



RMTA Scope of Practice

Introduction

A well-defined scope of practice is of utmost importance for the best interest of our clients and our profession. Members of the public trust us, Massage Therapists, to have a thorough understanding of what we are doing and how to best provide care. This Practice Scope outlines benchmarks to meet to provide effective and safe therapy.

A scope of practice is “The extent and limits of the therapeutic interventions that a health care provider may perform.” (McGraw-Hill).

A scope of practice **statement** provides important information to the public to assist them in choosing an appropriate health care provider for their needs. It also assists therapists in distinguishing which treatments or modalities fall within their scope of practice and which do not, in the effort of public awareness.

Background

All health care practitioners have a scope of practice to limit their actions, procedures, and interventions. These guidelines will allow service-users to trust that regardless of the individual therapist they see, they will be treated to a certain standard. Just as physiotherapists,

nurses, or surgeons are trusted to work under a similar guideline to their peers, the same will apply to all RMTA Members with respect to Massage Therapy.

Purpose

This Scope of Practice document sets the framework upon which RMTA members will maintain their identity as Massage Therapy professionals.

This document will encourage sound-logic and evidence-based approaches to help clients rather than implausible narratives, and potentially harmful actions. It will guide safe, effective, evidence-based care and help all RMTA members that abide by this scope maintain good-standing with the association and the insurance industry.

Massage Therapy Definition Guidelines

In keeping with the Remedial Massage Therapists Association philosophy, RMTA defines massage therapy as **the examination and treatment of soft tissue and joints of the body and prevention of physical dysfunction through soft-tissue manipulation and use of adjunct modalities approved or as specified in the Practice Competencies and Performance Indicators document, with the intention of improving and restoring the body back to health.**

Simplified, this scope has three parts:

- 1) **What:** Assessment and treatment of soft tissue and joints
- 2) **How:** Manipulation of soft tissues and joints in combination with adjunct modalities
- 3) **Why:** To develop, maintain or augment physical function or relieve pain

To work within the RMTA scope of practice, all three of these criteria must be met. If the treatment approach fulfills all three criteria and provided it does not contravene a controlled act or add criteria that is out of scope, both the RMT and the public can be assured the therapist is working within the scope of practice.

For clarity of purpose, below is a procedural outline of how to achieve this scope:

- i. Public Safety Requirements
- ii. Professionalism Requirements

- i. Public Safety Requirements

What: To ensure client physical, emotional and psychological safety while in the treatment space.

How:

1. Pre-treatment procedures

- a. Perform a proper introduction: including but not limited to therapist name and qualification.
- b. Perform a health-intake assessment which can include but not limited to interview, gait, postural analysis, palpation, motion, neurological and appropriate tests.
- c. With consent, request and review relevant health records from the client and from their medical team.
- d. Record information pertinent to the client and treatment.
- e. Communicate to the client treatment goals.
- f. Clearly communicate to the client how treatment will be performed, how to position themselves on the table and areas to be exposed.
- g. Record informed consent for treatment especially of the areas deemed sensitive such as chest, breast tissue, gluteals and groin.(Only perform breast and groin massage if proper training has been obtained.)
- h. Ensure window coverings are in place prior to client changing/dressing/start of treatment.
- i. Step out of the room if client is to undress.

- j. Wash hands for a minimum of 15 seconds before treatment of the client.
- k. Knock before entering the treatment room and wait for permission to gain access.

2. During treatment

- a. Communicate with your client intention and changes of intention through the treatment.
- b. Only expose the areas to be treated.
- c. Apply techniques, modalities and remedial interventions to which training or certification has been received and lie within the RMTA definition of massage therapy.
- d. Applying all forms of listening skills.
- e. Avoid contact with anything other than the client's tissue and treatment equipment.
- f. Communicate to the client when the treatment has ended.

3. Post treatment procedures

- a. If client is undressed, step out of the room to allow client privacy to dress.
- b. Wash hands for 15-seconds and wash massage medium container.
- c. Reassess client where appropriate.
- d. Provide self-care to the client when appropriate.
- e. Clean all modality/intervention/treatment equipment as specified by manufacturers/peer-established standards and/or current literature.
- f. Bill client where applicable.
- g. Bid client good-bye and remind them of the next appointment.

h. Complete treatment notes.

Why:

1. To ensure that clients know what to expect throughout that treatment and subsequent treatment sessions.
2. To build public confidence and trust in massage therapists.
3. To maintain health and hygiene in the treatment space.
4. To encourage repeat clients.

ii. Professionalism Requirements

1. Pre-Treatment Procedures

- a. Provide your name, designation and intention during first-time introductions. (For example, Hello, my name is John Smith, I am a registered massage therapist and will be your therapist today, follow me).
- b. Use a private space for the health-intake interview and physical examinations.
- c. Gain informed consent from the client prior to start of treatment. (Ask clients to initial the consent document if necessary).
- d. Communicate mainly within the boundaries of massage therapy and scope of practice.
- e. Explain billing and 'no-show' procedures.
- f. Explain therapy time allocation.

2. During treatment

- a. Cover windows, turn off electronic devices that would record the treatment session.

- b. Touch ONLY with therapeutic intent.
- c. Communicate strictly within the boundaries of massage therapy.
- d. Gain verbal consent from the client when approaching areas deemed sensitive by the public such as the chest, gluteals, groin and breast tissue.
- e. Work within the specified and agreed upon time-frame.
- f. Demonstrate a hygienic routine during treatment. (For example, avoid hand contact with other personal body parts and avoid skin contact with equipment not sanitized).
- g. Communicate to the client the start and end of the treatment session.

Post-treatment Procedures

- a. Reassess or inquire of client's physiological state post session.
- b. Bill under the name of the therapist that performed that treatment and NO ONE ELSE.
- c. Upon request, provide the client with a receipt containing the name of the therapist for that session, registration details (Association and Number), the location, date and duration of session, amount owed and paid by client.
- d. Provide reminder (written or otherwise) of next treatment session.
- e. Allow enough time to clean and prepare for next client.
- f. Document legibly all treatment information for that session and any incidences where applicable.

Ongoing Professionalism Procedures

- a. Publicly display licensing, registration and certifications as much as possible.

- b. Maintain collegial working relationships.
- c. Maintain work-related conversations in the presence and hearing of clients.
- d. Ensure data protection and confidentiality measures are being continually applied to client records.
- e. Demonstrate professional development by taking relevant courses.
- f. Provide or participate in mentorship programs.
- g. Read and follow RMTA Bylaws and Policies.

Summary

From a physiological perspective, this is what is permissible for RMTA members:

- Any hands-on techniques (that are not protected acts) which operate under the intent of the scope.
- Remedial Modalities as outlined and approved in the RMTA definition of Massage Therapy.
- Client education to mitigate pain and improve function by altering tissue loading.

Examples include:

- Suggesting that an office worker with low back pain get up and move around periodically throughout their work day;
- Educating clients of factors influencing their pain, for better understanding and further take steps toward self-care.

Restricted Activities

This scope of practice restricts RMTA members from performing the following activities:

1. Prescribing/administering medications;
2. Providing diagnoses;
3. Puncture of the dermis;
4. Performing all forms of psychotherapy;
5. Performing restricted activities and modalities NOT approved and billing them under massage therapy;
6. Commenting and reporting on areas outside of massage therapy including but not limited to client's mental, social, financial and nutritional health except ONLY when the client asks for a referral.
7. Inserting body parts or equipment into the anus, vagina and urethra and massaging the penis and testicles.
8. Initiation or pursuit or personal romantic relationship(s) with client(s) within six months of the last treatment with the RMT.

We believe adoption of this statement by the RMTA is an important step to being formally recognized by government and regulated provinces as competent allied health care providers.

Citations

Scope of practice. (n.d.) *McGraw-Hill Concise Dictionary of Modern Medicine*. (2002). Retrieved May 13 2018 from www.medical-dictionary.thefreedictionary.com/scope+of+practice