

**Application for Regulation
Of
Massage Therapy
Under the
Alberta Health Professions Act**

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Applicants:

Alberta Registered Massage Therapists Society
Massage Therapist Association of Alberta
Remedial Massage Therapist Association

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Formal Submission - Toward the Regulation of Massage Therapy Under the Health Professions Act

I. An Introduction to Massage Therapy

This proposal has been prepared by a Steering Committee, consisting of senior representatives of three massage therapy groups, on behalf of their members. The three groups propose the following *practice statement* for self-regulation of the massage profession. The definition is consistent with the one approved by the Canadian Massage Therapist Alliance (a national organization representing therapists trained for a minimum of 2200 hours), Alberta Human Resources and Employment Occupational Profile for massage therapists, and practice statements from other regulated jurisdictions:

"With the intent of producing a therapeutic outcome and to maintain and enhance health, assess and treat the soft tissues and joints of the body to promote rehabilitation, and/or prevent or reduce physical dysfunction and pain of the soft tissues."

This discussion paper has been prepared within the context of the questions posed in the Health Profession Advisory Board's guidelines.

II. The HPAB Guidelines

(a) Ascertain what constitutes the practice of the profession, whether persons practising the profession should be authorized to provide restricted activities and the conditions, if any, that should apply to the practice of the profession or the provision of restricted activities;

- **Provide a summary of your profession's history.**

Early references to "massage therapy" date back perhaps 3000 years, when Chinese people used techniques of rubbing and pressing of the soft tissues. Japanese, Indian and Hindu people subsequently practiced these techniques.

Massage spread to Europe by about 300 B.C. The Greeks practiced gymnastics and massage as part of their fitness rituals. Hippocrates was the first to discuss the qualities and contraindications of massage.

During the late 1800's, nursing sisters and nurse masseuses were employed in hospital rehabilitation departments throughout Britain. These women were under the supervision of a physician or orthopaedic surgeon. In 1894, eight women working in London hospitals founded the Chartered Society of Massage and Medical Gymnastics, a professional organization that regulated the training and practice of massage therapy.

During this time, textbooks from 1886 onward supported the educational requirements of the regulated mandate of the Chartered Society and provided the reference base for training and examination of candidates. In 1900, remedial massage therapy in Britain became a formalized profession and received Royal

Charter status as the Incorporated Society of Trained Masseuses. This professional status was in place when World War I commenced.

In response to the numbers of wounded soldiers at the onset of World War I, the Medical Service Division of the Canadian Army responded to the demand for additional trained personal by establishing the Military Hospital Commission Command Toronto School of Massage. Trained in the same model and standards as their contemporaries in Britain, the class of 1917/1918 graduated 70 women and 6 men who volunteered for service overseas and at home. The Canadian Medical Services Commission in October 1918 reported that some 2000 Canadian soldiers were receiving daily massage treatment in hospitals servicing the wounded throughout the United Kingdom and at the outpost orthopaedic field setting.

During the war, the profession was predominantly female. Women dominated the field during the war, and were the main providers of massage therapy directly to soldiers, both at home and abroad. Women practiced exclusively in hospitals and institutional settings. Many of the employees of hospital massage therapy departments in Canada were the graduates of the Military Hospital Commission Command School of Massage, 1917/18. Orthopaedic hospitals throughout Canada employed massage in their programs of care. In the years between the two world wars, the emerging Canadian massage profession would incorporate blinded servicemen, trained as masseurs in their post war return to work, into its ranks.

After World War I, male veterans trained as masseurs, and provided massage therapy in private practice settings. Between the end of World War I and World War II, blinded male masseurs would dominate the private practice of massage therapy in the province of Ontario while women remained in hospital settings. After World War II, the group of World War I blind masseurs would reach a period of retirement attrition and at this time, massage was no longer the only viable occupational option for blinded men, resulting in a decline in the training programme at the CNIB.¹ No longer driven by the demand of war for trained professionals, private vocational schools providing massage training as early as 1935 would emerge, prepared to train interested men and women seeking a career in massage therapy.

In 1919, The Ontario Board of Regents first regulated the practice of massage. At that time, leaders in the massage profession organized efforts to petition the government to raise the level of protective legislation. Ontario expanded the professional recognition of massage therapy in 1935 through the Drugless Practitioners Act. After 72 years of regulation under the Drugless Practitioners Act, the Regulated Health Professions Act, 1991 was passed in Ontario. The College of Massage Therapists of Ontario was established to govern the profession. The Regulated Health Profession Act was proclaimed in 1994.

In 2001, Ontario and British Columbia regulators responded to the requirement to create a Mutual Recognition Agreement under the Agreement on Internal Trade and formalized the agreement regarding competencies and provincially specific regulatory differences when accepting candidates seeking entrance to practice in either jurisdiction.

Massage became regulated in British Columbia in 1946 under the Physiotherapy Act. British Columbia adopted new legislation that established independent regulation of the profession under the College of Massage Therapists British Columbia in 1995. British Columbia is currently completing the development of its competency standards and will be working with the other regulated provinces to establish national competency standards in the near future.

Massage therapy legislation was enacted in the province of Newfoundland and Labrador in 2002. In 2003, the Newfoundland and Labrador Massage Therapists Board became the third signatory to the Mutual Recognition Agreement.

Ontario has remained an influential leader and model in the area of massage therapy regulation during the development and expansion of regulatory colleges throughout Canada. The sharing of ideas that has assisted in the growth of the profession in Canada is reflected in various cooperative agreements. The tradition of sharing components of regulatory information has assisted in the foundation of consistency in training and evaluation of massage therapy practice.

The British Columbia, Newfoundland and Labrador, and Ontario Massage Therapy Acts define practice under a regulatory mandate. Entrance to practice is based on the results of a psychometrically defensible examination process that includes paper or electronic delivery of multiple choice entrance examinations and Objectively Scored Clinical Evaluation (OSCE) examinations. Regulation of massage therapy is committed to the protection of the public through the Colleges' programmes of registration, client relations, quality assurance, complaints, discipline and fitness to practice.

Since 1919, the massage profession in Canada has flourished and emerged as a leader in the standards of practice, education, examination, regulation and delivery of massage therapy care.

- **What health services does the profession provide and how does it provide them?**

Massage therapy involves the use of the practitioner's hands on the client's musculo-skeletal system, intended to result in:

1. Reduction of muscular spasm and pain

- (i) Friction has a thermodynamic effect, by warming and softening the tight hard tissues
- (ii) When trigger points are stimulated, the local nerves are soothed, allowing the release of contractions
- (iii) The brain increases the release of enkephalins and endorphins, producing analgesic effect
- (iv) The conduction of pain impulses in the peripheral nerves is reduced

2. Improvement in the circulation of blood and lymph

- (i) The increase in blood flow through the capillaries supplies the tissues with oxygen and other nutrients, thus decreasing ischemic pain and improving health of tissues
- (ii) The increase in lymph flow through the capillaries aids in removal of metabolic waste materials from muscles, joints and soft tissues
- (iii) The increase in venous and lymph return, providing an improvement in health for those with edemic conditions

3. Reduction and prevention of adhesions

Tension applied to the fibrous tissue breaks down adhesions and prevents new ones from forming. Passive movements also break down adhesions and stretch joint capsules, thereby increasing mobility

4. Increasing the range of motion and flexibility

Deep cross friction of muscle/tendon junctions and ligaments specifically assists in the restoration of pain free motion of the joints. Ischemic compression results in the release of muscular contractures

5. Decreasing myofascial trigger points

Compression of the irritable spot stimulates nerve endings, which elicit the release of endorphins and the reduction of pain impulses.

- **What restricted activities does the profession provide from Schedule 7.1 of the *Government Organization Act*? Do you see that list changing in the near future?**

Massage therapists do not currently practice restricted activities, and do not propose to do so in the near future.

- **How long has the profession been in existence?**

Massage therapy has been a regulated profession in Canada since 1919 (Ontario). As noted previously, the oldest massage therapy association in Alberta is presently celebrating its 53rd anniversary. The three groups represent a combined 92 years of services and member standards.

- **What is the profession's orientation to the health service industry?**

Massage therapists complement and support the health services provided by regulated practitioners, including physicians, nurses, dentists, chiropractors, physical therapists, occupational therapists, naturopaths, acupuncturists, midwives, psychologists, and other regulated health care practitioners.

- **What is your client base?**

Massage therapy serves a wide client base, including individuals of all ages (small infants to the elderly) with different health statuses, and varying degrees of mobility. Clients who suffer from injuries sustained in motor vehicle collisions, occupational

injuries, congenital musculo-skeletal disorders and repetitive strain injuries, trauma and chronic conditions such as arthritis, may benefit from massage therapy services.

(b) Evaluate the risk to the physical and psychological health and safety of the public from incompetent, unethical or impaired practice of the profession;

- **Are there any demonstrable risks or indicators?**

Massage therapy clients are *highly vulnerable* to unscrupulous practitioners who may expose them to inappropriate interventions, intended or unintended injury, sexual misconduct, and/or misleading suggestions about how to improve their health.

A similar risk to the public exists when incompetent "massage therapists" provide health care services, without an understanding of their professional limitations and the many contra-indications to massage therapy noted in Attachment I.

- **Is there a potential for significant or negative consequences to an individual consumer's physical health? Psychological health?**

Currently it is possible for unqualified, incompetent and unethical people, as well as sex trade workers, to claim to be "massage therapists" and practice in Alberta. The risks involved stem from at least two major sources:

- (i) The nature of the therapist/client contact and authority/power differential in massage therapy treatments
- (ii) The therapist's potentially inappropriate treatment of significant medical conditions being presented by the client.

The very nature of contact in massage therapy treatment involves risk to the public. Typically, the therapist works on an almost disrobed client who is under a sheet on a massage table, for an extended period in a closed office setting. The therapist is in a position of considerable authority, power and influence.

Without adequate mechanisms for determining competency, standards of practice or conformity to ethical requirements, there is an increased risk that a therapist may overstep professional boundaries and cause harm to a client. This type of contact may lead to misunderstandings and inappropriate conduct by the therapist or client.

This misconduct is far less likely if the therapist is subject to challenging "entry to practice" standards found in regulated professions, participates in continuing competency programs, and adheres to an enforceable code of ethics and Standards of Practice. These requirements need to be supported by investigative and disciplinary policies and procedures, consistent with the HPA.

Many sex trade workers pose as "massage therapists." Over the past several years, the three groups' complaints officers have seen a dramatic and troubling increase in the number of reported cases of sexual misconduct performed by these individuals.

Massage therapy associations and societies have removed therapists from their (voluntary) memberships as a result. However, these individuals most often continue

to practice "massage therapy" on the unsuspecting public. These circumstances present serious, yet largely avoidable risks to the public.

Without a College of Massage Therapy to regulate massage therapists, this risk to the public will remain. It is desirable to promote and enforce a competency standard for all therapists and if necessary investigating and disciplining them, and discouraging sex trade workers from "masquerading" as professionals in the first place (if they are regulated members).

Clients are placed at risk by virtue of the therapist's inappropriate assessment and/or treatment of medical/pathological conditions. Until the early 1990s, training in massage was most often limited to massage for relaxation purposes, working on otherwise healthy people who mostly needed stress relief. While stress is recognized as a condition requiring therapeutic intervention, many educational institutions have expanded their programs to include massage therapy for broader therapeutic purposes.

If massage therapy practitioners do not recognize contra-indications or do not modify treatment in light of contra-indications, or if they apply inappropriate treatments, the results may be serious (please see Attachment I). For example, some of the effects could be:

- (i) Extended damage due to whiplash injuries
- (ii) Paralysis through inappropriate spinal movements
- (iii) Vascular injuries through dislodgment of thromboses
- (iv) Deep compressions possibly fracturing advanced osteoporotic bones
- (v) Spreading contagious and infectious diseases
- (vi) Harming a pregnant woman's fetus due to incorrect positioning or ignoring other high risk conditions during pregnancy
- (vii) Aggravating existing conditions
- (viii) Psychological trauma.

Comprehensive training and assessment of practitioners prior to entry to practice, monitored by the proposed College of Massage Therapy, is imperative to ensure a high standard of health professional services. Therapists must be aware of the contra-indications as well as the pathological, psychological and physiological limitations to treatments, so that safe and effective care may be provided.

It is also important for massage therapists to provide services within the parameters of their competencies and practice statement, and exercise their professional responsibility to refer clients to other health care providers when necessary. A competency - based educational system would ensure high standards for all future graduating massage therapists.

c) Evaluate and make recommendations on the services normally provided by a person practising the profession, including the complexity of the services and how they are carried out;

- **How does the profession provide health services? In what setting (team, hospital, independently)?**

Massage therapists practice in cooperation with physicians, dentists, chiropractors, physical therapists, acupuncturists, nurses, midwives, occupational therapists, psychologists, and many other regulated health care practitioners. They work independently in private practice and in cooperation with inter-disciplinary treatment settings, rehabilitation clinics, local health clubs, health care facilities, and many other settings.

Massage therapists are involved with professional and amateur sports teams and athletic clubs. They work in continuing care facilities, and assist with pre - and post - natal care. Some massage therapists take their practices to clients' offices and homes.

- **What interventions and modalities does the profession use?**

Massage therapy is largely provided through the physical movement of the client's soft tissue and joints by the therapist's hands. Treatment may be augmented by the use of hydrotherapy elements and remedial exercise.

- **Is the profession part of a referral system? Do practitioners refer to other health practitioners outside of your profession? Do practitioners receive referrals from other practitioners?**

Massage therapy is provided through a variety of avenues. Clients may seek treatment of their own accord, without a referral from a medical practitioner. Physicians, physical therapists, chiropractors, counsellors, dentists and other regulated health care providers may refer clients for treatment for a specific problem.

Treatment is most often directed at specific areas of concern, as outlined by the referring health care professional and/or the client. An example may be a request for treatment of a flexion/extension injury to muscles of the cervical spine.

Massage therapists treat clients in numerous settings. These include team environments, such as chiropractic or physical therapy clinics, group practices of massage therapists, or in collaborative care settings. In these venues, the massage therapist is regarded as a member of the health care team, providing adjunct therapy as deemed appropriate by the primary care provider.

Most massage therapists provide treatment in office settings or clients' homes. They may also provide care in an acute care hospital or continuing care setting, but only at the request of the client and if there are no contraindications, as confirmed by the attending physician.

Massage therapy treatment should only be initiated following a comprehensive assessment and history taking. A physician or nurse practitioner may order and interpret the results of appropriate tests, to assist in the referral process. This assessment may include range of motion evaluation, muscle testing, gait analysis, postural analysis, and palpation of the area to be treated.

Following treatment, a client will often be given specific stretches or directions on the application of heat or ice. The therapist will determine the treatment based on the therapist's assessment of the client, including through communication with their referring health care practitioner.

Massage therapists find that many clients are requesting treatments that are non-invasive and less aggressive. Regulated massage therapy provides these individuals an appropriate option for health care.

Since massage therapy is not currently a regulated profession, there is no formal established referral system with other practitioners. However, given the positive results many regulated health care providers have experienced in collaborating with massage therapists, there is definitely a move by regulated health care providers toward suggesting massage therapy as a supportive modality to augment medical treatment. In the absence of a regulatory scheme, this referral process presents some risks to clients and their regulated practitioners.

Many regulated health care providers refer their clients on a regular basis for massage therapy treatments. They are not however able to refer to a specific therapist at this time, as this action may be perceived to be endorsing a specific non-regulated professional. This issue is one that has created difficulties for many regulated professionals. Many regulated professionals see the positive results obtained with the care provided by massage therapists, and are encumbered by their inability to refer to a specific individual and/or for a specific treatment.

The College of Physicians and Surgeons of Alberta updated their "Practice in Association" policy in March 1998. The preamble to their policy is noteworthy:

"The physician must be satisfied that the non-regulated provider provides services in a safe and effective manner. In some cases, the College (of Physicians and Surgeons) may have information concerning the educational standards prevalent throughout the discipline. In other cases, the physician will have to rely on personal investigation and the reputation of the provider to become satisfied with the potential effectiveness of services."

Regulated health care providers may see the need for therapeutic massage. Yet, most are not secure in a generic type of referral to a massage therapist, given the significant variability in competencies and quality of care in the current environment. Regulation would ensure that any referrals made to a registered massage therapist would provide clients with a high level of expertise, quality of care, accountability and safety.

Many massage therapists regularly refer their clients to regulated health care providers. It is very common for clients to downplay a problem or not recognize that there may be a larger issue involved with their initial complaint. Often massage therapists, because of their assessment and/or the length of time they spend with

clients in treatment, have the insight to refer their client to seek the most appropriate treatment through a regulated health professional.

One example is a client who presents with "sore legs" after a long flight. A registered massage therapist, following a comprehensive assessment, would be in a position to make an appropriate referral if it is believed that the client might be suffering from deep vein thrombosis.

There is a diversity of modalities under the umbrella of massage therapy. There may be times when the treatment required by the client may be more appropriately provided by another massage therapist trained in a modality better suited to the client's needs.

Reputable massage therapists have established a referral network to effectively direct clients with specialized care needs to an experienced practitioner. An example might be a pregnant client with low back pain who also has a history of miscarriage. A regulated massage therapist, working closely with other regulated health professionals, would most safely address this type of client's needs.

(d) Consider whether the services normally provided by persons practising the profession are regulated by (another) enactment;

- **If regulated in other jurisdictions, what type of regulation is in each jurisdiction?**

Massage therapy is regulated in British Columbia, Ontario, and Newfoundland and Labrador. Massage therapists in Saskatchewan, Manitoba and Nova Scotia (which is awaiting Proclamation) and a number of other provinces are also pursuing self-regulation.

- **What is the legislated scope of practice in other jurisdictions?**

The legislated scope of practice in **Ontario** under the Regulated Health Professions Act is stated as: "*The practice of massage therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.*"

The protected title in Ontario is "massage therapist," a variation or abbreviation (RMT), or an equivalent in another language. No person other than a member shall hold himself or herself out as a person who is qualified to practice in Ontario as a massage therapist or in a specialty of massage therapy.

The legislated scope of practice in the Massage Therapists Regulation under the Health Professions Act in **British Columbia** is: "*the assessment (and diagnosis) of soft tissue and joints of the body and the treatment and prevention of dysfunction, injury, and pain and physical disorders of the soft tissues and joints by manual and physical methods to develop, maintain, rehabilitate or augment physical dysfunction to relieve pain and promote health.*" The scope is under review, and will be modernized to reflect to reflect the current scope of practice in Ontario and Newfoundland and Labrador.

The protected titles in British Columbia are "massage therapist," "registered massage therapist," "massage practitioner," or "registered massage practitioner." No person other than a registrant of the College of Massage Therapists of British Columbia may practice massage therapy. No registrant may prescribe or administer drugs or anaesthetics, or treat a recent fracture of a bone.

The 2001 **Newfoundland and Labrador** Massage Therapy Act defines massage therapy as the "... *assessment of the soft tissue and joints of the body and treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function or to relieve pain or to promote health.*"

A massage therapist who is registered and licensed in Newfoundland and Labrador is entitled to use the title "massage therapist," "registered massage therapist," "licensed massage therapist" and the designation "R.M.T."

- **Are there continuing competence requirements in other jurisdictions?**

Yes, this is a consistent feature in provincial regulatory requirements. There are continuing competence programs in other jurisdictions, irrespective of massage therapy's regulated status. Continuing competence programs provided by the regulatory colleges in Ontario and British Columbia are particularly noteworthy for their comprehensiveness. Ontario has had a continuing competence program in place since 1994.

- **Is the profession prohibited from practising in other jurisdictions?**

We are unaware of any jurisdictions where the profession is prohibited from practicing.

(e) Consider whether the profession is a distinct and identifiable profession;

- **Is the profession best described as a complete system that includes a range of modalities and therapies?**

The massage therapy profession includes a range of modalities and therapies, in a manner similar to other regulated professions. Massage therapists assess clients within the range of their competence and apply appropriate treatments. These treatments include heat, ice, manual stretching, movement of joints, hydrotherapy and suggestions for appropriate self-care.

- **Are members of other professions providing similar services, regulated or unregulated?**

Most regulated practitioners in other health professions choose not to include massage therapy as a primary modality in their practices. Yet, in keeping with the "overlapping practice statements" philosophy of the Health Professions Act, massage therapy may be practiced *to a limited extent* by physical therapists, occupational therapists, chiropractors and some other regulated health professionals. The potential regulation of massage therapy is of course not intended to change these practices.

However, massage therapists who practice in accordance with the standards and requirements proposed in this document spend a great deal more time than other regulated health practitioners providing therapeutic health services to their clients.

With respect to unregulated individuals, through numerous anecdotal examples, we believe that the unsuspecting public is continuing to be placed at serious risk. Individuals promoting themselves as "massage therapists" may in fact be incompetent, impaired, unethical, and/or sex trade workers. Some of these individuals have been granted billing rights by unsuspecting third - party payers and insurance agencies.

Massage therapists make use of their hands as primary therapeutic instruments on the client's musculoskeletal system. Massage treatments are directed with "hands-on" massage of soft tissues and joints, with therapeutic intent and continuous feedback from the involved body parts. Depending on the client's present circumstances, treatments last between 30 and 90 minutes of uninterrupted time.

Massage therapists remain with their clients for the entire duration of treatment. Treatment involves rubbing and kneading of body tissues, and feedback by tactile sensation in the therapist's hands.

Massage therapists involve their clients to rebalance the muscles, soft tissue and joint structures and thus restore optimal physical functioning. Massage therapists involve their clients from the intake stage to share decision making in treatment planning from the onset of treatment in providing feedback to the therapist, and focusing the therapist's efforts on the area being treated.

- **How is the profession different/similar to other health professions?**

There are many similarities and differences among the professional practices of massage therapists, chiropractors, physical therapists, and occupational therapists. As noted previously, massage therapists make use of their hands at all times. The client is constantly being attended on a "one-to-one" basis, most commonly for one hour. Massage treatments are directed with "hands-on" massage of muscles, soft tissues and joints.

Massage therapists do not engage in restricted activities.

- (i) **Chiropractors**

In their practice statement, chiropractors in Alberta:

*"(a) examine, diagnose and treat, through chiropractic adjustments and other natural means, to maintain and promote health and wellness
(b) provide restricted activities authorized by the regulations."*

The chiropractic profession's main therapeutic focus is the relationship between the skeleton (particularly the spine) and the nervous system that surrounds it, within a holistic approach to patients' overall health. Chiropractors use various methods, including the application of ionizing radiation, to diagnose the state of their patient's health, paying particular attention to the spine and bony structures. Spinal manipulation and other manual adjustments are chiropractors' primary methods of helping patients' bodies heal themselves.

Chiropractors and massage therapists work closely with the physical body. Both types of practitioners make almost exclusive use of manual therapy in the application of treatment. Under the HPA, chiropractors are qualified to use a deliberate, brief, fast thrust to move the joints of the spine beyond their normal range, but within the anatomical range of motion, which generally results in an audible click or pop. Massage therapists do not provide this restricted activity.

(ii) **Physical Therapists**

In their practice statement, physical therapists:

"(a) assess physical function

(b) diagnose and treat dysfunction caused by pain, injury, disease or condition in order to develop, maintain and maximize independence and prevent dysfunction

(c) provide restricted activities authorized by the regulations."

Physical therapists engage in significant number of restricted activities such as:

- "Cutting a body tissue, administering anything by an invasive procedure": in wound debridement and administering local anaesthetics, intramuscular stimulation, biofeedback, muscle biopsies, and aspiration of swollen joints
- "Inserting or removing instruments, devices, fingers or hands beyond the cartilaginous portion of the ear canal": when using an otoscope during an ear examination or for the assessment of TMJ movement
- "Inserting or removing instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow": when inserting or removing instruments to carry out suctioning or instillation in chest care
- "Inserting or removing instruments, devices, fingers or hands beyond the pharynx": when inserting or removing instruments to carry out suctioning or instillation in chest care
- "Insertion or removing instruments, devices, fingers or hands beyond the labia majora": in the provision of treatment to reduce or eliminate incontinence
- "Insertion or removing instruments, devices, fingers or hands beyond the anal verge": in the provision of treatment to reduce or eliminate incontinence and constipation
- "Insertion or removal of instruments, devices, fingers or hands into an artificial opening into the body": when suctioning via a tracheostomy
- "Reducing a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes": when reducing a dislocation of the shoulder, elbow or knee
- "Using a deliberate, brief, fast thrust to move the joints of the spine beyond their normal anatomical range but within the anatomical range of motion, which generally results in an audible click or pop": when performing spinal manipulation
- "Prescribing or administering diagnostic imaging contrast agents": when administering contrast agents for video fluoroscopy of swallowing

- "Ordering or applying non-ionizing radiation in ultrasound imaging": when applying ultrasound imaging to determine the extent of tissue healing as a biofeedback tool
- "Prescribing or fitting an orthodontic or periodontal appliance": when prescribing and fitting a mouth splint in the treatment of TMJ.

Physical therapists at times employ needling (acupuncture), electrical modalities (such as interferential laser), joint manipulations, and the application of heat and cold. Physical therapy is strongly focused on rehabilitative exercises, with client participation as an integral part of clinical treatment. Physical therapists (and other regulated practitioners) in collaborative practices may assign responsibility for providing massage therapy to suitably qualified massage therapists, who will work directly on the client's soft tissue injury.

While the norm in physical therapy clinical settings, massage therapists do not often have clients actively exercising as part of primary treatment. Massage therapists may recommend exercise to their clients following therapy.

(iii) **Occupational Therapists**

In their HPA practice statement, occupational therapists:

- "(a) in collaboration with their clients, develop and implement programs to meet everyday needs in self-care, leisure and productivity*
- (b) assess, analyze, modify and adapt the activities in which their clients engage to optimize health and functional independence*
- (c) interact with individuals and groups as clinicians, consultants, researchers, educators and administrators, and*
- (d) provide restricted activities authorized by the regulations."*

Occupational therapists conduct tests to assess functional, emotional, psychological, developmental and physical capacities. They plan and direct specific therapeutic programs for individuals using vocational, recreational, remedial, social and educational activities.

Occupational therapists assist people to gain or regain skills and social, leisure and work environments through group therapy and activity programs. They work in a wide range of settings including hospitals, rehabilitation centers, continuing care facilities, mental health centers, community organizations, businesses and educational settings.

Occupational therapists perform restricted activities such as:

- Cutting body tissue, administering anything by an invasive procedure, or performing surgical procedures: in performing sharp wound debridements, probing and splinting; teaching and assisting with injections
- Inserting or removing instruments, devices, fingers or hands beyond the cartilaginous portion of the ear canal, the nasal passages, the pharynx,

urethra, labia majora, the anal verge, or into an artificial opening in the body: in removing sutures and staples, splinting the ear canal, and performing bowel care

- Setting or resetting a fracture of a bone
- Reducing dislocations of a joint
- Administering parenteral nutrition
- Administering diagnostic imaging contrast agents
- Fitting an orthodontic or periodontal appliance
- Performing psychosocial interventions

Occupational therapists similarly work individually with their clients, yet their main treatment goal is to minimize clients' mental and/or physical functional impairments. They do not normally engage in massage therapy as part of their clinical practices.

(f) Consider whether the proposed protected title is appropriately descriptive and whether it is likely to cause public confusion;

- **What title(s) is the profession proposing?**

The proposed protected title is Registered Massage Therapist (RMT).

- **Are the titles distinctive? Do the titles accurately describe the profession?**

We believe that the proposed title accurately describes the profession, will assist the public and clients to distinguish between regulated and unregulated providers of massage therapy, and is consistent with protected titles elsewhere in Canada.

- **Could the title cause public confusion?**

Section 33 of the HPA provides that the Council of a College "... must establish, in accordance with the regulations, a regulated members register for one or more categories of members who provide professional services of the regulated profession."

The list of each College's protected titles is found in their Regulation. Within a health care context, only practitioners registered with a college under the HPA can call themselves "regulated," "registered," or "licensed," and then only in accordance with their individual college's regulation.

Consistent with the HPA, the proposed College will make the names of all registered massage therapists known to the public through published lists, by telephone contact with the College office, and through an Internet web site.

(g) Consider the potential costs and benefits of regulating the profession, including the expected effect on practitioner availability and on education and training programs, the expected effect on enhancement of quality of service and the expected effect on prices, access and service efficiency;

- **What will be the value to the public of regulating this profession?**

Regulation of massage therapy under the HPA will provide increased protection to the public by precluding incompetent, untrained, unscrupulous and unethical individuals from practicing as regulated practitioners.

Regulation under the HPA may also address the misconception on the part of some members of the public that massage therapists are "regulated" by municipalities. In fact, Edmonton, Calgary and a number of smaller municipalities require massage therapists working independently to have business licenses.

Law enforcement officials in part rely upon this licensing process to be able to trace the movements and whereabouts of sex trade workers. However, these licenses understandably do not address any standards of care, safety or competence of health professional services.

- **What is the evidence of the membership support for the application for regulation?**

As noted previously, the three groups have worked collaboratively since January 2003 on the various aspects of this application. Self-regulation discussions among massage therapy organizations have been ongoing in Alberta for approximately the past two decades, including under the Health Disciplines Act.

The significant components of this submission have been widely circulated since May 2003, including on the Internet. Members of the three groups and a national association, the Association of Massage Therapists & Wholistic Practitioners, have strongly endorsed self-regulation at their respective Annual General Meetings and regional forums.

(h) Ascertain the qualifications and minimum standards of competence that are required for a person applying to practise the profession and how the continuing competence of practitioners is to be maintained, ascertain what education programs are available and evaluate the available education programs;

- **How does the profession see itself relative to other health care professions?**

The massage therapy groups have developed draft "entry to practice" requirements (Attachment III) and competency requirements (Attachment IV).

Continuing competence of practitioners will be achieved through the implementation of a quality management system that is designed to include qualified massage therapists, assess their existing level of competency and keep therapists on a regimen of continued improvements in competency (Attachment VII). The groups recognize that considerable work will be necessary to prepare, validate and communicate a comprehensive competency profile. Subsequently, this competency profile will be used to work with educational institutions to assess the competencies of their graduates. The competency profile will be developed with consideration to competency standards in regulated jurisdiction to be ready for inclusion in the Mutual Recognition Agreement.

Should this application be successful, the groups are interested in possibly participating in the Alberta Health and Wellness-sanctioned competency profiling process.

- **How does the profession add value and uniqueness to the health care system?**

Massage therapists are trained in the principles of anatomy, physiology, pathology, and massage theory and clinical practice. They are also versed in stretching techniques, remedial exercise, hydrotherapy and gentle mobilization. Considerable training and supervised practice are required to achieve the necessary competencies to practice safely and effectively.

Massage therapy provides an option for pain relief and limitation of functions that is non-invasive, relatively inexpensive, does not burden the public health system, and is drug-free. Regulation of the massage therapy profession would provide the health care professional and client with more bona fide referral options and choice of treatments.

- **Is there sufficient interest in the membership to grow?**

Yes, we believe that the demographics of the Alberta population suggest an increased interest in massage therapy services. As well, the educational institutions and training schools are collectively producing several hundred graduates per year, perhaps a majority of whom may meet the proposed entry to practice requirements.

- **What knowledge base does the profession rely upon (beyond technical skill)?**

Attachment VII entitled "Candidate's Guide to the Alberta (ARMTS) Examination" provides an overview of the specifications for the knowledge, clinical judgment and practical skills examinations, as well as the areas of testing. The booklet describes the treatment areas that may be tested, and in addition, the 15 most relevant reference materials used in development of the examination questions.

The Alberta exam is competency-based in three areas of massage therapy: basic knowledge, clinical judgment, and practical skills (history taking, assessment and treatment). The actual number of hours of instruction needed to pass this criterion-related examination varies from person to person. (The term "criterion based" implies absolute standards for passing and failing, irrespective of peer performance).

A detailed and full psychometric analysis of the Alberta (ARMTS) examination may be found in the *Journal of Manipulative and Physiological Therapeutics*, 2002: 25, 127 – 132 by C. Violato, L. Salami and S. Muisnieks: "Certification examinations for massage therapists: a psychometric analysis." (Claudio Violato is the three massage therapy groups' psychometrician, and is a Professor of Medicine at the University of Calgary).

The major advantages of such examinations are that: (1) a set of absolute entrance to practice standards are established that all candidates must achieve before they can practice, (2) while candidates must have approved training before writing the examination, no specific hours of instruction are set, (3) specific knowledge, judgment and skill are assessed, rather than inferred from hours of instruction, (4) the examination has been psychometrically evaluated and shown to be reliable and valid,

and (5) studies of the Alberta examination have been published in a scientific, refereed journal.

The "hours of instruction" model (that is, a specified number of hours such as 1000, 2200, 3000, etc.) for licensing or certification has been abandoned by professions such as medicine, chiropractic, dentistry, nursing and by massage therapy in other regulated jurisdictions. If one wants to determine whether candidates are competent, their competence should be assessed directly, and not based upon subjective and variable factors.

A competency-based certification or licensing examination creates a level playing field and inspires confidence in the knowledge, judgment and skills of the practitioner. This ensures therapists' competence and enhances client safety.

- **How does the profession fit with the larger picture?**

Massage therapy complements the health care environment by providing members of the public and healthcare professionals with a range of choices of therapy that, as noted previously, are intense yet relatively inexpensive, drug-free and non-invasive. Massage therapists focus upon the best interests of their clients as part of the therapists' assessment and treatment plans, addressing pain relief and restoration of function.

- **Are education, clinical training or apprenticeships available to train would-be members of the profession (opportunities)? How many programs are offered?**

There is a multitude of educational, clinical training and apprenticeship opportunities available to train students prior to entry to practice, and practitioners through continuing education opportunities. There is a significant degree of variability with respect to prerequisites, requirements, supervision and financial costs among the educational institutions.

Steering Committee members began formal consultations with all educational institutions in August 2003. Educational institutions were provided with copies of the draft rationale for self-regulation, proposed entry requirements to the profession, competency requirements, the proposed continuing competence program, and the draft code of ethics.

An important step was taken with a meeting of all of the educational institutions and training schools on January 17, 2004, hosted by the Steering Committee. A comprehensive orientation was provided to participants about the HPA and the critical linkages between the proposed College and educational institutions.

At the meeting, schools were invited to respond to relevant sections of the HPAB application, as well as provide further information on their curricula and programs. It is anticipated that discussions will be ongoing during the coming year.

There are numerous schools of massage therapy in the province, however not all produce graduates with the massage therapist competencies proposed by the Steering Committee. Relevant schools listed on the Alberta Learning "Alberta

Learning Information Service" website, as well as others identified by the Steering Committee include:

- Alberta Institute of Massage (Red Deer)
- Canadian College of Massage and Hydrotherapy (Calgary)
- CDI College of Business, Technology and Health Care (Edmonton and Calgary)
- Calgary College of Holistic Health and Clinics Inc.
- Edmonton College of Swedish Relaxation Massage Inc.
- International Academy of Esthetics (Sherwood Park)
- Grant MacEwan College (Edmonton)
- Foothills College of Massage Therapy (Calgary)
- Lakeland College (Sherwood Park)
- Lethbridge Community College
- M. H. Vicars School of Massage Therapy (Edmonton)
- MaKami College Inc.(Edmonton)
- McMurray Training Institute (Fort McMurray)
- Medicine Hat College
- Mount Royal College (Calgary)
- Northern Institute of Massage (Red Deer)
- Prairie Massage Therapy Training Institute (Grande Prairie)
- Professional Institute of Massage and Fitness (Calgary)
- Somatics Institute Ltd. School of Massage (Edmonton)
- Southern Alberta Institute of Massage (Edmonton)
- St. Albert Training Institute

As note previously, it is intended that the proposed college play a collaborative role in partnership with educators in standardization of educational opportunities in the future. The competency profile will also be developed with consideration to competency standards in other regulated jurisdictions. In other jurisdictions educational programs are already in place to assist massage therapist in overcoming competency deficiencies in order to meet the provincial standard.

- **For each opportunity what are the pre-requisites, requirements, supervision and financial costs?**
Given the current unregulated environment, there is a very wide range of educational experiences and approaches to entry to practice throughout the province. Should the profession become regulated, a significant challenge will be to enter into formal arrangements with educational institutions intent on meeting the proposed College of Massage Therapy's requirements for registration for entry to practice.

- **For clinical components, how are students assessed for competence during the program and at completion? What is the level of supervision, length of program and level of patient/client base?**

For the educational institutions and training schools who likely graduate practitioners consistent with the proposed College's competency requirements, there are a number of common themes:

- the ability for students to choose between part-time and full-time programs. In some instances there is no difference in program content or delivery methodologies. The difference is only in scheduling and time needed to complete all program requirements
- applicants require a high school diploma, with successful course work in English, Chemistry, Biology or Science, or able to qualify for mature applicant status
- under the supervision of a qualified massage therapist, external clinical educational placements in health authorities, continuing care facilities, private practice settings, and specialized clinics
- assessment strategies including examinations, practical testing, and written and practical assignments
- the use of cumulative examinations that re-examine all previously tested material
- students being obligated to maintain a required grade point average to successfully complete the program
- development of a comprehensive curriculum in consultation with content experts and educators

- **Are educational opportunities standardized across jurisdictions (i.e. standard curricula)?**

No, there is some similarity in general subject matter, such as anatomy and physiology. Yet, the detail, depth, delivery strategy and expectations vary considerably between schools. As noted previously, it is intended that the proposed college play a collaborative role in partnership with educators in the standardization of educational opportunities in the future. The college, in establishing the required massage therapy competencies, will provide the necessary framework for the educators to develop curricula. This reflects the process followed in other jurisdictions.

- **If an apprenticeship model exists, describe its components, competency assessment, supervision and mentoring elements?**

We have been made aware that some massage therapy training institutions offer apprenticeship ("job shadowing") opportunities only. In an entirely unregulated environment, there are major variations in the level of supervision, length of program, assessment of competence and the use of apprenticeship opportunities.

We believe that future practitioners must participate in a formal educational program, with supervised public clinics, as a pre-requisite to gaining the core competencies required of a regulated massage therapist.

- **Does your profession have standard assessments to demonstrate knowledge, skills and judgment?**

Significantly, in the fall of 2003, the two associations and one society entered into an agreement to combine resources into the development and administration of a common provincial examination. The examination has been continually revised over

the years, including through member feedback, subject matter experts, and advice provided by a highly qualified psychometrician.

The Steering Committee believes that the common provincial examination mirrors the proposed competency profile for massage therapists upon entry to practice. The three Alberta groups have reciprocal arrangements with each other, without the need for any further credentialing, other than confirmation of their membership in good standing.

- **Does the competence of members entering the profession match the scope of practice for the profession?**

Yes, considerable attention has been given to abiding by this principle in the continuing refinement over the years of the common provincial examination. Based on guidelines accepted by the groups for many years, the Steering Committee proposes that practitioners demonstrate an entry level of competence in:

- (i) Introductory human anatomy, physiology and pathology of presenting conditions most commonly seen in massage therapy clinic settings
- (ii) Safety of the therapist and client
- (iii) Special assessment tests for clients with injuries, pain and/or loss of function in their spine, temporomandibular joint, shoulder, elbow, wrist and hand, sacroiliac, hip, knee, leg, ankle and foot
- (iv) Comprehensive and ongoing client assessment, history taking, information gathering, recordkeeping and privacy of information
- (v) Treatment plans and post-therapeutic management
- (vi) Communication and interpersonal skills
- (vii) Biomechanics
- (viii) Various methods of practice including hydrotherapy and soft tissue massage
- (ix) The ability to demonstrate adherence to professional and practice standards, and a code of ethics

- **How is competence determined?**

Attachment IV, has been approved by the three massage therapy groups as representative of existing competencies upon "entry to practice." As noted previously, competence requirements are assessed with a theoretical and practical provincial examination, supervised by seasoned and highly competent massage therapists.

- **Are specialities in the profession offered? How are they taught? How are they assessed?**

Massage therapists have special areas of interest and competence. These include prenatal, postnatal, neonatal, infant, sports injury, palliative care, pre - and post - operative care, geriatrics, and chronic and acute conditions. In providing care in these areas of interest, many specialized modalities are applied, such as manual lymph drainage and myofascial release.

Massage therapists most often are trained as generalists, and pursue special areas of interest and competence through a number of continuing education and practice opportunities. These opportunities are formally recognized by the groups' continuing education programs.

The three Alberta groups are not proposing specialist designations, categories, titles or registers at this time.

- **Does the profession offer/encourage/require continuing education and life-long learning opportunities to members?**

The groups have collectively mandated continuing education and lifelong learning for many years. In large part drawing upon existing policies and procedures, the groups propose the draft criteria for the continuing competency program, noted in Attachment V.

Should regulation of the massage therapy profession be approved, in order to renew their practice permits, regulated practitioners will be required to annually complete or update their self-assessment tools and practice profiles. They will be obligated to complete the professional competence plan in the professional development diary on the forms required by the College. They must maintain a complete portfolio of all documents that are part of the competence program, along with documentation that validates the member's professional development activities.

The applicants believe that officials in the proposed College should be authorized to perform practice visits as part of the quality assurance program under the continuing competency program, subject to future considerable policy development work and consultation.

- **Please provide a program outline.**

As noted previously, there is a multitude of educational institutions involved in preparing massage therapists for entry into the profession. Relevant program descriptions from the Alberta Learning website have been provided as a separate attachment. Which attachment ?

- **What does it take to become a member of the profession? The profession should be able to demonstrate through clearly described methods that its members are competent to provide the care they offer when they enter the profession.**

Please note the proposed "entry to practice" requirements developed and consulted upon by the Steering Committee and their respective professional groups over the course of the past year in Attachment III.

(i) Ascertain the ability of the proposed college of the profession to carry out its powers and duties under this Act or consider whether they could be carried out by an existing college;

- **Does the general membership of your profession support the application? What evidence is there to confirm this support?**

Yes, we believe that there is strong support among members of the applicant groups, as evidenced by their strong demonstrations of support at Annual General Meetings

in the past year. As well, we are aware of many others not represented by the three groups, practicing in a manner consistent with our practice statement and proposed "entry to practice" standards, who strongly support this initiative.

- **Is there the capability within the profession to adequately regulate?**

Yes, the groups have decades of history of bylaw and policy development, registration, continuing education, and investigation and discipline. Yet, their effectiveness is limited by the fact that membership in these groups is entirely voluntary.

The Steering Committee has been closely involved in policy development since January 2003. Significant resources and planning have been devoted to comprehensively address the proposed College's regulatory responsibilities, as well as the required human, financial and other resources that will need to be in place before the proposed College is operational.

Other jurisdictions where massage therapy is regulated have offered their assistance with bylaws, policies and procedures, forms, governance handbooks, information systems, office management and any other matters upon request.

- **Has a code of ethics been developed/adopted?**

Yes, a proposed Code of Ethics has been agreed to by the Steering Committee, and has been consulted upon with all relevant stakeholders. The proposed Code of Ethics was formed by merging the most significant aspect of the groups' individual documents, which have been in place for many years.

The proposed Code of Ethics is in Attachment VI.

- **Has the profession endorsed standards and practice guidelines for its members?**

Yes, the groups represented by the Steering Committee have endorsed standards of practice for many decades. Although belonging to one or more of the groups has always been voluntary, a large majority of qualified professionals have chosen to seek and maintain membership in order to be held accountable.

This accountability has included rigorous entry requirements, continuing education, demonstrated commitment to the standards of practice and codes of ethics of the profession, and being subject to "investigation" and "discipline."

Should the massage therapy profession be granted the privilege of being self-regulating, a significant amount of work would be necessary to develop, consult upon and approve practice guidelines. The competency requirements and areas addressed in the common examination noted in the appendices should serve as an excellent platform for this major initiative.

- **Outline your profession's proposed discipline process.**

The groups represented by the Steering Committee have long histories of "investigating" and "disciplining" members, consistent with principles of natural justice, fairness and administrative law. However, the sanctions are limited by virtue of the voluntary nature of these organizations to, in the most serious circumstances, expulsion from the association/society.

- **What plans does the profession have for a complaint mechanism?**

The groups have established mechanisms for dealing with complaints over the years that are intended to be fair, objective and transparent. They understand the requirements of the HPA for a Complaints Director, a Complaint Review Committee, and other requirements for potential initiation of investigation of complaints and possible discipline.

- **Have the competencies for your profession been defined?**

The competency requirements agreed to by the groups during the summer of 2003 are noted in Attachment IV.

- **Are there other organizations involved in setting standards for your profession? If so, what is your relationship to those organizations?**

In the course of our policy development, we have consulted with various health professional regulatory colleges in Alberta (such as physical therapy, occupational therapy and chiropractic), as well as health professional regulatory colleges and associations in other provincial jurisdictions.

(j) Evaluate the effect, if any, that there would be on any agreements on trade and mobility to which Canada or Alberta is a signatory if the profession would become a regulated profession;

- **Is the profession a member of a mutual recognition agreement (MRA)?**

A Mutual Recognition Agreement has been negotiated among provinces where massage therapy is regulated.

Communication takes place on a regular basis ensuring up to date provincial requirements for massage therapists are shared. Massage therapists from provinces that have regulatory colleges are recognized and can be admitted, with a letter of good standing from their home jurisdiction, to membership with the applicants

If massage therapy were regulated in Alberta, the profession would meet with other provinces to continue discussions, with a view to becoming a signatory to the existing agreement.

- **If the profession is party to a MRA, are those jurisdictions regulated? How will regulation affect those agreements?**

As noted previously, should the massage therapy profession become regulated, we would anticipate entering into discussions with other regulated provinces to enter into Mutual Recognition Agreements under the Agreement on Internal Trade. This would precipitate a re-evaluation of our current role in the Prairie Provincial Task Force arrangement.

Attachment I: Contraindications to Massage Therapy

Massage therapy is generally beneficial in the prevention and/or treatment of:

- Chronic pain
- Fibromyalgia
- Tension headaches
- Athletic injuries
- Occupational injuries
- Postural pain, including immobility and in flexibility
- Tendonitis and bursitis
- Effects of stress and tension
- Whiplash
- Back pain
- Motor vehicle accident - related injuries
- Restriction of motion
- Fatigue and insomnia
- Migraines
- Repetitive strain injuries
- TMJ dysfunction
- Arthritis pain

Massage therapists are expected to know when to consult with physicians and other regulated health professionals when in the client's best interest.

A client may be currently experiencing an illness or conditions contraindicated for massage treatment, either to the whole body or to a local area. The reasons for contraindications to specific techniques or modalities vary. A competent therapist will recognize when to modify treatment appropriately. For example, repetitive, full limb effleurage may move too high a volume of venous blood through a compromised circulatory system. Passive forced or inappropriate pressure may damage a joint weakened by rheumatoid arthritis. A thrombus may be dislodged from a femoral vein by vigorous local massage.

Client may be experiencing emotional and/or psychiatric conditions that may influence upon the effectiveness of massage therapy treatment. In conjunction with the client's physician, treatment decisions must be made according to case circumstances, and medical direction.

However, there are absolute contraindications and no treatment should be applied in certain circumstances. Knowledge of these absolute contraindications and modified treatment in the presence of contraindications to massage is essential, and can be demonstrated through proper history taking, assessment, observation and/or orthopaedic physical testing.

Examples of contraindications to massage therapy treatments include:

(i) General Medical Conditions

- Acute conditions requiring first aid and/or medical attention, such as anaphylaxis, appendicitis, cerebrovascular accident, diabetic coma, insulin shock, myocardial infarction, pneumothorax, atelectasis, severe asthmatic attack, status asthmaticis or syncope, and pneumonia
- Advanced kidney failure and advanced respiratory or liver failure (a very modified and limited treatment may be used at the direction of a physician)
- Diabetes with complications such as gangrene, advanced heart or kidney failure, or very unstable or high blood pressure
- Eclampsia, hemophilia and haemorrhage
- Post-cerebrovascular accident or post-myocardial infarction
- Severe atherosclerosis
- Severe, unstable hypertension
- Shock
- Significant fever (above 38.5°Centigrade)
- Some highly metastatic cancers not judged terminal
- Systemic contagious or infectious conditions

(ii) Local Medical Conditions

- Acute flare-up of inflammatory arthritides (e.g. rheumatoid arthritis, systemic lupus, erthmatosus, ankylosing spondylitis - these contraindications may be general depending upon the presentation)
- Acute neuritis
- Aneurysms deemed life-threatening (e.g. of the abdominal aorta)
- Ectopic pregnancy
- Esophageal varicosities
- Frostbite
- Local contagious condition
- Local irritable skin condition
- Malignancy, especially if judged unstable
- Open sore or wound
- Phlebitis, phlebothrombosis or arteritis (may be a general contraindication if located in a major circulatory vessel)
- Recent burn
- Sepsis
- Temporal arteritis
- 24 to 48 hours following any anti-inflammatory injection
- Undiagnosed lump

(iii) Conditions Requiring Treatment Modifications

The following conditions require an awareness of possible adverse effects of massage therapy, as well as the importance of appropriate and substantial treatment modifications. Medications can alter sensation, muscle tone, standard reflex reactions, cardiovascular function, kidney or liver function, or personality. Frequently, medical consultation is required.

General Conditions

- Any condition of spasticity or rigidity, such as muscle guarding to prevent further damage
- Asthma
- Cancer, ensuring that massage therapy is not in conflict with any other treatment being provided
- Chronic congestive heart failure
- Chronic kidney disease
- Clients who are immunosuppressed
- Coma (may be an absolute contraindications depending on the costs)
- Diagnosed atherosclerosis
- Drug withdrawal
- Emphysema
- Epilepsy
- Hypertension
- Inflammatory arthritides
- Major or abdominal surgery
- Medication use by clients such as:
 - analgesics: clients may be unable to provide accurate information about the perception of pain due to the nature of the medication
 - anti-asthmatic medication: many of these drugs cause an increase in sympathetic nervous system response, such as increased heart and respiration rate, and an increase in blood pressure. Techniques, which are vigorous, deep or painful and application of heat, can be contraindicated
 - anticoagulants: these medications slow the clotting process. Massage can promote healing by increasing circulation. Techniques that increase circulation and application of heat are contraindicated
 - anti-inflammatories: assessment outcomes may be altered due to suppression of the signs of inflammation. Since these medications impair the inflammatory response, techniques like friction which rely upon this response are contraindicated
 - muscle relaxants: these medications act on or near a muscular junction, altering the stretch response of the muscles. Techniques that are deep and extreme stretches are often contraindicated
- Moderate severe diabetes and juvenile onset diabetes
- Multiple sclerosis
- Osteoporosis and osteomalacia

- Pregnancy and labour
- Post-cerebrovascular accident or myocardial infarction
- Recent head injury

Local Conditions

- Acute disc herniation
- Aneurysm (may be a general contraindications depending upon location)
- Acute inflammatory conditions
- Any anti-inflammatory injection site
- Any chronic or long-standing thrombosis
- Buerger's Disease (may be general contraindications if unstable)
- Chronic arthritic conditions
- Chronic abdominal or digestive disease
- Chronic diarrhea
- Contusion
- Endometriosis
- Flaccid paralysis or paresis
- Fracture while casted or post-cast removal
- Hernia
- Joint instability or hypermobility
- Kidney infection or kidney stones
- Mastitis
- Minor surgery
- Odontoid fracture (particularly within the last three months)
- Pelvic inflammatory disease
- Pitting edema
- Portal hypertension
- Prolonged constipation
- Recent abortion
- Recent vaginal births
- Spondylolisthesis
- Trigeminal neuralgia

Attachment II: The Rationale for Self-Regulation of the Massage Therapy Profession in Alberta

**Endorsed by the Steering Committee in May 2003
Reviewed and Amended (Draft Practice Statement) in August 2003**

The Alberta Registered Massage Therapists Society, Remedial Massage Therapists Association and Massage Therapists Association of Alberta support the HPA's definition of competence as the "combined knowledge, skills, attitudes and judgment required to provide professional services." We believe that the "public interest" would be better protected through regulating massage therapy practitioners to ensure their skills, knowledge, adherence to a code of ethics, accountabilities to a college, professionalism and clinical judgment.

Unregulated, incompetent, and/or inadequately trained massage practitioners can cause harm to the public through:

- *Errors of omission*, in most instances due to inappropriate or inadequate assessment and history taking of clients requiring medical intervention. These clients demonstrate medical conditions that cannot effectively and should not be addressed by a registered massage therapist
- *Errors of commission*, including serious adverse reactions from improper application of massage therapy such as strokes, thrombosis (blood clots), damage to internal organs, spread of infections due to lack of sanitary techniques, potential miscarriage, and significant damage to muscles and tendons, particularly in medically compromised and frail clients
- *Errors resulting from practicing outside the practitioner's level of competency.*

Regulated practitioners *must not engage in:*

- Sexual and/or criminal activities and/or advertisements to the public, whether overt or covert, which may bring the reputation of the profession into disrepute
- Treatments with the specific intent to cause physical, mental and/or emotional injury
- Professional therapeutic services, unless accompanied by a thorough assessment and case recordings. For example, the regulated therapist must advise clients that a thorough assessment and case recordings are prerequisites for providing non-therapeutic massage therapy services, including for entirely "relaxation" purposes
- Medical diagnoses (although this is not a restricted activity)
- The restricted activity of "psychosocial intervention." Massage therapists may engage in general lifestyle counselling, with a view to improving clients' overall physical conditioning and/or ability to conduct everyday activities of daily living
- "Prescribing," suggesting or merchandising of "nutraceuticals," herbal remedies, dietary supplements, vitamins, nutritional supplements or other pharmaceuticals
- "Adjustment" or high velocity manipulation of vertebral or other joints.

The proposed practice statement for massage therapy under the Health Professions Act is therefore:

"In their practice, massage therapists do one or more of the following:

- (i) Assess and treat the soft tissues and joints of the body, with the intent of producing a therapeutic outcome*
- (ii) Promote rehabilitation and/or prevent or reduce physical dysfunction and pain of the soft tissues and joints*
- (iii) Maintain and enhance health."*

Attachment III: The Proposed Entry Requirements to the Profession of Massage Therapy in Alberta Upon Potential Self-Regulation

Endorsed by the Steering Committee in May 2003

Should the Provincial Government grant the profession of massage therapy the privilege and right to be self-governing, we recognize that under the HPA there are three routes to registration:

- (i) By meeting the formal requirements as defined in the Regulation (graduates of recognized programs, practice hours, etc.)
- (ii) By being registered with the massage therapy profession in another jurisdiction recognized in the profession's Regulation or by the College's Council as having substantially equivalent competence and practice requirements
- (iii) In accordance with the Regulations, establishing substantial equivalence by having a combination of education, experience, practice or other requirements that demonstrate the competencies required for registration.

Applicants must demonstrate an entry level of competence in:

- Introductory human anatomy, physiology and pathology of presenting conditions most commonly seen in massage therapy clinical settings
- Safety of the therapist and client
- Special assessment tests for clients with injuries, pain and/or loss of function in their spine, temporomandibular joint, shoulder, elbow, wrist and hand, sacroiliac and hip, knee, leg, ankle and foot
- Comprehensive and ongoing client assessment, history taking, information gathering and recordkeeping
- Treatment plans and post-therapeutic management.
- Communication and interpersonal skills
- Bio-mechanics
- Various methods of practice including one or more of the following: hydrotherapy, electrotherapy, and soft tissue manipulation and massage
- The ability to demonstrate adherence to professional and practice standards, and a code of ethics

Practitioners must present evidence of having "good character and reputation," including:

- Information regarding a criminal record (or a criminal record for which the applicant has been pardoned), or alternately a relatively minor criminal record that does not bring the profession into disrepute
- Three character references, including one from a regulated health professional. The character references may not be completed by the applicant's family members or relatives

- Information regarding any previous or pending disciplinary findings in Alberta or another jurisdiction, or alternately where the member has been reinstated and is now a member in good standing
- A personal, structured and objective interview with the Registrar, should there be any question about the applicant's character and/or competencies. If the Registrar has cause for continuing concern, the matter would be referred to the Registration Committee.

Practitioners will be obligated to have malpractice insurance as a condition of registration and practice permit renewal.

Should the profession be granted self-regulating responsibilities, applicants for registration will be assessed based on their competence gained through education and prior work experience. Applicants from other jurisdictions who are regulated would be assessed based on the proposed Mutual Recognition Agreement under the Agreement on Internal Trade. The terms of the MRA would be negotiated after self-regulation is approved.

Upon establishment of the proposed College, ***currently practicing*** massage therapists will have their competence assessed in accordance with the following criteria:

- (i) Recognition of Active Professional Membership: in organizations which can demonstrate a long history of adherence to high professional standards and codes of conduct, evidence of having policed their own membership, requirements for continuing education and professional development, and a history of carefully assessing the qualifications for entry to membership through activities such as examination or assessment of prior learning, ***and***
- (ii) Prior professional experience: at least three years (a minimum of 1200 hours) of safe practice, which could include clinical responsibilities, supervision, mentoring and teaching, ***and***
- (iii) Education and Training: to qualify for registration, registrants might be required to undertake a program of training including assessment. This would be based on pre-determined criteria, and use a range of innovative, self-learning and practical tutorial workshops

OR

- (iv) Successful Completion of a Standardized Examination: at the discretion of the future Registrar and/or Registration Committee, those who have not successfully completed an examination within the past ten years (of the date of establishment of the proposed "College of Massage Therapy under the HPA) would be required to successfully pass a formal examination to assess their skills and knowledge.

Existing massage therapy practitioners who do not meet these criteria would be registered as "temporary/provisional registrants" for up to 12 months, with the stipulation that they actively work toward meeting the criteria at the direction of the Registrar. The Registrar or

Registration Committee would be empowered to grant one 12 month extension upon being provided with documented evidence that the temporary/provisional registrant was actively seeking to meet the requirements of full registration. Every effort will be made to support these individuals in their progress to meeting the required standards.

Attachment IV: Massage Therapy Competency Requirements as Assessed Through the Provincial Examination

Endorsed by the Steering Committee in August 2003

Through their entry-level education, subsequent experience and continuing competence, regulated practitioners must demonstrate the professional judgment to be able to effectively assess clients' requirements for and responses to treatment. They must make referrals to other regulated health professionals when in clients' best interests. A critical element of the potential Regulation is the clause that:

"... regulated members must restrict themselves in performing ... activities that they are competent to perform and to those that are appropriate to the member's area of practice and the procedure being performed."

The goal of the provincial competencies and examination process is to ensure the safety of the public through the establishment of minimum competencies that massage therapists practicing in Alberta must meet.

This document contains the competency requirements that will be tested at the Provincial Examination level as administered by the proposed College of Massage Therapy. These competency requirements are designed to reflect a high level of understanding by the applicant and are intended to test the application of massage therapy.

It is assumed that the applicant will engage in a learning process that begins with introductory information, and progresses through more complex information and experience to reach the level of understanding required to meet each competency objective. These competencies shall be integrated, resulting in well informed and well trained massage therapists. Business management, accounting and clinic operation skills will be included in a school's curriculum, but not tested at the provincial level.

This document was initially developed in 1996, and has been endorsed by the Steering Committee representing the Alberta Registered Massage Therapists Society, Massage Therapist Association of Alberta and the Remedial Massage Therapists Association.

Competencies

Five major categories of competencies have been established for massage therapists:

- A. Ensuring Safety of the Client and Therapist
- B. Information Gathering
- C. Information Assessment
- D. Implementation of Treatment Plan
- E. Post Therapeutic Management

The competency requirements in this document have been organized under these five major areas and sub-classified into the specific field of study.

Competency Requirements

A. ENSURING SAFETY OF THE CLIENT AND THERAPIST

1. Contraindications to Massage Therapy

The applicant will be able to:

- Explain how to identify contraindicated conditions.
- Explain why a specific condition may be contraindicated.
- Explain or demonstrate modifications to the massage therapy treatment to accommodate a contraindication.
- Describe the overriding circumstances involved in massaging a client with a contraindicated condition.
- Describe infective or secondary skin conditions that show on the skin and explain why massage therapy is contraindicated.

2. Basic Draping, Positioning and Turning Techniques

The applicant will be able to:

- Demonstrate draping proficiency in exposing only the body area to be worked on, while other areas remain covered.
- Display respect for personal boundaries, physical and emotional, of the client and therapist.
- Demonstrate appropriate bolstering techniques to ensure correct positioning of the client by providing support and comfort to the limbs and joints during a massage treatment.
- Demonstrate proper client turning procedure during a massage treatment, ensuring that the client remains properly draped at all times.

3. Basic Environment for Practicing Massage Therapy

The applicant will be able to:

- Describe methods for the preparation and maintenance of a hazard-free and clinical massage therapy environment.
- Exhibit practices of infection control, personal hygiene and attire appropriate for a clinical setting.

4. Communication Skills

The applicant will be able to:

- Explain the responsibilities of client and therapist to identify and appropriately address the moments or circumstances that create physical or emotional discomfort (without counselling).

- Explain how to establish open and professional communications between the therapist and client.
- Explain and demonstrate methods to empower the client to participate in the massage experience (based on the power differential implicit in the roles "therapist" and "client").
- Explain procedures, strokes and remedial exercises, in language free of massage or medical jargon.

5. Professionalism and Ethics

The applicant will be able to:

- Differentiate between legal and ethical responsibilities of the massage therapist.
- Explain why confidentiality is important and describe behaviour on the part of the therapist that protects confidentiality.
- Explain the importance of the client's right to refuse treatment and the therapist's right to refuse giving the treatment.
- Explain the importance of zero tolerance for inappropriate sexual behaviour on the part of therapist and client.
- Demonstrate proper intervention responses to inappropriate behaviour on the part of the client in the massage setting.
- Explain why massage therapists must disclose the limitation of the massage treatment when no benefit or improvement can arise.
- Recognize inaccurate representations of massage therapy in advertising/marketing material.

6. Self Care for Massage Therapists

The applicant will be able to:

- Demonstrate correct body mechanics and breathing while working.
- Provide examples of how to prevent and/or cope with work related stress or "burn-out".
- Demonstrate self-strengthening/stretching exercises for specific problem areas.

B. INFORMATION GATHERING

1. Terminology

The applicant will be able to:

- Break down medical terms into common roots, prefixed and suffixed, and provide their meanings.
- Spell the names of muscles, bones, joints and other anatomical structures correctly.
- Demonstrate the Western medically accepted anatomical position of the body.
- Link the common names for different parts of the body with the anatomical terms.

- Identify the location of the body cavities and their subdivisions.
- Define and provide examples of directional terms.
- Define the various planes of the body.
- Define and demonstrate the various movement terms at appropriate joints.

2. Systems

The applicant will be able to:

- Identify, label and palpate bones and bony landmarks.
- Identify, label and palpate joints and joint structures.
- Identify, label and/or palpate muscles, fibre directions, origins and insertions.
- Palpate major pulse points in the body.
- Define, compare and contrast the terms clinical "signs" and "symptoms".
- Explain how to recognize and identify the signs and symptoms of common inflammatory, infective and traumatic skin conditions.
- Explain how to recognize and identify the signs and symptoms of selected pathologies of the following systems: skeletal, articular, muscular, nervous, endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary, and reproductive.

3. Assessment and Treatment

The applicant will be able to:

- Collect and interpret relevant data in a pre-treatment interview.
- Demonstrate proper sequential orthopaedic testing techniques.
- Describe the palpatory procedures to identify soft tissue lesions.
- Explain the principles and procedures for documentation of treatment data.

4. Various Complementary Therapies

The applicant will be able to:

- Explain the philosophies, advantages and limitations of various western medical model and holistic complementary therapies.

C. INFORMATION GATHERING

1. Pathophysiology

The applicant will be able to:

- Describe the concept of the homeostatic mechanism at the systemic and cellular levels and how this is reflected in healthy and unhealthy tissue function.
- Describe primary and secondary causes of the disease process.
- Describe the inflammatory response and its chronological progression.

- Explain the role of the immune system in inflammation and repair.
- Describe the consequences of impaired and excessive inflammatory response on tissues.
- Describe the mechanism and presentation of injuries and congenital and idiopathic diseases and how they can be modified clinically by massage therapy.

2. Systems

The applicant will be able to:

- Explain the sensory role of skin in massage therapy.
- List and explain the physiological effects that massage therapy has on the skin.
- Give examples of and explain how the skin functions to maintain homeostasis.
- Describe the physiology of the remodelling process in bone tissue and the influence and limitations of massage therapy on this process.
- Describe the normal range of motion of each joint.
- Analyze the muscle involvement on common movement patterns at specific joints.
- Describe the physiology of muscle contraction.
- Describe the factors involved in the change of normal resting muscle tone to hyper- or hypotonic states.
- Explain the role the nervous system plays in maintaining body homeostasis.
- Define and explain the functions of neuroglia.
- Describe the physiology of neural conduction.
- Describe the structural and functional organization of the nervous system.
- Explain the role of sense organs/receptors in proprioception.
- Explain the role of the endocrine system in the body's response to stress.
- Describe the homeostatic action of major hormones.
- Describe the process of hemodynamics and the factors that influence it.
- Explain the role of the lymphatic system in maintaining fluid homeostasis.
- Explain the role of the lymphatic system in the immune response and under what conditions massage therapy would be indicated.
- Describe the process of respiration and the factors that influence it.
- Describe the effects of improper breathing on the body.
- Describe the process of digestion and the factors that influence it.
- Explain the organic and inorganic nutritional requirements of the body.
- Describe the role of the urinary system in homeostasis.

3. Assessment and Treatment

The applicant will be able to:

- Formulate a plausible functional hypothesis regarding soft tissue and joint dysfunction, based on analytical deductions from all the collected data.

D. IMPLEMENTATION OF TREATMENT PLAN

1. Basic Massage Strokes

The applicant will be able to:

- Describe and demonstrate massage strokes.
- Discriminate among various massage strokes based upon desired physiological effects.
- Demonstrate integration of various massage strokes with non-ballistic joint mobilizations to achieve specific physiological effects.

2. Pathophysiology

The applicant will be able to:

- Explain the primary distinguishing characteristics of the different tissue types and the possible effects massage may have on healthy and unhealthy tissues.
- Describe the limitations and contraindications of massage therapy on the inflammatory response and the repair process in soft tissue and joint dysfunction.
- Describe and explain the effects, limitations and contraindications of massage therapy on clients taking commonly prescribed medications for systemic conditions.

3. Systems

The applicant will be able to:

- Demonstrate their knowledge and application of “universal precautions” when engaging in massage therapy services.
- Explain the possible effects of massage therapy on acute and chronic pain perception, both on a physical and psychological level.
- Describe the process of nervous tissue regeneration and the conditions under which it can occur.
- Describe the possible effects massage therapy has on the factors leading to peripheral nerve entrapment.
- Explain the role of massage therapy on the functioning of the endocrine system.
- Explain the effects of massage therapy on local hemodynamics.
- Explain the limitations and effects of massage therapy on the cardiovascular system.
- Explain the mechanisms of edema formation and the role massage therapy plays in its management.
- Explain the effects and limitations of massage therapy on respiratory functions.
- Describe the consequences of massage therapy in the presence of renal dysfunction.
- Explain the limitations of massage therapy during pregnancy.

- Describe the effects and explain the limitations of massage therapy on articulations and articular structures as well as on the muscular, nervous endocrine, lymphatic, digestive, internal urinary, and adult male and female reproductive systems.

4. Assessment and Treatment

The applicant will be able to:

- Describe the development of a treatment plan based on an hypothesis.
- Demonstrate appropriate massage therapy techniques for the treatment of soft tissue and joint dysfunctions.
- Explain or describe the principles and application of hydrotherapy.
- Demonstrate local heat and cold hydrotherapy applications.

E. POST - THERAPEUTIC MANAGEMENT

The applicant will be able to:

- Describe post treatment advice including remedial exercise, stretching, lifestyle changes and postural improvements in management of client conditions.
- Advise clients on the initiation and maintenance of the lifestyle changes and ergonomic improvements to gain client compliance.
- Formulate a realistic therapeutic exercise plan (with an emphasis on client self care).
- Demonstrate an exercise/stretch repertoire for specific musculoskeletal dysfunctions.

Attachment V: The Proposed Continuing Competence Program

Endorsed by the Steering Committee in August 2003

Introduction and Rationale

Health professional legislation has traditionally established detailed entrance standards for professionals, designed to ensure initial competence. Continuing competence has historically been seen as a professional responsibility, but colleges did not in many instances play an active role, monitor or facilitate. Professionals demonstrating a serious lack of competence were dealt with by the investigative and disciplinary process.

In its initial report recommending the development of a Health Professions Act, the Health Workforce Rebalancing Committee in 1994 noted: "*A shift in emphasis is needed to ensure that professionals maintain and update their knowledge and skills throughout their professional careers.*"

The HPA obligates all health professionals to view the maintenance of competence and the ability to apply advances in their profession as a life-long process.

All existing colleges must establish continuing competence programs within five years of the HPA coming into effect for the college and their members.

The HPA obliges colleges to establish mandatory continuing competency programs in their regulations, and to link obtaining practice permits (most often on an annual basis) to participation in continuing competency programs. The specifics of each college's continuing competence program are explained in its Regulation.

Colleges' approaches to continuing competence differ, but usually include one or more of the following:

- On-the-job experience: "**practice hours**"
- Continuing education: a certain number of **educational credits** per year
- Self-directed learning, self - assessment and evaluation, and the development of competence plans
- Re-certification on a regular basis (for example, CPR and First Aid)
- Peer assessment practice visits

HPA Policies and Regulations

Existing health professional regulatory colleges have demonstrated a number of varying approaches to continuing competency programs. In all instances, these draft documents are supported by comprehensive policies and procedures.

A common clause in draft policies and Regulations is that the Council (of the College) may establish rules governing:

- Eligibility of an activity to qualify for program credits
- The number of program credits earned for a particular activity
- Requirements that members participate in a specified number of different professional development activities
- Limits on the number of program credits which can be earned from specific activities
- Rules respecting the transfer of credits earned in one year to the following year
- Other rules relating to the continuing competence program.

As well, the following clauses are often found:

- Before the Council makes rules, any proposed rule or amendment to a rule must be distributed to all regulated members for their review
- The Council may approve rules and amendments to the rules reviewed by the membership
- The rules and any amendments to the rules approved by the Council must be made available by the Registrar to the public, the Minister of Health and Wellness, regional health authorities, and any person who requests them
- Non-compliance with the requirements of the competence program, or a direction from the Registrar or the Competence Committee, will result in conditions, suspension, or cancellation of a practice permit.

At their May 25, 2003 meeting, working committee members from the Alberta Registered Massage Therapists Society, Remedial Massage Therapists Association, and Massage Therapist Association of Alberta proposed the following draft criteria for the continuing competency program, in large part drawing upon existing policies adopted by the three groups.

Regulated practitioners will be required to annually complete or update their self-assessment tools and practice profile, and complete the professional competence plan in the professional development diary on the forms required by the College. They must maintain a complete portfolio of all documents that are part of the competence program, along with documentation that validates the member's professional development activities.

(i) **Practice Hours**

- At least 400 hours (50 days) of safe practice during the preceding year, which could include clinical responsibilities, supervision, mentoring and teaching (as determined by the Registrar or Registration Committee).

(ii) **Primary Credits Educational Courses; Approved by the Continuing Competence Committee**

- Formal coursework in anatomy, physiology and/or pathology, soft tissue and joint management, and ethics and jurisprudence
- Mentoring or supervision of a regulated member and/or student
- Acting as an examiner for College examinations
- Serving on the Council or one of its Committees

- Teaching or presenting an approved continuing competence activity
- Successful completion of advanced training or formal examinations
- Attendance at formally organized sessions or activities sponsored by the Council (such as professional development, code of ethics or standards of practice)
- Participation, preparation or presentation of a research paper or abstract at an approved educational function
- Publication of a research paper in a peer refereed journal
- Research and innovation that extends beyond the massage therapist's current practice
- Providing a presentation as part of a university or college course or lecture, conference or seminar

(iii) **Secondary Credit Educational Courses: *Approved by the Continuing Competence Committee***

- Participating in formal "educational focus groups," which have learning objectives and goals, are regularly scheduled, result in practitioners being provided with important information to increase their competencies, are formally recorded in minutes of meetings, and preferably use interactive case studies and scenarios
- Attending the College's Annual General Meeting
- Approved courses dealing with health and safety, business management, conflict resolution and complementary and alternative therapies consistent with the massage therapy scope of practice

Endorsed by the Steering Committee in August 2003

In fulfilling their health professional responsibilities, Registered Massage Therapists must demonstrate professionalism, honesty, courtesy, integrity and respect. *Self-regulation under the Health Professions Act "in the public interest," requires that all Registered Massage Therapists demonstrate, through their entry-to practice and continuing competency, an overriding commitment to the well-being and safety of their clients.*

Adherence to the Code of Ethics is part of regulated massage therapists' commitment to demonstrate their "competence." This term is defined in the HPA as the "*combined knowledge, skills, attitudes and judgment required to provide professional services.*"

All members of the College are required to comply with this Code of Ethics and its implementation and administration. Failure to comply may result in investigation, and potential discipline, including suspension and/or cancellation of the Registered Massage Therapist's Practice Permit and/or Registration.

Registered Massage Therapists shall abide by the following responsibilities:

I. Responsibilities to Their Client

- Keep their place of business safe and hygienic at all times
- Use only the modalities and equipment within their competence (as defined by the HPA)
- Protect their client's dignity at all times, including ensuring that the client is provided with a private change area to dress and undress
- Ensure a proper assessment/case history of the client's circumstances prior to the initiation of any treatment procedure, and at regular intervals appropriate to the client's circumstances
- Only provide services without therapeutic intent or goals if accompanied by an assessment and case recordings. For example, the Registered Massage Therapist must advise clients that an assessment and case recordings are prerequisites for providing non-therapeutic massage therapy services, including for entirely "relaxation" purposes
- Provide the client the opportunity for "informed consent," prior to the initiation of any treatment procedure
- Respect and appropriately document the client's right to accept, augment refuse, modify or terminate treatment at any time, regardless of prior consent
- Fully involve the client as appropriate in the planning and implementation of health professional services provided to them
- Ensure comprehensive and accurate documentation of the client's circumstances, treatment provided, and the client's response
- Exercise the right to refuse to treat any client, or a part of their body, if there is an appropriate and defensible rationale

- Ensure client confidentiality, in accordance with provincial and federal legislation, and not release any information without the client's written, informed consent
- Refuse any gift or benefit which could be seen by a reasonable third party to potentially impair the therapist's objectivity, prior to or during treatment
- Work in collaboration with other regulated health professionals, in the client's best interests
- Not provide treatment with the specific intent to cause physical, mental and/or emotional injury
- Not provide medical diagnoses
- Not engage in the restricted activity (under the Health Professions Act) of "psychosocial intervention." Registered Massage Therapists may engage in general lifestyle counselling, with a view to improving clients' overall physical conditioning and/or ability to conduct everyday activities of daily living Not engage in "prescribing, suggesting or merchandising of "nutraceuticals," herbal remedies, dietary supplements, vitamins, nutritional supplements or other pharmaceuticals
- Not use inappropriate, sexual or sexually suggestive language with a client, nor accept it from a client

II. **Responsibilities to the Public at Large**

- Accurately inform clients, other regulated health professionals and the public of the Health Professions Act Regulation, the Massage Therapist Schedule under the HPA, the Massage Therapist practice statement and competencies of Registered Massage Therapists
- Serve the public interest by providing quality health services, in an ethical, competent, effective and efficient manner
- Refer clients with medical conditions beyond the practitioner's competence to the appropriate regulated health care professional
- Exercise restraint in criticizing another regulated health professional's work in public, recognizing that there are appropriate forums for these types of discussions
- Promote greater public understanding of health and health system issues
- Represent their credentials and their profession to the public in a complete and honest manner

III. **Responsibilities to the Regulated Profession of Massage Therapy and to Their Colleagues**

- Abide by the Health Professions Act and the Massage Therapist Regulation, and the College's, bylaws, policies and procedures and other standards, as amended from time to time
- Establish and maintain effective collegial relations with other regulated practitioners, in the client's and profession's best interests
- Express their professional opinions only when they are founded on appropriate knowledge and full understanding of the issues
- Promptly report to the appropriate authorities a fellow Registered Massage Therapist (or other regulated health professional) who is perceived to be engaging in criminal, unethical, incompetent or unprofessional behaviour or practice

- Strive for professional excellence through regular self-assessments and active participation in the College's Continuing Competence Program
- Conduct themselves in their professional lives in a manner that will enhance the image of the massage therapy profession
- Not engage in criminal, sexual and/or other behaviour, and/or advertisements to the public, whether overt or covert, which could possibly place the profession's reputation in disrepute
- Not misrepresent themselves or the profession to the public
- Not endorse any product, technique or ability to be more effective than can be objectively demonstrated, including through peer-reviewed research
- Not issue statements, criticisms or arguments on matters connected with public policy inspired or paid for by private interests, unless these interests are entirely transparent
- Participate in peer review, including Continuing Competence Program Practice Visits

IV. **Responsibilities to their Employers (If Applicable)**

- Act in good faith in accordance with contractual/employment obligations
- Clearly inform their employer of their competencies relative to the expected work assignments and responsibilities
- Observe all relevant health and safety legislation, guidelines and employer policies and procedures
- Clearly present the consequences of actions to their employers, when there are professional disagreements, and the therapist's judgments are overruled
- Advise their employer to consult with other experts and specialists whenever the employer's interests are best served
- Not accept compensation, commissions or allowances, directly or indirectly, from other parties dealing with their employer in connection with work for which they are responsible
- Not accept nor offer personal gifts or benefits, with the expectation or the appearance of influencing an employer's decision

V. **Conflict of Interest**

A conflict of interest exists where the Registered Massage Therapist uses their position, authority or privileged information to obtain an improper benefit:

- Personally, directly or indirectly, or
- For a friend, relative or associate.

The Registered Massage Therapist shall:

- Conduct all relationships in a way that assures those affected by the therapist's actions are not compromised by a conflict of interest
- Disclose to the appropriate authority any direct or indirect personal or financial involvement when providing input to or making a decision
- Refrain from using membership in the College and/or their professional credentials to promote or discuss commercial products or services.

Attachment VII: Implementation of Self-Regulation

Optimal Inclusion of Massage Therapists Through a Quality Management System

With approval to establish a self-regulatory body, Alberta massage therapists will implement a Quality Management System (QMS).

The QMS serves the profound purpose of being optimally inclusive and not threatening the livelihood of therapists already in practice. The QMS gives the regulatory body a tangible structure of:

- 1) Qualifying existing practitioners
- 2) Qualifying new practitioners
- 3) Ensuring that the profession is on a designed course of incremental improvements

1) Qualifying existing practitioners into the regulatory body requires an objective appraisal of the competencies of the practitioner at the time of application. Existing practitioners will be required to conduct a structured internal audit based on eighteen standards of practise. With statutory declaration the internal audit will be submitted to the regulatory body. An external audit will be conducted by the regulatory body and the practitioner will be assigned a permit, restricted permit and/or regulated title as appropriate.

2) Qualifying new practitioners who have the potential to be regulated professionals requires an examination of their competencies at the time of application to the regulatory body. New applicants will be required to sit and pass all five components of the Alberta Massage Therapy Admissions Exam (AMTAE). The psychometrically assembled and evaluated AMTAE has been in use and evolving over the past decade. Eighteen standards of practise comprise the foundation of the AMTAE and the competencies associated with those standards are objectively assessed by the exam.

3) In ensuring that the profession is on a designed course of incremental improvements it is incumbent on the regulating body to be specific in its standards of practise, competencies and the training to support them. The regulating body itself is not static and must also be principled in its resolve to continually improve. The following are the fundamental principles of the QMS of the regulating body:

Principle I- Practitioner focus

Principle II- Mutually beneficial stakeholder relationships

Principle III- Involvement of people

Principle IV- Process Approach

Principle V- System Approach to Management

Principle VI- Continual Improvement

Principle VII- Factual Approach to decision making.

Principle VIII- Leadership

Principle I- Practitioner Focus

In a regulatory body of massage therapists, protection for the public from preventable harm is achieved through the assurance of competency of practitioners. Practitioner focus therefore becomes the means to the desired end as regulating body is accountable to the public.

Applying the principle of practitioner focus leads to:

- Researching and understanding the needs and expectations of the public in the context of needs and expectations of regulated massage therapists.
- Ensuring that the objectives of the regulating body are linked to the needs and expectations of the public.
- Communicating public needs and expectations throughout the profession.

Principle II- Mutually beneficial stakeholder relationships

A regulatory body is interdependent with the stakeholders of the profession and a fostering of mutually-beneficial relationships enhances the ability to create value.

Applying the principle of mutually beneficial stakeholder relationships leads to:

- Establishing relationships that balance short-term gains with long-term considerations.
- Pooling of expertise and resources with stakeholders in the profession.
- Clear and open communication.
- Establishing joint development and improvement activities.
- Inspiring, encouraging and recognizing improvements and achievements of stakeholders.

Principle III- Involvement of People

People are the essence of a profession and their full involvement enables their abilities to be used to the benefit of the profession.

Applying the principle of involvement of people leads to:

- People understanding the importance of their contribution and role in the organization
- People identifying the constraints to their performance
- People evaluating their performance against personal goals and objectives
- People actively seeking opportunities to enhance their competence, knowledge and experience
- People openly sharing knowledge and experience
- People openly discussing problems and issues

Principle IV- Process Approach

A desired result is achieved more efficiently when activities and related resources are managed as a process.

Applying the principle of process approach leads to:

- Systematically defining the activities necessary to obtain a desired result.
- Establishing clear responsibility and accountability for managing key activities.
- Analysing and measuring of the capability of key activities.
- Identifying the interfaces of key activities within and between functions of the profession.
- Focussing on the factors such as resources, methods and materials that will improve key activities of the profession.
- Evaluating risks, consequences and impacts of activities on the public, therapists and stakeholders.

Principle V- System Approach to Management

Identifying, understanding and managing inter-related processes as a system contributes to the effectiveness and efficiency of the regulating body in achieving its objectives.

Applying the principle of a system approach to management leads too:

- Structuring a system to achieve the objectives of the regulating body in the most effective and efficient way.
- Understanding the interdependencies between the processes of the system.
- Structured approaches that harmonize and integrate processes.
- Providing a better understanding of the roles and responsibilities necessary for achieving common objectives and thereby reducing cross-functional barriers.
- Understanding the capabilities of the regulating body and establishing resource constraints prior to action.
- Targeting and defining how specific activities within a system should operate.
- Continually improving the system through measurement and evaluation.

Principle VI- Continual Improvement

Continuing improvement of the overall performance of the regulating body and the practitioners that it regulates should be a permanent objective.

Applying the principle of continual improvement leads to:

- Employing a consistent approach to continual improvement of the performance of the regulatory body
- Providing people with training in the methods and tools of continual improvement
- Making continual improvement of protocols and systems an objective for every regulated professional
- Establishing goals to guide, and measures to track, continual improvement
- Recognizing and acknowledging improvements

Principle VII- Factual Approach to Decision-making

Applying the principle of factual approach to decision-making leads to:

- Ensuring that data and information are sufficiently accurate and reliable.
- Making data available to those who need it.
- Analysing data and information using valid methods.
- Making decisions and taking action based on factual analysis, balanced with experience and intuition.

Principle VIII- Leadership

Leaders establish unity of purpose and direction of the profession. They should create and maintain an internal environment in which people can become fully involved in achieving the objectives of the regulatory body.

Applying the principle of leadership leads to:

- Considering the needs of all interested parties and stakeholders
- Establishing a clear vision of the future of the profession
- Set challenging goals and targets
- Creating and sustaining shared values, fairness and ethical role models at all levels of the profession
- Establishing trust and eliminating fear
- Providing people with the required resources, training and freedom to act with responsibility and accountability
- Inspiring, encouraging and recognizing people's contributions



CANDIDATE'S GUIDE

to the

Alberta Massage Therapy Admissions Examination (AMTAE)

This examination and registration package contains information and forms to be completed by the candidate. It is important that you read the entire document to familiarize yourself with procedures and expectations. It is your responsibility to read and consider ALL of the enclosed information provided to you in this document about the AMTAE. We are not responsible for misunderstandings on the candidate's part for failure to read this entire document.

Modified March 2006

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EXAMINATION FEES

Regular Exam Fee This applies to a first time sitting.	\$275.00 +GST
Supplemental Fee This applies only to those candidates who failed one or more sections at the last sitting of the Alberta exam and are re-sitting that section.	\$100.00 +GST per section (to a maximum of \$300.00 +GST)

APPLICATION DEADLINES	<input type="checkbox"/> Applications close three weeks prior to the exam. See insert for exact dates.
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Extra day will be scheduled if needed depending on number of candidates

REFUND/ CANCELLATION POLICY

The Alberta Registered Massage Therapists Society must be informed in writing for a refund to be made. A cancellation fee will be withheld.

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| <input type="checkbox"/> Cancellations during the three weeks prior to the exam are not eligible for a refund. See insert for exact dates.
<input type="checkbox"/> A cancellation fee of \$50.00 will be withheld. |
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EXTRAORDINARY CIRCUMSTANCES

There is provision to allow for withdrawal based on “extraordinary circumstances” which are generally circumstances beyond the control of the candidate. These include:

Hospitalization or sickness (properly certified)
 Death in the immediate family

The decision to grant an “extraordinary circumstances” provision will rest with the Examination Committee.

SPECIAL TESTING REQUIREMENTS

If you have a requirement for modifications to our testing procedures due to special needs (*e.g., visual impairment, dyslexia, etc.*), please indicate this on the application form where indicated. **Special needs and aids cannot be provided on test day with last minute notifications.** You must indicate if you require aids, modifications and have any special needs in your applications package. Human Aids that must accompany a candidate on test days must be provided by and paid for by candidate. Please indicate all special needs and aids required in detail and attach extra paper to describe if needed. This information **MUST** be provided to our office with your applications package. Please indicate if you require a telephone call to address, discuss and confirm your special needs.

ELIGIBILITY REQUIREMENTS

A. **A candidate is eligible to sit the Alberta Massage Therapy Admissions Examination (AMTAE) providing the candidate:**

- Is a graduate of a recognized school which meets competency standards as accepted by the AMTAE Committee. Please refer to Competency Standards required by ARMTS on our website at www.armts.com
- Has completed the examination application forms and submitted them to the Alberta Registered Massage Therapists Society along with all the required documentation and fees.

B. **Examination application requirements are to:**

- Pay the \$275.00 plus GST fee in Canadian Funds via cheque, visa or money order. In the event a cheque should be returned NSF, a \$30.00 NSF fee will apply and a certified cheque will be required to pay the examination fees which will need to reach our office before the application deadline in order to sit the exam.
- Submit the completed Application Form
- Submit the completed Statutory Declaration form
- Include two (2) recent pictures (passport size).
- Provide copies of all Massage Therapy certificates.
- Have official transcripts forwarded from the massage therapy training institution attended. The transcripts must be mailed directly from the Registrar of the institution to the Alberta Registered Massage Therapists Society.

C. **A candidate re-sitting one or more sections of the exam must:**

- Rewrite the section(s) within one year of the original exam.
- Pay \$100.00 plus GST per section being rewritten, to a maximum of \$300.00.
- Resubmit a completed application form. It is not required to resubmit the certificates and transcripts.
- Resubmit a completed statutory declaration form.
- Include two (2) additional recent pictures (passport size).

GENERAL EXAMINATION INFORMATION

Intent of the Examinations

The purpose of the examination process is to assure the public and the massage therapy profession that those candidates who pass the examination have performed at a level suitable for practicing as primary health care providers by meeting the provincial competency objectives, and that they pose no observable risk to the public. The examination is designed to evaluate the suitability for practice in the Alberta massage therapy environment. It is the candidate's responsibility to ensure they correctly expose themselves to matters and concerns specific to massage therapy in Alberta.

College exam questions are largely intended to test the ability of the candidate to apply all they have learned from their primary massage school to practise in an effective, appropriate, safe and ethical manner. College level exams test on a different level than massage schools, and it is expected that school level exams have already tested their graduates in the areas of anatomy, physiology and areas important to testing knowledge taught according to their curriculum. College level test items therefore are not necessarily similar to school level testing.

Composition of the Examinations

The ARMTS examination is composed of three sections, of which two are written examinations and one is performance based as follows:

Knowledge	- written, 141 multiple choice questions
Clinical judgement	- written, 60 multiple choice questions based on 15 case studies
Practical skills	- performance, three stations

The practical skills component is based on an OSCE format (*objective structural clinical examination*). It consists of three stations:

- Case History
- Assessment
- Treatment

To the greatest extent possible, the questions on all examinations will reflect a clinical, rather than an academic perspective.

Question Selection

Multiple-choice questions for the written sections and case studies for the practical skills section are based on the ARMTS Provincial Competency Objectives and incorporated into question banks. Members of the Alberta Registered Massage Therapists Society, trained in proper item-writing, develop all test-items. Test items are reviewed and monitored by Edumetrics Ltd, a company focused on developing psychometrically sound and legally defensible licensing exams for health professions across Canada. The Tables of Specifications are utilized to select appropriate questions for the two written sections of the examination.

Each exam in each test period of the year will use new questions and test items selected from a large data base to ensure each exam is unique and different and conforms to the table of specifications.

At the conclusion of each examination sitting, the test items are carefully and thoroughly analyzed by Edumetrics to ensure validity and reliability. Any problematic test items are brought to the attention of the Examination Committee who then either eliminate the items or modify them before being used again.

Table of Specifications for the Knowledge Examination

This table was developed to select the specific questions in each category that will be used on any given knowledge examination. The table outlines the content areas, the number of questions from each area (the weighting of each area), and the specific number of questions for each Level of Understanding.

Content Area	Level of Understanding			
	Knowledge	Comprehension or Application	Higher Level (Synthesis)	TOTAL
A) Safety of Client & Therapist	10	10	2	22 (18%)
1. Contraindications	2	3	1	6
2. Basic Draping, Positioning and Turning	3	1	0	4
3. Basic Environment for Practice	2	1	0	3
4. Communication Skills	0	2	0	2
5. Professional and Ethics	1	2	1	4
6. Self Care	2	1	0	3
B) Principles and Concepts	18	16	3	37 (25%)
1. Terminology	8	2	0	10
2. Systems- muscular, skeletal, nervous, history. (Theory)	4	9	2	15
3. Assessment ROM tests, Special Tests. (Theory)	3	5	1	9
4. Complementary Therapies	3	0	0	3
C) Examination	11	14	11	36 (25%)
1. History	7	5	3	15
2. Systems – ROM tests, Special Tests, muscles origins & insertions	4	7	4	15
3. Assessments	0	2	4	6
D) Treatments	10	18	8	36 (25%)
1. Massage Techniques	3	3	3	9
2. Treatments	3	5	1	9
E) Post Therapeutic Management	2	8	0	10 (07%)
1. Exercises, stretches, hydrotherapies	2	8	0	10
TOTAL	51 (37%)	65 (46%)	24 (17%)	141 (100%)

Table of Specifications for the Clinical Judgement Examination

This table was developed to select the specific questions in each category that will be used on any given clinical judgement examination. The table outlines the content areas, the number of questions from each area (the weighting of each area), and the specific number of questions for each Level of Understanding.

Content Area	Level of Understanding			
	Knowledge	Comprehension or Application	Higher Level (Synthesis)	TOTAL
1. Safety of Client & Therapist	3	6	2	11 (18%)
a) Contraindications	2	3	2	7
b) Basic Draping, Positioning and Turning	0	0	0	0
c) Basic Environment for Practicing	0	1	0	1
d) Communication Skills	0	0	0	0
e) Professionalism & Ethics	1	2	0	3
f) Self Care	0	0	0	0
2. Information Gathering	5	7	3	15 (25%)
a) Terminology	1	2	1	4
b) System	0	0	0	0
c) Assessment & Treatment	2	5	2	9
d) Various Complementary Therapies	2	0	0	2
3. Information Assessment	3	7	5	15 (25%)
a) Pathophysiology	1	2	1	4
b) Systems	0	0	0	0
c) Assessment & Treatment	2	5	4	11
4. Implementation of Treatment Plan	4	8	3	15 (25%)
a) Basic Massage Strokes	1	2	0	3
b) Pathophysiology	1	2	1	4
c) Systems	0	0	0	0
d) Assessment & Treatment	2	4	2	8
5. Post Therapeutic Management	2	2	0	4 (07%)
a) Assessment & Treatment	2	2	0	4
TOTAL	17 (28%)	30 (50%)	13 (22%)	60 (100%)

Clarity of the Test Items

Every attempt has been made to ensure the clarity of the question or procedure to be tested. If you are at all unclear about what is being asked or requested, it is essential that you request clarification from the examiners. There is no penalty for doing so. We wish to give you the full opportunity to express/convey your knowledge in the section being evaluated. However, the examiners will only speak to the clarification and restrict all other interaction. We are currently in the process of reviewing ALL exam questions. Our best efforts have been made to ensure a thorough proofreading. However, should there be any spelling mistakes; this should NOT constitute a wrong answer. Should you encounter any spelling or grammatical errors, you may ask for clarification if you find it confusing. Spelling or grammatical errors cannot be included in an appeal as it is noted it is your responsibility to ask for clarification if confused. Choosing not to clarify a test item is indication of your understanding of the test item.

At the test centre you will be given instructions on completing both identifying information and response portions of your answer document. AMTAE answer documents for written portions of the exam are scored by machine. Accuracy in scoring and reporting depends on the extent to which you properly mark your answer document and the completeness of your erasures. When an occasional scanning discrepancy does occur, it is usually the result of the machine scanner misinterpreting an incomplete erasure as an intended response or misinterpreting a light or partial mark as an unintended response. To ensure accurate scoring, you, as an examinee, are responsible for completing your answer document properly. Ovals (*also known as bubbles*) should be completely and firmly filled in. All unintended responses should be completely erased. Tests will not be hand-scored, nor will scores be adjusted, because the machine could not score partial or lightly marked answer-ovals.

When sitting the examination, make every effort to ensure your answers reflect the maximum amount of knowledge and that the performance of skills is understandable and logical. Make sure in the practical skills section, to completely describe verbally what you are doing and why while you are doing it. The examiners do not ask you any probing questions. You are expected to demonstrate your knowledge and skills by exhibiting all you know about the item being tested without prompting. It is imperative that you perform at a level that demonstrates a complete understanding of the subjects being tested rather than providing just an "adequate response".

Candidate Identification

Each candidate will be assigned a number at the time of registration on the first examination day. This number will appear with one of the passport-sized pictures on a badge to be worn by the candidate throughout the entire day of examinations. The numbers are assigned randomly. No examiner will have any other information on the candidate except for the identification number.

Examination Schedule

Each candidate will, over the course of the Practical Skills Exam, be exposed to each of the three sections. The order of sections will be in logical sequence (*Case history, Assessment and Treatment*). The candidate will be called to a room by a proctor and will remain in the room until all three portions of the practical skills exam are completed. The examiners will introduce themselves and present the case studies and any specific instructions (e.g. *time limit*) to the candidate. If the candidate has completed the written clinical portion of the exam before this time, the candidate will be able to leave the facility, otherwise the candidate will be returned to the appropriate room to sit the written clinical judgement portion of the exam.

Scoring of Performance

The examiners evaluating the candidates are provided only with the candidate's number. Examiners do not know what school the candidates attended, or any personal information about the candidates. There is no information provided to the examiners regarding a candidate's past performance on ARMTS examinations. All marking is done without the knowledge of the candidate's identity. Please do not introduce yourself to the examiners. Only your candidate number will know you. A candidate who introduces himself/herself to the examiners waives the right to anonymity.

Candidate responses in the written and performance sections are recorded on coded forms that are scored and analyzed by computer. Examiners do not know what the pass/ fail score is on any of the exam sections. The examination has been set up to be as objective as possible.

Candidate/Examiner Conflict of Interest

In order to avoid bias of any kind, candidates are not allowed to be examined by anyone they know. There will, of course, be times when a candidate and an examiner know each other through other contacts, directly, indirectly or through association. Examiners study candidate photos prior to commencement of examinations, and if they recognize anyone they inform the Practical Skills Chairperson so that the candidate is not brought to their room. If a candidate and examiner know each other, or are familiar by association this **MUST** be brought to the attention of the Practical Chair Person. A replacement examiner will be provided should a conflict be perceived.

FINAL RESULTS AND APPEAL PROCEDURES

Pass/Fail Determination

Each test item is assigned a minimum performance level (MPL). It is the accumulated overall MPL score that determines whether a candidate passes or fails the examination. There is no arbitrary percentage cut-off (e.g., 70%). The overall MPL is determined via computer scoring.

Final Grade Release

The ARMTS office will release final pass/fail results approximately 6 weeks after the examination. A letter will be mailed to you advising you of the results, and containing your transcripts and graphs.

Report of Weak Areas to Candidates

The ARMTS office will release a charted report as a review of the candidate's performance in each of the sections to the candidate. This charted report will outline the areas of performance including the areas that were weak (*i.e., where the minimum performance levels were not met*). It is hoped in this manner, that candidates will be better able to understand any weaknesses that were present in their performance and take suitable steps to correct these weaknesses.

Request for Appeal

The Appeal process is in place to hear complaints by candidates who feel their ability to perform competently has been hampered by outside influences, or that they were treated unfairly or inequitably by the examiner(s).

A Request for Appeal must be in writing and be received by the Alberta Registered Massage Therapists Society no later than 14 days from receipt of examination results. **A non-refundable appeal fee of \$50 must accompany the written request** with a sound reason for the appeal. A "fail" grade cannot form the basis for Appeal. The Alberta Registered Massage Therapists Society will appoint an Appeal Committee, and the appealing candidate will be notified of the process.

Inquiries about the exam, including appeals and complaints will not be responded to by the exam committee until after the test results are tabulated and marked by our psychometrician, and final test grades are then forwarded to candidates by the ARMTS office. This can take up to 4 to 6 weeks after the exam. Appeals/complaints by candidates/schools will then be read, considered and responded to by the exam committee.

Unsuccessful Candidates

Repeating one section or division

- Candidates whose performance was unsatisfactory may choose to re-sit the exam within a one-year period.
- Candidates who fail only one (1) section (*Knowledge, Clinical Judgement*) will be required to repeat that section only if the candidate applies for a re-sitting within a one year period.
- Candidates who fail only one section (case history, assessment, or treatment) in the Practical Skills examination section will be required to repeat that section only, if the candidate applies for a re-sitting within a one-year period.

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Repeating the entire examination

Candidates will be required to repeat all three (3) sections Knowledge, Clinical Judgement and all Practical Skills components) of the examinations, if:

- The candidate was unsuccessful in three or more sections of any sitting.
- The candidate failed one section only, but did not apply to re-sit that section within a one-year period.

In the case of the Practical Skills components of the examination, candidates are expected to repeat all three (3) components of the practical skills examination if:

- The candidate was unsuccessful in two or more sections of any sitting.
- The candidate failed one section only, but did not apply to re-sit the exam within a one-year period.

The fee for re-sitting individual sections is \$100.00/section + GST to a maximum of \$300.00 + GST. The candidate must resubmit an application form, the statutory declaration and 2 recent passport size pictures and all fees to the Registrar of the ARMTS by the date announced for that examination.

RULES AND REGULATIONS OF THE TEST CENTRE

Ensuring the authenticity and validity of test scores is a primary concern of all testing programs. Providing uniform testing procedures and maintaining test security serves the interest of examinees and test score users. In order to provide fair, equal, and secure testing conditions for all examinees, the staff at each test centre will follow common procedures. It is the responsibility of the candidate to read all information provided and to adhere to the rules, regulations and procedures outlined herein:

- The supervisor will assign you to a seat. You must follow the directions and verbal instructions of the testing staff.
- Access to the examination room will be restricted to test centre personnel, examinees, and authorized observers.
- The supervisor is the official timekeeper at the exam. You will not be permitted to begin working on any section of the test until instructed to do so by the supervisor. You will not be permitted to continue working after time is called for each section of the test.
- All erasing and marking on answer sheets must be completed before time is called ending each test section.
- At the test centre you will be given instructions on completing both identifying information and response portions of your answer document. AMTAE answer documents are scored by machine. Accuracy in scoring and reporting depends on the extent to which you properly mark your answer document and the completeness of your erasures. When an occasional scanning discrepancy does occur, it is usually the result of the machine scanner misinterpreting an incomplete erasure as an intended response or misinterpreting a light or partial mark as an unintended response. To ensure accurate scoring, you—as an examinee—are responsible for completing your answer document properly. Ovals (*also known as bubbles*) should be filled in completely and firmly. All unintended responses should be completely erased. Tests will not be hand-scored, nor will scores be adjusted, because the machine could not score partial or lightly marked answer- ovals.
- Extra time to fill in partially marked answer ovals will not be allowed.
- Scratch paper is not permitted except in practical stations of the exam. You may work out your answers in the test book as well as mark in the test book. However, all of your answers must be recorded on the answer document. Answers recorded in the test book will not be scored. Extra time for transferring answers from test books to the answer document will not be allowed.
- Do not use or take into the testing room beeping, alarm, or calculator watches; timers (*other than watches*), pagers; cellular phones; books; notes; cameras; radios; tape recorders; highlighters; coloured pens; palm-pilots; text messengers lapboards/ desk boards; or aids of any kind. You may not wear earplugs during the test. The AMTAE Program Office, AMTAE staff and testing facilities are not responsible for lost or stolen possessions.

- The AMTAE is confidential. All test materials, including test books and answer documents, are the property of the AMTAE Program Office and must be returned to the test supervisor after each administration. No portion of such materials may be retained examinees. Pages or covers of test books are not to be torn out of or separated from the test books in any way. Additionally, test takers are not permitted to duplicate or record (*by copying, photographing, memorizing, or any other means*) any part of the AMTAE.
- You will not be allowed to smoke in the testing room. Outside areas, during waiting period of the exam in holding rooms, may be provided for smoking with supervision if available.
- Energy-saving practices vary widely from room to room, and you may find the testing room colder or warmer than you expected. Therefore, you should dress comfortably and be prepared for varying room temperatures. It is wise to bring a sweater or sweatshirt. Layering clothing can be helpful. We do not have control of temperatures of individual rooms within the testing facility.
- Candidates may contact the Registrar (see back page) for information regarding examination format.
- Examinations will be provided in the three (3) sections listed in this Package. Instructions should be followed carefully. Candidates are expected to conduct themselves in a mature, polite, professional and courteous manner. Any behaviour, which is deemed to be abusive or overly distracting to other candidates during any portion of the exam, may result in expulsion from the examination. The Practical Chairperson and Exam Chairperson withhold the right of discretion in the area of conduct of a candidate.
- Candidates must wear the current identification given to them on the first day of the examination to all sections of the examination.
- All study material and notes are to be left outside the examination rooms.
- The Alberta Massage Therapy Admissions Examination is not a teaching exam. The purpose of the exam is to determine suitability for registration with the Alberta Registered Massage Therapists Society, Massage Therapist Association of Alberta and/or Remedial Massage Therapist Association.
- The Alberta Massage Therapy Examination processes are very important to both the candidate and to the profession. Every attempt is made to reduce the candidate's waiting time however, candidates should be prepared to wait and may want to bring reading material. Candidates should also bring a bagged lunch, beverages and nutritional snacks, as these are not provided. A small snack and beverage is allowed at your desk during testing periods, and you will be instructed by staff where to store your personal bags and materials when entering a room. You may be required during the practical stations to leave your gear outside the room with your chair where you wait between elements, and your gear will be watched over by staff members at all times.
- The Candidates will be placed in either Group A or Group B and will be notified of specific events that will transpire over the testing dates at the time of registration.
- **CANDIDATES ARE NOT TO LEAVE THE EXAMINATION AREA.**

- AMTAE candidates should not attempt to contact (*in person or by writing*) any of the members of the Board or the Examination Committee until asked to do so by a member of the examination team. This may jeopardize any future appeal respecting that candidate. Information, should it be required, may only be obtained from the Registrar of the Alberta Registered Massage Therapists Society through its office.
- Candidates leaving exam area after completing the exam should not mingle nor converse with new candidates entering exam area to sit the exam. Candidates leaving the exam on Saturday can sometimes encounter candidates who are arriving to sit the Knowledge exam Saturday night. Mingling can result in expulsion from exam and can result in the voidance of all test scores.

The AMTAE Program Office takes steps that are intended to ensure that AMTAE registration and answer documents are properly handled, processed, and scored. In the unlikely event that a mistake occurs in handling, processing, or scoring registration or answer documents or in reporting scores, the AMTAE Program Office will correct the error if possible or permit the examinee either to retest at no additional fee or to receive a refund of his or her examination fee.

Violations of Procedures

If irregular behaviour is observed, it will be reported to the AMTAE Program Office. The following actions are prohibited, and the test supervisor will report any examinee who:

- Gives or receives assistance
- Copies another examinee's work
- Uses prohibited aids (*e.g., desktop timers*),
- Views test questions or essay prompts or marks answer ovals for any test section before instructions to begin or after instructions to stop working on that section are given.
- Attempts to take the test for someone else.
- Attempts to remove test-booklets, answer-documents or any other test materials from the testing room.
- Attempts to duplicate, record, or memorize test-booklets, answer-documents, or any other test materials.
 - Leaves the testing room without permission.
 - Fails to follow the supervisor's instructions after being warned.
 - Creates a disruption of any kind.
 - Violates test-center regulations or procedures, or violates local laws, regulations or policies.
 - Fails to put pencil/pen down when the stop work announcement is made or fails to follow other verbal instructions of test staff.
- Is under the influence of alcohol or illegal drugs.

In cases where any such incident or behaviour reported to or discovered by the AMTAE Program Office is confirmed, the candidate will be notified and a report documenting the nature of the incident, with attachments provided by the AMTAE will be created, and may result in expulsion from the exam area. A separate investigation pertaining to the legitimacy of the individual's test scores may also be undertaken.

The AMTAE also reserves the right to cancel test scores of examinees when there is reason to believe that the scores are invalid or that they were not achieved under standard test conditions. In addition, the AMTAE reserves the right to request prosecution of persons whose behaviour unlawfully undermines the security of the AMTAE or the integrity of the testing process through illegal actions.

Voiding Your Answer Documents

If you are not comfortable with your performance and do not wish your test to be scored, you may personally ask the test supervisor to void your answer documents at the test centre. You must witness the procedure and sign a form, which the supervisor will provide, indicating your intent to void. You may ask to void your test throughout the test day, of any station you should sit. The test supervisor will announce the final opportunity to void your test. The test supervisor will inform the AMTAE Program Office of all examinees who void their tests.

Your test will be voided automatically if you are not present for all sections of the exam (unless you are doing rewrites), regardless of the circumstances. Voiding your answer documents on test day means that you will not receive scores for that section of the exam. Answer documents voided on the test day cannot be validated at a later date. Furthermore, if you do not void your answer documents on test day, your test will be scored. You cannot cancel your scores at a later date. Voiding any section of the exam does not constitute reason for refund. Refunds will be considered only as stated within the Refund Policy portion of this Guide.

EXAMINATION DETAILS

All of the material tested in all sections of these examinations is taken from the Competency Objectives of the Alberta Registered Massage Therapists Society. A copy of these Competency Objectives has been included with this package.

KNOWLEDGE EXAMINATION

This written examination consists of one hundred and forty (140) multiple-choice questions that cover the Competency Objectives of the Alberta Registered Massage Therapists Society. The answers to these questions are to be recorded on a computerized answer form provided. The candidate is given 3 hours to complete this examination. Notes and textbooks are not to be brought in to the examination room unless otherwise directed by a supervisor. There will be at least one Monitor in the examination room at all times. When the candidate has completed this examination, he/she is to hand in all papers to the Monitor and leave the room quietly.

CLINICAL JUDGEMENT EXAMINATION

This written examination consists of fifteen (15) case studies. The candidate is expected to complete all four (4) of the multiple choice questions provided for each case study presented. The answers are to be recorded on the computerized answer form provided. The candidate will be given 2 hours to complete this examination. Notes and textbooks are not to be brought in to the examination room. There will be at least one Monitor in the examination room at all times. When the candidate has completed this examination, he/she is to hand in all papers to the Monitor and leave the room quietly.

PRACTICAL SKILLS EXAMINATION

Please note: candidates are being tape recorded by voice activated tape recorders in the Practical Stations of the exam only for appeal purposes.

Procedure:

- Candidates will be taken to the Practical Skills examination room.
- All three sections of the Practical Skills Examination will be performed at this room, including Case History taking, Assessment and Treatment. This means that the candidate will be tested by the same examiners for each component of this portion of the exam.
- Note that each section of the exam WILL involve different scenario's and it is NOT to be expected by the candidate that they will be tested on the same condition for each component of this section of the exam.
- The candidate is instructed to leave their belongings and gear outside the room by the proctor. A candidate's water bottle may accompany the candidate into the room only.
- A chair is provided outside the room for the candidate to sit on between components. The candidate's gear and personal belongings are supervised at all times by a proctor outside the room door so that the candidate may be assured their belongings are being kept secure and untouched by others.
- The examination room consists of 2 examiners and 1 voice activated recorder, massage table and supplies, linens, and all props required by candidates to complete each station of the exam.
- The candidate will be introduced to the examiners by a Proctor by their number only and the candidate's number and file folder number will be verified. The proctor will then leave the candidate in the room with the examiners.

- The candidate will be provided with written instructions and verbally instructed of the expectations of the particular component of the exam they are sitting at that time. After completing this component of the practical skills section of the exam, the candidate will then be asked to leave the room and to sit outside the examination room door on a chair provided for approximately 5 minutes while the examiners mark the candidate's performance in the examination room. The candidate should use this time to prepare themselves mentally for the next component of the exam, and may eat, drink or refer to their books while waiting. This is often a time of stress release, and the candidate needs to prepare themselves mentally and emotionally to continue.
- The examiners will call the candidate back into the room when they are finished marking and have the room set up for the next component of the exam.
- Components marked are always done in this order: Case History taking first, followed by Assessment, and finishing with Treatment.
- Once all three components are completed, the candidate will be ushered by a proctor to the Clinical Judgement portion of the exam, or if the candidate is already completed the Clinical Judgement exam, then the candidate will be escorted to the registrations desk to hand in their badge and then will be required to leave the test area.

What to expect in Practical Skills Components:

- A desk will be provided to you in the room for you to sit at to prepare yourself before commencing. On the desk will be a pad of paper for you to write on, with a pen or pencil provided, and a written copy of the verbal instructions just read to you. A documenting the information required for that particular component of the exam will also be on the desk. You can read the instructions if you wish and then use the pad of paper to write on to prepare yourself to commence. You are given approximately 5 minutes to prepare yourself to commence the case history taking, but more time will be allowed if you need it. The half hour time limit still applies however, and extra time used to prepare yourself before commencing will extend into this time period.
- You may refer to the written instructions and your written notes at any time during this portion of the exam.
- Notes written by candidates on the paper provided will stay in the room with the test paper marking sheet and will be included into the candidate's folder. Notes written by the candidate are NOT used by examiners to assist in marking the candidate's performance. Notes written by the candidate are to serve as a guide for the candidate only, and will not accompany the marking sheets when sent to the psychometrician. Written notes can provide to the candidate a reference and guide to their intentions of performance, but may not always be actually demonstrated for numerous reasons. These notes will not be used in appeals as there is no way to verify accurately if all things written on the paper were actually demonstrated, spoke to, or performed by the candidate to the examiners within the time frame allowed. Therefore it must be noted that the paper provided for candidates to use to write on is strictly for their purposes only as a guide and reference and is not used by the examiners for marking nor by the exam committee during appeals.
- Candidates will be marked according to their verbalizations and demonstrations (if applicable) **ONLY**.

CASE HISTORY TAKING: (A time limit of ½ hour will be imposed.)

Preliminary Instructions to candidate (provided on paper and verbally) before commencement:

- “We expect you to take a complete Case History and supply a clinical impression of the condition at the conclusion. You will not be doing any assessment procedures during this section of the exam.”
- “Please deal with this examiner on the table as your actual patient in your own clinic. Be aware that this examiner is a mock client and does not have the condition presented.”
- “We will advise you when you have 10 minutes, then 5 minutes and one minute remaining.”
- “When you indicate you are finished we will ask if there is anything else you wish to review.”
- You now have five minutes to read these instructions for the Case History Portion. You may make any notes that you wish on the pad of paper provided which will remain with your score sheet. The notes you write for yourself on the pad of paper are for your purposes only and will not be used in marking your test scores.”

This Case History Taking section consists of a “mock” client presenting as if in the office of the candidate. The candidate is given a written description of the client that includes age, height, weight, and occupation only. The candidate is then instructed to perform a complete case history taking through interaction with the client. The candidate will be judged on his/her ability to elicit the pertinent information needed and in developing a clinical impression based on the information obtained from the client and overall impression of the candidate. The candidate is reminded that the person they see in front of them does not physically represent the client and that they should concentrate on the client's answers. Assessment procedures are not allowed. The candidate should question the client in all areas of the case history, including, but not limited to, chief complaint(s), associated symptoms, aggravating and relieving factors, past history, family history, previous care, medications and prior treatment. Questions which are not relative to the case history will be responded to with “I do not have that information”, “I do not understand”, or “I am unable to answer that question”. The candidate must then redirect the line of questioning to elicit the information needed. A clinical impression of the cause of complaint following a thorough case history taking will be required to be given by candidate, without assessment procedures.

ASSESSMENT (A time limit of ½ hour will be imposed.)

- A document will be provided to the candidate on the desk which will detail the case history of the client and the clinical impression of the condition the client is presenting with. The candidate must demonstrate to the examiners through verbalizing and performance and demonstrations, HOW he/she would verify through assessment procedures the clinical impression indicated on the paper.
- Props for assessment will be provided on a table to be used by the candidate during their assessment procedure.

Verbal and written instructions provided to the candidate:

- “We expect you to do an assessment based on the case history information provided to confirm the clinical impression on the instruction sheet.”
- “Please deal with this examiner on the table as your actual patient in your own clinic and set up your patient accordingly.”
- “This patient does not have and will not act as if they have the clinical impression. Remember you will not receive positive or negative feedback from them.”
- “This test is a matter demonstration of skills in protocol and procedure. We want to see the assessment process you would perform that would confirm the clinical impression.”
- “You may utilize anything here on this table for your assessment.”
- “We expect you to verbalize your assessment process to us as you perform and demonstrate your skills.”
- “We will advise you when you have 10 minutes, 5 minutes, one minute remaining.”
- “When you indicate you are finished we will ask if there is anything else you wish to review.”
- You now have five minutes to read these instruction for the Assessment Portion, you may make any notes that you wish on the paper provided which will remain with your score sheet.

This section deals with the assessment of the technical skills and understanding of physical examination procedures.

The candidate will be judged on his/her ability to verbally and technically demonstrate all components of the assessment procedure including, but not limited to, physical inspection, postural analysis, gait analysis, special tests, range of motion testing (active and passive), palpation (origin and insertion of muscle, fibre direction and bony land marks), joint play, and resisted testing.

The areas of testing include appropriateness of tests done, the appropriate sequence and order in which the assessment was done, and the skill level demonstrated, ability to identify results, analysis of the results and overall impression. The candidate is reminded that the person they see in front of them does not physically represent the client and that they should concentrate on the client's answers.

TREATMENT (A time limit of ½ hour will be imposed.)

Verbal and written instructions provided to candidate:

- “We expect you to perform a treatment based on the clinical impression on the instruction sheet.”
- “Please deal with this examiner on the table as your actual patient in your own clinic and set up your patient accordingly.”
- “You may utilize anything here for your treatment.”
- “We expect you to verbalize your treatment prior to commencing and also throughout the entire treatment. Remember, given the time frame we do not expect a thorough treatment. Verbalize your entire treatment and perform a shortened version. Ensure you demonstrate turning the patient.”
- “We will advise you when you have 10 minutes and then 5 minutes, then one minutes

- remaining.”
- “When you indicate you are finished we will ask if there is anything else you wish to review.”
 - You now have five minutes to read these instructions for the Treatment Portion, you may make any notes that you wish on the paper provided which will remain with your score sheet.

This section of the exam consists of a “mock” client presenting with a specific clinical impression in the treatment room. The candidate is provided with a paper documenting the case history and results of assessment, thus providing the candidate with a complete history of the problem. This paper can be referred to at any time during the treatment by the candidate. The candidate will be expected to verbally and technically demonstrate an appropriate treatment on the “mock” client. This would include proper draping and bolstering techniques, a general warm-up, the specific treatment necessary and the warm-down. The candidate may utilize any equipment provided on a table in the treatment room for their demonstration. If the candidate wishes to have equipment they do not find in the treatment room, they must indicate this to the examiners.

The candidate will be judged on the appropriateness of the treatment demonstrated, the sequence and order, draping, positioning, technical skills, and overall impression made by the candidate. Verbalizing throughout the demonstration of the treatment is critical.

Areas of Testing

Presenting Conditions

Conditions, which may be encountered by a massage therapist, **may** be tested on **any or all** of the Knowledge, Clinical Judgment, or Practical Skills sections of the examination. These may include, but are not limited to:

Adhesive Capsulitis/Frozen Shoulder Anterior/Posterior Compartment Syndrome Asthma Bursitis Cancer Carpal Tunnel Syndrome Chondromalacia Chronic bronchitis Collateral Ligament Injuries Constipation Contusions Cruciate and Meniscus injuries Degenerative Disc Disease Degenerative Joint Disease (Osteoarthritis) Diabetes mellitus Dislocations, Fractures, Dupuytren's Contracture Edema Emphysema Fibromyalgia and Chronic Fatigue Syndrome Fractures Frozen Shoulder (Adhesive Capsulitis) Headaches (tension, cluster, migraine, etc.) Hyperkyphosis Hyperlordosis Hypermobility/Hypomobility Hypertension Inflammation Inflammatory Arthritides Irritable Bowel Syndrome IT Band Syndrome Low Back Strain Medial/Lateral Epicondylitis Metatarsalgia	Multiple Sclerosis Muscle Dysfunction (trigger points, sprains, strains, tendonitis, whiplash) Myofascial Trigger Points Nerve Entrapment Neuropathies (carpal tunnel syndrome, piriformis syndrome, sciatica) Oedema Osteoporosis Palliative Care Conditions Paralysis Patellar Tracking Syndrome Pes Planus Piriformis Syndrome Plantar Fasciitis Post Operative Care/Treatment Rheumatoid Arthritis Rotator Cuff Injury Scar Tissue Scoliosis "Shin Splints" Sinusitis Spondylosis Stress Thoracic Outlet Syndrome Tibial Apophysitis (Osgood Schlatters) TMJ joint dysfunction TMJ syndrome Torticollis Varicose Veins Visceroptosis Whiplash Wounds and burns
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Special Assessment Tests

The following special tests, that may be used to confirm any of the above listed conditions, **may** be tested on **any or all** of the Knowledge, Clinical Judgment, or Practical Skills sections of the examination. Please note that due to the varied and diverse curricula of massage programs taught at numerous schools and institutions, a small sampling of tests and signs used in assessment procedures are listed here as a reflection of some of the tests and signs that could be used in assessing a particular condition. The candidate is required only to demonstrate tests learned through their program and to realize we do not necessarily require all the tests listed here be demonstrated.

Spine:

- Kernig's, slump test, Brudzinski's, Lidner's, Soto-Hall, Bragard's, Sicard's, Turyn's

- Vertebral artery insufficiency test – Hautant's, Barre's, Underburg's, Naffziger's
- Valsalva test
- Craniocervical ligament tests – Alar, Transverse and Lateral shears
- Cervical compression/distraction – Spurling's, Jackson's
- Brachial plexus tension – Elvey's test, Tinel's sign
- Trendelenburg's sign
- Hoover's test (for malingering)
- Quick test
- Straight leg raising – unilateral and bilateral
- Motor neuron lesion – Romberg's, Babinski, plantar reflex

TMJ:

- Chvostek's sign

Shoulder:

- Apley's scratch test
- Dislocation – apprehension and relocation tests
- Instability – Andrew's, Rowe's, Rockwood's, Protzman
- Tendonitis – Codman's (drop-arm test), Speed's, Yergason's, empty can
- Impingement – painful arcs, Neer's, Hawkins-Kennedy's
- TOS – Roo's, Adson's, Allen's, Halstead's, Tinel's sign, costoclavicular syndrome test

Elbow:

- Cozen's, Mills, Tinel's, pinch grip test

Wrist and Hand:

- Tinel's, Phalen's (and reverse Phalen's test)

Sacroiliac and Hip:

- Sacroiliac stress tests, Geanslen's, Laguere's sign, Yeoman's, leg length test, Gillet's sacral fixation test
- Bowstring test, Millgram's, Thomas's, Piriformis test, Noble's compression test (for IT band), Ober's
- Buttock sign
- Femoral nerve traction test

Knee:

- Valgus/ valrus strains, Drawer's test, Lachman's tests
- Ligaments/meniscus – McMurray's, Apley's
- Swelling – flocculation, patella tap (ballottement) test
- Patella tracking – Clarke's, McConnell's, Q-angle

Leg, Ankle and Foot:

- Tinel's sign, Morton's test

Assessment Areas

The following Assessment areas **may** be tested on **any or all** of the Knowledge, Clinical Judgement, or Practical Skills sections of the examination:

- Case History Taking
- Physical Exam: Inspection and Postural Analysis; Active, Passive and Resisted Testing; Special Tests; Palpation (origin and insertion of muscle, fibre direction and bony landmarks).
- Analysis of Findings and Clinical Impression (your conclusion as to the presenting dysfunction).

Treatment Protocols

The following Treatment areas **may** be tested on **any or all** of the Knowledge, Clinical Judgement, or Practical Skills sections of the examinations:

- Immediate treatment goals/expectations
- Long-term goals/ expectations
- Treatment plan
- Basic massage strokes
- Hydrotherapy
- Trigger point therapy
- Remedial exercises
- Cross-fibre frictions
- Homecare
- Proprioceptive neuromuscular facilitation

Reference Material

Reference materials included, **but not limited to**, the following items in developing the examination questions:

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Realism, A Study in Human Structural Anatomy. Kasterstener Publications, 2003.

Magee, David J. Ph. D.

Orthopedic Physical Assessment, W. B. Saunders Company 4th edition, 2002.

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Principles of Orthopedic Assessment, W.B. Saunders Co., 3rd edition, 1997.

Marieb, Elaine N.

Human Anatomy and Physiology, 6th edition, Benjamin/Cummings, 2003.

Nowak, Thomas J. and A. Gordon Handford.

Essentials of Pathophysiology: Concepts And Applications for Health Care Professionals, McGraw-Hill, 1998.

Premkumar, Kalyani.

Pathology A to Z: A Handbook for Massage Therapists, Lippincott Williams & Wilkins, 2ⁿ edition, 2002.

Rattray, Fiona S. and Linda Ludwig.

Clinical Massage Therapy, Understanding, Assessing and Treating Over 70 Conditions, Talus Inc., 2000.

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Massage Therapy: an Approach to Treatments, Maverick Consultants, 1994.

Stone, Robert J. et al.

Atlas of Skeletal Muscles 4th edition, McGraw-Hill, 2002.

Tortora, Gerard J. et al.

Principles of Anatomy and Physiology, Wiley Text Books 10th edition, 2002.

Travell, Janet G. and David G. Simons,

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Van de Graaf and Stuart Fox,

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Medical Terminology in Action, McGraw-Hill, 1993.

ALBERTA MASSAGE THERAPY ADMISSIONS EXAMINATION

PROVINCIAL COMPETENCY OBJECTIVES

Preamble

The goal of the provincial core curriculum and examination process is to ensure the safety of the public through the establishment of minimum competencies that massage therapists practicing in Alberta must meet.

This document contains the competency objectives that will be tested at the Provincial Examination level as administered by the Alberta College of Massage Therapy (when this body is formed). These competency objectives are designed to reflect a high level of understanding by the applicant and are intended to test the application of massage therapy. It is assumed that the applicant will engage in a learning process that begins with introductory information and progresses through ever more complex information and experience to reach the level of understanding required to meet each competency objective. It is further assumed that these competencies shall be integrated resulting in well-informed and well-trained massage therapists. The competency objectives expectations are posted on our website and may be downloaded at www.armts.com.

Business management, accounting and clinic skills will be included in an accredited school's curriculum but will not be tested at the Provincial level.

This document has been developed with the cooperation of all member organizations of the Interim Board of the Alberta Massage Therapy Regulatory Body and has been passed on to the Alberta Registered Massage Therapists Society.

Competencies

Five major categories of competencies have been established for massage therapists:

- A. Safety of the Client and Therapist
- B. Information Gathering
- C. Information Assessment
- D. Implementation of Treatment Plan
- E. Post-Therapeutic Management

The competency objectives of this document have been organized under these five major areas and sub classified into the specific field of study.

(Note: this document is written based upon the British spelling of terminology however, the American form is acceptable. The term "client" has been used however, "patient" may be substituted).

Competency Objectives

A. SAFETY OF THE CLIENT AND THERAPIST

1. Contraindications to Massage Therapy

The applicant will be able to:

- 1 Explain how to identify contraindicated conditions.
- 2 Explain why a specific condition may be contraindicated.
- 3 Explain or demonstrate modifications to the massage therapy treatment to accommodate a contraindication.
- 4 Describe the overriding circumstances involved in massaging a contraindicated condition.
- 5 Describe reflective or secondary skin conditions that show on the skin and explain why massage therapy is contraindicated.

2. Basic Draping, Positioning and Turning Techniques

The applicant will be able to:

- 1 Demonstrate draping proficiency in exposing only the body area to be worked while other areas remain covered.
- 2 Display respect for personal boundaries, physical and emotional, of both the client and therapist.
- 3 Demonstrate appropriate bolstering techniques to ensure correct positioning of the client by providing support and comfort to the limbs and joints during massage treatment.
- 4 Demonstrate proper client turning procedure during a massage ensuring that the client remains properly draped at all times.

3. Basic Environment for Practicing Massage Therapy

The applicant will be able to:

- 1 Describe methods for the preparation and maintenance of a hazard-free and clinical massage therapy environment.
- 2 Exhibit practices of personal hygiene and appropriate attire for a clinical setting.

4. Communication Skills

The applicant will be able to:

- 1 Explain the responsibility of both client and therapist to identify and appropriately address the circumstances which create physical or emotional discomfort (*without counselling*).
- 2 Explain how to establish open and professional communications between the therapist and client.
- 3 Explain and demonstrate methods to empower the client to have total control over the massage experience (*based on the power differential implicit in the roles of "therapist" and "client"*).
- 4 Explain procedures, strokes and remedial exercises in language that is free of massage or medical jargon.

5. Professionalism and Ethics

The applicant will be able to:

- 1 Differentiate between legal and ethical responsibilities of the massage therapist.
- 2 Explain why confidentiality is important and describe behaviour on the part of the therapist that protects confidentiality.
- 3 Explain the importance of the client's right to refuse treatment and the therapist's right to refuse giving the treatment.
- 4 Explain the importance of zero tolerance for inappropriate behaviour on the part of the client in the massage setting.
- 5 Explain why massage therapists must disclose the limitation of the massage treatment when no benefit or improvement can arise.
- 6 Recognize inaccurate representations of massage therapy in advertising or marketing material.

6. Self Care for Massage Therapists

The applicant will be able to:

- 1 Demonstrate correct body mechanics and breathing while working.
- 2 Provide examples of how to prevent and/or cope with work-related stress or "burn-out".
- 3 Demonstrate self-strengthening/stretching exercises for specific problem areas.

B. INFORMATION GATHERING

1. Terminology

The applicant will be able to:

- 1 Break down medical terms into common roots, prefixes and suffixes and provide their meanings.
- 2 Spell the names of muscles, bones, joints and other anatomical names correctly.
- 3 Demonstrate the Western medically accepted anatomical position of the body.
- 4 Link the common names for different parts of the body with the anatomical terms.
- 5 Identify the location of the body cavities and their subdivisions.
- 6 Define and provide examples of directional terms.
- 7 Define various planes of the body.
- 8 Define and demonstrate the various movement terms at appropriate joints.

2. Systems

The applicant will be able to:

- 1 Identify, label and palpate bones and bony landmarks.
- 2 Identify, label and palpate joints and joint structures.
- 3 Identify, label and/or palpate muscles, fibre directions, origins and insertions.
- 4 Palpate major pulse points in the body.
- 5 Define, compare and contrast the terms clinical “signs” and “symptoms”.
- 6 Explain how to recognize and identify the signs and symptoms of selected pathologies of common inflammatory, infective and traumatic skin conditions.
- 7 Explain how to recognize and identify the signs and symptoms of selected pathologies of the following systems: skeletal, articular, muscular, nervous, endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary and reproductive.

3. Assessment and Treatment

The applicant will be able to:

- 1 Collect and interpret relevant data in a pre-treatment interview.
- 2 Demonstrate proper sequential orthopaedic testing techniques.
- 3 Describe the palpation procedures to identify soft tissue lesions.
- 4 Explain the principles and procedures for documentation of treatment data.

4. Various Complementary Therapies

The applicant will be able to:

- 1 Explain the philosophies, advantages and limitations of various allopathic and holistic complementary therapies.

C. INFORMATION ASSESSMENT

1. Pathophysiology

The applicant will be able to:

- 1 Describe the concept of the homeostatic mechanism at both the systemic and cellular levels and how this is reflected in healthy and unhealthy tissue function.
- 2 Describe primary and secondary causes of the disease process.
- 3 Describe the inflammatory response and its chronological progression.
- 4 Explain the role of the immune system in inflammation and repair.
- 5 Describe the consequences of impaired and excessive inflammatory response on tissues.
- 6 Describe the mechanism and presentation of injuries of congenital and idiopathic diseases and how they can be modified by massage therapy.

2. Systems

The applicant will be able to:

- 1 Explain the sensory role of skin in massage therapy.
- 2 List and explain the physiological effects that massage therapy has on the skin.
- 3 Give examples of and explain how the skin functions to maintain homeostasis.
- 4 Describe the physiology of the remodelling process in bone tissue and the influence and limitations of massage therapy in this process.
- 5 Describe the normal ROM of each joint.
- 6 Analyze the muscle involvement on common movement patterns at specific joints.
- 7 Describe the physiology of muscle contraction.
- 8 Describe the factors involved in the change of normal resting muscle tone to hyper or hypotonic states.
- 9 Explain the role the nervous system plays in maintaining body homeostasis.
- 10 Define and explain the functions of neuralgia.
- 11 Describe the physiology of neural conduction.
- 12 Describe the structural and functional organization of the nervous system.
- 13 Explain the role of sense organs/ receptors in proprioception.
- 14 Explain the role of the endocrine system in the body's response to stress.
- 15 Describe the homeostatic action of major hormones.
- 16 Describe the process of hemodynamics and the factors that influence it.
- 17 Explain the role of the lymphatic system in maintaining fluid homeostasis.
- 18 Explain the role of the lymphatic system in the immune response and under what conditions massage therapy would be indicated.
- 19 Describe the process of respiration and the factors that influence it.
- 20 Describe the effect of improper breathing on the body.
- 21 Describe the process of digestion and the factors that influence it.
- 22 Explain the organic and inorganic nutritional requirements of the body.
- 23 Describe the role of the urinary system in homeostasis.

3. Assessment and Treatment

The applicant will be able to:

- 1 Formulate a plausible functional hypothesis regarding soft tissue dysfunction based on analytical deductions from all collected data.

D. IMPLEMENTATION OF TREATMENT PLAN

1. Basic Massage Strokes

The applicant will be able to:

- 1 Describe and demonstrate massage strokes.
- 2 Discriminate among various massage strokes based upon desired physiological effects.
- 3 Demonstrate integration of various massage strokes with non-ballistic joint mobilizations to achieve specific physiological effects.

2. Pathophysiology

The applicant will be able to:

- 1 Explain the primary distinguishing characteristics of the different tissue types and the possible effects massage may have on healthy and unhealthy tissues.
- 2 Describe the limitations and contraindications of massage therapy on the inflammatory response and the repair process in soft tissue dysfunction.
- 3 Describe and explain the effects, limitations and contraindications of massage therapy on clients taking commonly prescribed medications for systemic conditions.

3. Systems

The applicant will be able to:

- 1 Demonstrate the guiding principle that when applying massage therapy, therapists never mix their body fluids with the client's and explain why this is important.
- 2 Explain the possible effects of massage therapy on acute and chronic pain perception, both on a physical and a psychological level.
- 3 Describe the process of nervous tissue regeneration and the conditions under which it can occur.
- 4 Describe the possible effects massage therapy has on the factors leading to peripheral nerve entrapment.
- 5 Explain the role of massage therapy on the functioning of the endocrine system.
- 6 Explain the effects of massage therapy on local hemodynamics.
- 7 Explain the limitation and effects of massage therapy on the cardiovascular system.
- 8 Explain the mechanisms of oedema formation and the role massage therapy plays in its management.
- 9 Explain the effects and limitations of massage therapy on respiratory functions.
- 10 Describe the consequences of massage therapy in the presence of renal dysfunction.
- 11 Explain the limitations of massage therapy during pregnancy.
- 12 Describe the effects and explain the limitations of massage therapy on articulations and articulating surfaces as well as on the muscular, nervous, endocrine, lymphatic, digestive, urinary, and adult male and female reproductive systems.

4. Assessment and Treatment

The applicant will be able to:

- 1 Describe the development of a treatment plan based on a hypothesis.
- 2 Demonstrate appropriate massage therapy techniques for the treatment of soft tissue dysfunction.
- 3 Explain or describe the principles and application of hydrotherapy.
- 4 Demonstrate local heat and cold hydrotherapy applications.

E. POST THERAPEUTIC MANAGEMENT

1. Assessment and Treatment

The applicant will be able to:

- 1 Describe post therapeutic advice including lifestyle changes and ergonomic improvements in management of client conditions.
- 2 Advise clients on the initiation and maintenance of the lifestyle changes and ergonomic improvements to gain client compliance.
- 3 Formulate a realistic therapeutic exercise plan (with emphasis on client self-care).
- 4 Demonstrate an exercise/stretch repertoire for musculoskeletal dysfunctions.

ⁱ Morton, Desmond. Wright, Glenn. *Winning the Second Battle: Canadian Veterans and the Return to Civil Life 1915-1930* (Toronto: University of Toronto Press) 1987 (31, 93, 94, 140)

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