients of varying pathologies. Still, the often cited benefits of massage and its effectiveness for decreasing anxiety and stress have been shown to improve skin conditions resulting from stress^[27].

Summary of the effects of massage on the integumentary system:

- Increases skin temperature.
- May increase nutrient exchange through increased local circulation.

Effects of massage for specific pathologies and disorders

Breast cancer

As indicated in the section on the lymphatic system and immunity, massage can help boost the immune system and reduce anxiety and stress associated with cancer diagnoses. A study at the University of Minnesota in 2003 further concluded that light touch by either a massage therapist or other health care provider reduced the need for pain medications for breast cancer patients, while another 2003 study of 58 women in Miami found that massage reduced symptoms of depression in women with breast cancer, while increasing dopamine levels (the hormone associated with a general sense of well-being). The same study also confirmed that massage increased killer T-cell presence in the bloodstream.

- May minimize scars that result from burns.
- Can alleviate conditions such as eczema, dry or rough skin, and itching in children.
- Prevents skin ulcers in bedridden patients.
- Improves skin conditions that are the result of stress.

Psychological benefits

While scientific research into the effects of massage on the human body may still be new, studies involving the effects of massage on human psychology are even newer. The psychological effects of massage are difficult to study as data are often subjective, such as asking subjects how massage makes them feel. It is also difficult to discern the effects massage has on human psychology that are not the result of the physical interaction between therapist and subject or are the result of any placebo effect. These problems are quite different from measuring neurotransmitter or hormone levels in the blood or taking temperature readings.

Despite the challenge, research in 2008 on massage and attention deficit hyperactivity disorder (ADHD) revealed that massage improved attention, concentration, and overall cognitive function in adolescents diagnosed with the disorder^[28]. Others studies, such as one conducted in 2007, showed that massage is beneficial for victims of physical and sexual abuse, particularly in children and adolescents. The lead researcher, Tiffany Field, writes in her abstract, "Massage therapy has been effective with violent adolescents, perhaps because the physical stimulation reduced their dopamine levels and increased their serotonin levels. Their aggressive behavior decreased and their empathetic behavior increased" but that "These preliminary data need to be replicated in a larger sample with a more comprehensive set of measures^[29]." Numerous studies also suggest that massage may improve body image in women, assist clients in processing emotional issues, and help manage other psychiatric disorders, although research in this area is not yet conclusive. With a mind-body connection often assumed, more research needs to be conducted to discover which benefits of massage are from massage itself and not from the client's expectation. It must be made clear that the therapist may not use massage to treat clients' psychological disorders, as treating such disorders are outside the scope of practice for massage therapists. (What is within a massage therapist's scope of practice is defined by local and state laws, as well as by professional organizations such as the American Massage Therapy Association.)

Summary of the effects of massage on psychology:

- Improves attention, concentration, and overall cognitive function in adolescents diagnosed with ADHD. May improve similar symptoms in adults.
- Benefits victims of physical and sexual abuse, particularly children and adolescents. May benefit adult victims as well.
- May improve body image in women, assist clients in processing emotional issues, and have positive effects on psychiatric disorders.

Carpal tunnel syndrome (CTS)

This dysfunction that can cause severe pain and/or numbness of the thumb, index finger, and middle finger, is common among office workers. It is sometimes idiopathic but may be caused by pressure on the median nerve, possibly due to the inflammation that arises in response to local wrist injury, repetitive wrist actions, or a decrease in synovial fluid (the fluid that lubricates joints) among the carpal bones. A well-designed, double-blind 2008 study of 27 subjects concluded that massage provided a substantial increase in wrist strength by the fourth week of twice weekly massages. However, improved grip strength was the only benefit observed in this case^[30]. Still, when considering the known effects of massage on various body systems, it is reasonable to conclude that massage can assist CTS sufferers in

managing their pain, as well as reduce the localized edema that occurs with this disorder.

Migraines

According to the Migraine Research Foundation, this particular presentation of headaches characterized by extreme sensitivity to light, sound, touch, and smell, as well as nausea, vomiting, dizzy spells, and tingling or numbness in the face or limbs is one of the top 20 most disabling disorders in the world. Besides a migraine's debilitating effect, even the anxiety associated with anticipating a migraine attack can interfere or interrupt a client's daily routine, ultimately leading to a loss of \$11 billion dollars to U.S. companies alone. While the cause of migraines is not entirely understood, there are indications that genetics and environmental factors are involved, which may contribute to lower serotonin (a neurotransmitter) levels in the bloodstream. In addition, hormonal changes are another cause of migraines in women (particularly when estrogen levels drop during menstruation), while intense exercise and disruptions in sleep cycle are also cited as causes of migraines. These are not the only migraine triggers, but are the ones that massage may help to prevent or overcome because massage can affect neurotransmitters, thereby influencing the calming and pain-killing aspects of the parasympathetic nervous system. A 2007 study on 47 subjects found that, "Compared to control participants, massage participants exhibited greater improvements in migraine frequency and sleep quality during the intervention weeks and the 3 follow-up weeks. Trends for beneficial effects of massage therapy on perceived stress and coping efficacy were observed. During sessions, massage induced decreases in state anxiety, heart rate, and cortisol^[31]." Moreover, these were the effects massage had on migraine sufferers with no complementary therapy, such as prescription drugs.

Multiple sclerosis (MS)

This disease is a progressive degeneration disease of the nervous system that slows or may block motor neuron transmission, resulting in muscle weakness and problems with coordination and balance. Although the cause of this disease is idiopathic, a study conducted in 2013 found that, "Massage therapy resulted in significantly larger improvement in pain reduction (mean change 2.75 points, $P = 0.001$), dynamic balance (mean change, 3.69 seconds, $P = 0.009$) and walking speed (mean change, 7.84 seconds, $P = 0.007$) than exercise therapy. Patients involved in the combined massage-exercise therapy showed significantly larger improvement in pain reduction than those in the exercise therapy (mean change, 1.67 points, $P = 0.001$)," thereby concluding that, "Massage therapy could be more effective than exercise therapy. Moreover, the combination of massage and exercise therapy may be a little more effective than exercise therapy alone^[32]." Considering the study's conclusion, it is again important to note that, when working with an MS client, therapy should be restricted to massage alone and not exercise therapy as such treatment is not in a massage therapist's scope of practice. Also, massage should not be used as a treatment protocol for the visual and cognitive disturbances associated with MS unless under the direct supervision of a physician.

Asthma

Asthma is a respiratory system disease that causes the airways to become inflamed and more narrow, resulting in difficulty breathing,

shortness of breath, coughing, and occasionally, chest pains. Since asthma usually begins in childhood, most research into massage and asthma has been conducted on children. Tiffany Field, of the Touch Research Institute in Miami, conducted a 2008 study of 32 children with asthma and concluded that children who received massage for 20 minutes for a month showed improved pulmonary function, less difficulty breathing, and less anxiety (lower cortisol levels), leading to fewer asthma attacks. The study qualified its findings by noting that the massage treatments were more effective in children 4 to 8 years old than in the group of older children 9 to 16 years old, and that this discrepancy was omitted. However, follow-up research conducted in 2011 at the Department of Pediatrics in Cairo, Egypt, found that among 60 children with asthma, those who received 20 minutes of massage every night before bed for 5 weeks showed marked improvements in normal breathing flow compared with those who received standard asthma treatments such as inhaler medicine and breathing and relaxation exercises.

Fibromyalgia

A disorder of the central nervous system (CNS) for which there is no known cause, fibromyalgia is characterized by widespread superficial pain, superficial numbness and tingling, joint stiffness, cognitive dysfunction, chronic fatigue, and difficulty sleeping. A 2011 study concluded that among 74 fibromyalgia patients split into two groups—one receiving massage in the form of myofascial release and the other receiving sham (fake) treatments—"Pain, anxiety, quality of sleep, depression, and quality of life were determined at baseline, after the last treatment session, and at 1 month and 6 months. Immediately after treatment and at 1 month, anxiety levels, quality of sleep, pain, and quality of life were improved in the experimental group over the placebo group. However, at 6 months post-intervention, there were only significant differences in the quality of sleep index. Myofascial release techniques improved pain and quality of life in patients with fibromyalgia^[32]." In 2010, a review of existing research into massage for fibromyalgia patients found only moderate benefits for those with the disorder and suggested that fine-tuning the methodology of the reviewed research would perhaps reveal definitive answers, which is what the 2011 study attempted to do by restricting its methodology to the use of the myofascial release technique.

Chronic fatigue syndrome (CFS)

Although CSF is a symptom of fibromyalgia, it is also a symptom of many other conditions and diseases, and may be an idiopathic disorder unto itself. Another study by Tiffany Field and her team in 2012 revealed that among a group of 20 subjects, those placed into the massage portion of the study not only showed improvements in their self-reported anxiety and depression levels immediately following their first massage, but continued to show improvements over the course of 5 weeks compared with those not receiving massage^[33]. Other studies involving massage and CFS have not focused solely upon massage's role in helping relieve CSF symptoms, but instead chose to include massage among other complementary medicines to see how such practices may help. This leaves the previously mentioned study as the best evidence for the effects of massage on CFS clients. As stated earlier in the course, good research needs clearly defined experimental protocols to reach definitive conclusions. Therefore,

research could be conducted on the use of certain stimulating massage techniques such as the percussive movements of tapotement to see how it may benefit CFS clients.

Alzheimer's disease (AD)

Alzheimer's disease (AD) is a type of incurable dementia, a category of brain disorders whose symptoms include loss of cognitive function. For AD sufferers, specific symptoms include memory loss, confusion about otherwise routine tasks, speech impediments, and aggressiveness or paranoia in the disease's later stages. While massage cannot or does not appear to be able to slow the progression of the disease, research has shown some promise in managing the aggressiveness seen in late-stage AD patients. A 1999 study concluded that, "Verbal displays of agitation, the most frequently cited form of agitation in community-dwelling individuals with AD, were not diffused by slow-stroke

massage. However, the more physical expressions of agitation such as pacing, wandering, and resisting were decreased when slow-stroke massage was applied^[34]." Although it is possible these results are because of the psychological benefits of massage, they may also be due to the known effects of massage on the parasympathetic system. Research into this particular field of study has been underway for two decades, but the limitations of small subject pools are hindering definitive answers.

As research continues to show at least some benefits of massage for many disorders, further research will be conducted to establish specific protocols to help the therapist decide which massage techniques are most effective for any given condition. This will help elevate the profession of massage therapy to its proper place alongside other health care professions.

How to get involved with massage therapy research

According to the Massage Therapy Foundation, the easiest way to assist massage therapy research is to donate to the foundation to help fund studies. Another way is for the therapist to sponsor seminars on the benefits of massage for a special population, such as cancer patients. Other ways include volunteering as a fundraiser or a grant writer, or work in public relations, communicating the necessity of massage therapy research. A possible hands-on approach is to search contract opportunities for research provided by the National Institutes of Health on the Grants and Funding page of their website (<http://grants.nih.gov/grants/oer.htm>). Another hands-on approach is to become involved in massage therapy research by writing case studies about clients – a case study is a description of a particular client with a specific condition treated in a clinical setting. These scientifically written studies that are typically submitted to massage journals, such as *The International Journal of Therapeutic Massage and Bodywork*

(IJTMB), may provide researchers with more motivation to investigate the benefits of massage. Although it is beyond the scope of this course to detail how case studies are written, there is a great deal of guidance on the Internet or at a local college. However, if performing and writing a case study is too complicated or involved, it may be helpful to contact a local university science department, or search www.clinicaltrials.gov to see what, if any, research on massage is underway and if so, how to contribute. Professional massage organizations, such as the Associated Bodywork and Massage Professionals (ABMP), are another place to inquire about getting involved in massage research. You should strongly consider getting involved in research - it is a great way to elevate your status as a health and wellness provider by helping to demonstrate the scientifically proven benefits of massage therapy to the world.

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Additional resources

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NOTES

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