

STATE OF WEST VIRGINIA

REGULATORY BOARD REVIEW OF THE

Massage Therapy Licensure Board

Licensure of the Practice of Massage
Therapy is not Needed to Protect Public Interest

The Board is not Complying with
Applicable Laws and Rules

OFFICE OF LEGISLATIVE AUDITOR
Performance Evaluation and Research Division
Building 1, Room W-314
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October 2000

PE00-27-185

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October 2000

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Antonio E. Jones, Ph.D.
Director

October 8, 2000

The Honorable Edwin J. Bowman
State Senate
129 West Circle Drive
Weirton, West Virginia 26062

The Honorable Vicki V. Douglas
House of Delegates
Building 1, Room E-213
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0470

Dear Chairs:

Pursuant to the West Virginia Sunset Law, we are transmitting a Regulatory Board Review of the *Massage Therapy Licensure Board*, which will be presented to the Joint Committee on Government Operations on Sunday, October 8, 2000. The issues covered herein are "*Licensure of the Practice of Massage Therapy is not Needed to Protect Public Interest; and The Board is not Complying with Applicable Laws and Rules.*"

We conducted an exit conference with the *Massage Therapy Licensure Board* on September 26, 2000. We received the agency response on September 29, 2000.

Let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "John Sylvia".

John Sylvia
Acting Director

JS/wsc

Joint Committee on Government and Finance

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Executive Summary

The West Virginia Massage Therapy Licensure Board was created by the Legislature in 1997 to protect the public. The Board consists of five members; three massage therapists, a lay member and either an osteopathic physician or a chiropractor. This is the agency's first Regulatory Board Review. It identifies two issues, briefly described below.

Issue Area 1: Licensure of the practice of massage therapy is not needed to protect public interest.

Regulation of professions is to be imposed only when necessary for public protection. The review has found no compelling evidence to support continued licensure of this profession because there is low risk of physical harm if the profession were unregulated. West Virginia has primarily received complaints alleging unlicensed activity. The one complaint the West Virginia board has received concerned sexual misconduct that occurred outside of the professional role. Although sexual misconduct is concerning, it is a matter to be taken to law enforcement agencies, and it does not relate to harm associated with inadequately trained massage therapists. The states of Kentucky, Georgia and California also determined that licensure of massage therapy was not necessary due to the low risk of physical harm. However, another less restrictive and cost-efficient form of regulation, such as certification, administered by another Board is recommended. The Pew Health Professions Commission instructed the Task Force on Health Care Workforce Regulation to identify and explore how regulation protects the public's health and propose new approaches to health care workforce regulation to better serve the public's interest. The Task Force recommended title protection (often referred to as certification) rather than licensure for professions such as massage therapy whose services are not especially risky to consumers. The Legislature should consider terminating the Massage Therapy Licensure Board.

Issue Area 2: The Board is not complying with applicable laws and rules.

The Legislative Auditor finds that the Massage Therapy Licensure Board has complied with the following Chapter 30 General Provisions: published address and telephone number, annual meeting, record of its' proceedings and attendance at the Auditor's orientation session.

Continuing education requirements are not being met. The Board is not establishing course content or approving courses. The National Certification Board for Therapeutic Massage and Bodywork, a private organization, is approving courses and course content. Further, despite only 45% of licensees haven taken the required number of professional ethics courses needed for license renewal, no licensee was denied renewal for not having taken the professional ethics course.

Review Objective, Scope and Methodology

This regulatory board evaluation of the Massage Therapy Licensure Board was conducted in accordance with the West Virginia Sunset Law, Chapter 4, Article 10 of the West Virginia *Code* as amended. As stated in *Code* a regulatory board evaluation is to determine whether 1) continuation is in the public's interests, and 2) whether the Board is operating in compliance with applicable laws and rules.

The regulatory board evaluation of the Board covers the period from January 1997 through August 2000. Information compiled in this report has been acquired from the West Virginia *Code*, interviews with the Board and its staff, annual reports, minutes, and expenditure schedules.

This review will assist the Joint Committee on Government Operations in making one of three recommendations to the Legislature for its next Regular Session:

1. the agency be terminated as scheduled;
2. the agency be continued and reestablished; or
3. the agency be continued and reestablished, but the statutes governing it be amended in specific ways to correct ineffective or discriminatory practices or procedures, burdensome rules and regulations, lack of protection of the public interest, overlapping of jurisdiction with other governmental entities, unwarranted exercise of authority either in law or in fact any other deficiencies.

Background

The *Massage Therapy Licensure Board* was created under Chapter 30 of the West Virginia Code in 1997. As required by statute there are five board members. One is a lay person who must be a non-health care professional; one must be a osteopathic physician or a chiropractor; and the other three must be licensed massage therapists (LMT). All are appointed by the Governor for two year terms. Board members do not have term limitations.

Persons seeking a license must 1) complete an approved program of massage education or 2) have successfully passed the National Certification for Therapeutic Massage and Bodywork exam. In order to have a license renewed a licensee must complete 25 Continuing Education Units for each 2 year licensing period. As of July 14, 2000, there are 452 licensed massage therapists in West Virginia.

As defined in statute, §30-37-2(c), massage therapy means,

A health care service which is a scientific and skillful manipulation of soft tissue for therapeutic or remedial purposes, specifically for improving muscle tone, circulation, promoting health and physical well-being. Massage therapy includes, massage, myotherapy, massotherapy, bodywork, bodywork therapy, or therapeutic massage including hydrotherapy, superficial hot and cold applications, vibration and topical applications or other therapies which involve manipulation of the muscle and connective tissue of the body, for the purpose of enhancing health, reducing stress, improving circulation, aiding muscle relaxation, increasing range of motion, or relieving neuro-muscular pain.

Issue Area 1 : Licensure of the practice of Massage Therapy is not needed to protect public interest.

This report is a “*Regulatory Board Evaluation*” which means that by law a determination is required to be made whether or not a board is necessary for the protection of public health and safety. The primary finding of this regulatory review is that licensing of the practice of massage therapy is not needed. A major consideration of the Legislative Auditor in this review is the following requirement in code (§4-10-5b):

The evaluation shall assess...whether the public interest requires that the board be continued.

In determining if there is a need for the Massage Therapy Licensure Board, a primary consideration is whether the unregulated practice of the profession clearly harms or endangers the health, safety or welfare of the public. Supporting data indicates that there is no easily recognizable harm to the public if the profession of massage therapy was unregulated. Most of the complaints the Board receives are accusations that a person may be practicing without a license. Only one complaint concerned the more serious matter of sexual assault. However, in this case the Board received the complaint and imposed disciplinary action subsequent to the individual being convicted of sexual assault by a court of law. In the state of Texas, which provided a list of its complaints, all of the complaints received were either misconduct of a sexual nature or unlicensed practices. Sexual misconduct is a matter to be taken to law-enforcement agencies and although of concern, it does not relate to harm associated with inadequately trained massage therapists.

Other states have also examined the need for regulation of massage therapists. The findings of their review are similar, as illustrated below:

- Kentucky determined that there was low risk of harm to the public and that there was no need for regulation.
- When a group seeking licensure applied through the California legislature’s *Sunrise Process*, it stated, “*We injure very few clients. As a result...we will have difficulty meeting the Sunrise criteria without manipulation of the data.*” California’s Sunrise criteria is similar to West Virginia’s in asking the following questions: 1) Is the unlicensed profession a serious danger to public health and safety? 2) Will state licensing adequately protect public health and safety? and 3) Can other means protect public health and safety?
- The Georgia Legislature concluded, “*There is no documented danger of actual harm to the public...The potential for harm to the public appears to be remote and would not be alleviated by licensing.*”

Further, the Pew Health Professions Commission instructed the Task Force on Health Care

Workforce Regulation to identify and explore how regulation protects the public’s health and propose new approaches to health care workforce regulation to better serve the public’s interest. The report issued by the Task Force recommended title protection (often referred to as certification) rather than licensure for professions such as massage therapy whose services are not especially risky to consumers.

According to the American Massage Therapy Association, 29 states and the District of Columbia regulate the practice of massage therapy.¹ Ten, or 33%, have stand alone boards, four are credentialed under another licensing board and the remaining 16 are credentialed by a department of the state. Table 1 illustrates where the massage therapy regulation function is located.

<p align="center">Table 1 Location of Massage Therapy Regulatory Function</p>						
Stand Alone Massage Board	Medical Board	Chiropractor Board	Nursing Board	Health Departments	Licensing & Regulation Departments	Miscellaneous Departments
Louisiana	Ohio	Maryland	Virginia	Connecticut	D.C.	Missouri
Alabama			New Jersey	Florida	Maine	Hawaii
New York				Iowa	New Mexico	Utah
Arkansas				Rhode Island	South Carolina	
Delaware				Texas	Wisconsin	
Oregon				Washington		
North Dakota				Nebraska		
Tennessee				New Hampshire		
West Virginia						
North Carolina						

Conclusion

The unregulated profession of massage therapy would not present significant harm or danger to the health, safety or welfare of the public. Had this board applied through West Virginia’s Sunrise process, it is likely the recommendation would have been not to establish a separate licensing board. Therefore, continued licensure of massage therapy is not needed. A less restrictive and more cost efficient manner of oversight would be certification of massage therapy under an existing board. Certification would involve primarily obtaining proof of an individual passing a nationally accepted test and maintaining a register of the names of certified individuals. This could be done under an

¹ The information does not indicate the level of regulation. There is evidence to suggest that at least three states issue a certificate and another requires only registration.

existing licensing board such as the board for Chiropractors or the board for Physical Therapists.

Recommendation 1:

The Legislature should consider terminating the Massage Therapy Licensure Board.

Should the Legislature choose not to terminate, the following recommendation is made:

Recommendation 2:

The Legislature should consider requiring a less restrictive and more cost efficient manner of oversight of massage therapy such as certification, and placing this function under an existing licensing board, such as the board for Chiropractors or the board for Physical Therapists.

Issue Area 2: The Board is not complying with applicable laws and rules.

The Board has not complied with many applicable laws and rules. These laws and rules, primarily found in the Board's own article of Code and within the general provisions of Chapter 30, are important in the effective operation of a licensing board. The Board has complied with the following requirements:

- The Board's address and telephone number are listed in the state government listing of the Charleston area telephone book.
- The Board meets at least once annually.
- The Board maintains a record of its proceedings.
- A Board member has attended the orientation session provided by the State Auditor's Office.

The following areas need addressed to comply with statutory requirements and continue the Board's improved compliance with these requirements :

Improvements Have Been Made In Open Governmental Proceedings

As Table 2 below illustrates, the filing of Open Meeting Notices has improved. The validity of decisions made in meetings where a Notice was not filed is subject to question. It is important that the Board continue filing notices as it has done since 1999. In one instance, an executive session, held prior to the convening of the published meeting, was in conflict with the correct procedure. According to §6-9A-4(a),

*The governing body of a public agency may hold an executive session during a regular, special or emergency meeting, in accordance with the provisions of this section. **During the open portion of the meeting, prior to convening an executive session**, the presiding officer of the governing body shall identify the authorization under this section for holding the executive session and present it to the governing body and to the general public, but no decision may be made in the executive session.*
[Emphasis added]

This executive session dealt with disciplining a licensee. Board minutes do indicate the decision was made in the public session of the meeting.

Table 2				
Year	1997	1998	1999	2000
Meeting Minutes	4	6	4	1
Open Meeting Notice Filed	2	4	4	1

Complaints

The Board takes complaints and responds to them. According to documents provided by the Board, a total of fifteen complaints were received since the Board was established four years ago and the first license issued in 1998, of which fourteen complaints alleged unlicensed activity. One complaint was received by the Board against a licensed massage therapist subsequent to being convicted of a felony by a court of law.²

Register and Roster of Applicants

Rather than maintaining a roster, as described in statute, the Board keeps a mailing list which contains names of individuals and organizations that are not licensed. With some modification, and by keeping the list not only alphabetically but arranged according to counties where practice is established, the roster could be separated from the mailing list.

Within the general provisions for Chapter 30 are the following provisions found in §30-1-12,

The secretary of every board shall keep a record of its proceedings and a register of all applicants for license or registration, showing for each the date of his or her application, his or her name, age, educational and other qualifications, place of residence, whether an examination was required, whether the applicant was rejected or a certificate of license or registration granted, the date of this action, the license or registration number, all renewals of the license or registration, if required, and any suspension or revocation thereof. [Emphasis added]

The Board has not kept this register. Complying would not only fulfill the statutory requirement but would allow the Board to maintain consistent practices, quickly ascertain which and how many of its licensees were grandfathered, granted a license due to reciprocity as well as any disciplinary actions taken against licensees.

² A licensee was convicted of third degree sexual assault; the Board placed the licensee on 5 years probation subject to therapeutic counseling, supervised settings for practice, continuing education relating to boundary issues and practice on clients 21 years of age or more.

Continuing Education Requirements Are Not Met

In the general provisions applicable to all boards (§30-1-7a) boards are to establish continuing education requirements that include course content, course approval, hours required and reporting periods. The Board is not meeting its obligation to establish course content or approve classes.

Board rule §194-1-3.2.c., indicates continuing education units must adhere to the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) guidelines. Not only does this provision result in the statutory requirement, §30-1-7a, to be addressed by a group other than the Board, but a letter to licensees informs them that they must contact NCBTMB for the guidelines.

NCBTMB has two categories for continuing education. One category lists courses offered by NCBTMB's approved providers, the second category lists courses not offered by an approved provider but whose courses NCBTMB has determined meets its definition of continuing education. NCBTMB requires fifty hours of continuing education units every four years, and of these fifty hours, two are required to be in professional ethics. As licensees are supposed to adhere to NCBTMB guidelines, this would translate to one hour of professional ethics for every two year renewal the Board requires of licensees. However, a sample of licensee files indicate that while licensees have taken 25 hours for each two year reporting period, the professional ethics requirement has only been met in 14 of 31 licensees or 45%.³

The Board was created to monitor the professional practice of massage therapists. NCBTMB is, according to its own website, a "*private, nonprofit organization formed to set high standards of ethical and professional practice through a recognized, credible credentialing program.*" While the standards set by NCBTMB may be sufficient to protect the public, the Board should be deciding which courses contain the content it ascertains is sufficient as well as the courses it determines licensees need to renew. For instance, one letter the Board received from a licensee makes reference to the requirement that licensees are to complete twenty-five continuing education units in two years and that NCBTMB guidelines are to be followed. The licensee stated that since NCBTMB required a specified amount of ethics courses for continuing education did this mean the Board did as well. This confusion could be cleared if the Board were specifying approved courses and content and establishing its own guidelines.

Annual Election of Officers

Board minutes indicate the Board has not been annually electing its officers as required by the Chapter 30, Article 1. Elections seem to occur when terms of members expire instead resulting in terms of office being longer than one year.

³ The sample size was 63; however, new licensees were not counted nor were those who had not submitted a renewal application with accompanying proof of continuing education.

Board Has Sufficient Fee Structure to Maintain Self-Sufficiency

Receipts collected from licensees to practice are deposited in a Special Revenue Fund and the expenses of the Board are disbursed from and charged to this fund, as required by §30-1-10. Table 3 shows that the Board is self-sufficient and is able to carry out its licensing responsibilities as required by law [§30-1-6(c)].

Table 3			
Board Revenues, Expenditures and Cash Balances			
	FY 2000	FY 1999	FY 1998
Revenue	50,091.25	36,461.25	33,165.00
Expenditures	26,262.55	19,312.99	6,236.20
End of Year Cash Balance	61,634.45	40,628.26	26,928.80
Source: 2000 PERD Analysis of FIMS Documents			

Annual Reports

By January 1 of every year Boards are required by §30-1-12(b) to,

...submit to the governor and to the Legislature a report of its transactions for the preceding two years, an itemized statement of its receipts and disbursements for that period, a full list of the names of all persons licensed or registered by it during that period, statistical reports by county of practice, by speciality if appropriate to the particular profession, and a list of any complaints which were filed against persons licensed by the board, including any action taken by the board regarding those complaints.

All annual reports were requested; one was provided, 1999. The report was not submitted to the Clerk of either House. The Board submitted the receipt for certified mail that the report was received by the Governor's Office. Only one of the specifics spelled out above are met by the report, the list of persons licensed. There is not an itemized statement of receipts and disbursements, a statistical report by county and complaints are not listed.

If the Legislature decides to continue the Massage Therapy Licensure Board, the following recommendations apply:

Recommendation 3:

The Board should continue holding all meetings in accordance with the Open Governmental Proceedings Act.

Recommendation 4:

The Board should begin keeping the register of applicants as required by §30-1-12 and the roster as required by §30-1-13.

Recommendation 5:

The Board should comply with the statutory requirements for continuing education.

Recommendation 6:

As required by §30-1-3 the Board should annually elect from among its members a president and secretary.

Recommendation 7:

The Board should fully comply with §30-1-12 by filing the annual report appropriately and including at a minimum what is specifically required.

APPENDIX A

Transmittal Letter to Agency

WEST VIRGINIA LEGISLATURE
Performance Evaluation and Research Division

Building 1, Room W-314
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0610
(304) 347-4890
(304) 347-4939 FAX



Antonio E. Jones, Ph.D.
Director

September 22, 2000

Dewayne Vass, Chairman
West Virginia Massage Therapy Licensure Board
118 Sunflower Street
Oakland Terrace
Princeton, WV 24740

VIA FACSIMILE

Dear Chairman Vass:

Pursuant to the West Virginia Sunset Law, we are transmitting a draft of the Regulatory Board Review of the Massage Therapy Licensure Board, which is scheduled to be presented to the Joint Committee on Government Operations on Sunday, October 8, 2000. This interim will be held at the Snowshoe Resort in Pocahontas County. We would like to meet with you Tuesday, September 26 at 10:30 a.m. to discuss any questions related to factual errors or if you need clarification on any part of the report.

Should you wish your written response to be printed in the report please have it to us by 12:00 noon Friday, September 29, 2000. If you have any questions please contact our office.

Sincerely,

A handwritten signature in cursive script that reads "John Sylvia".

John Sylvia
Acting Director

Joint Committee on Government and Finance

APPENDIX B

Agency Response

WEST VIRGINIA MASSAGE THERAPY LICENSURE BOARD
1101 6th Ave., Suite 222
HUNTINGTON, WV 25701

PHONE: 304-528-5551

Lorena Sue Boyce, LMT
Fairmont

Marsha Starr
Hamlin

Henri Roca III, MD, LMT
Huntington

Sylvia S. Cruz, D.O.
Martinsburg

Dewayne Vass, LMT, Chair
Princeton

September 29, 2000

Mr. John Sylvia, Acting Director
Performance Evaluation And Research Division
West Virginia Legislature
Building 1, Room W-314
Charleston, WV 25305-0610

Dear Mr. Sylvia:

We are in receipt of the draft of the regulatory Board Review of the Massage Therapy Licensure Board by your division. That draft recommends that this Board be disbanded or that oversight be reduced to a system of certification under another existing board in a related field. This is the Board's response to that draft

The draft report contains inaccuracies, faulty or incomplete research, speculation and a mistaken view of this Board's purpose which evidently led to a flawed recommendation. As the draft report points out, 29 states or 58 % of the states have regulation of this profession. The District of Columbia also regulates massage therapy. Yet, the draft report seems to focus on 3 states or 6 % of the states none of which have a regulatory board. It is difficult to appreciate what balance to the consideration of this issue that this focus serves. Indeed, we are advised that although Kentucky has no regulatory board, it does require licensure from another state to practice there. Further, we believe that other states may be moving toward removing specialty boards such as physical therapists from oversight of the state board of medicine, which has proven ineffective.

The draft report claims that "a less restrictive and more cost efficient manner" of regulation would be by other means. What does less restrictive mean? Is less restrictive better? The draft report fails to address that issue. As to cost efficiency, that statement is speculative and unsupported. This Board does not cost the State any money. It operates on fees collected and spent \$27,591.37 last year regulating this profession. What is the cost efficiency concern?

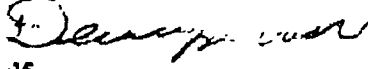
The most important premise of the draft report seems to be that the public health and safety are not at risk by the practice of massage therapy. We cannot ascertain where that conclusion was derived except for unidentified references to three non-licensure states. The fact that persons with strokes, heart problems, and liver injuries may be injured by improper or unneeded manual therapy by massage. Indeed, coursework in massage therapy classes offers examples of the contraindications for massage therapy in certain cases. There are ethical issues involving the therapist-patient relationship that require regulation as well. It is a common practice for massage therapists to carry malpractice insurance. Most massage therapists work for doctors, chiropractors or medical facilities. The benefits of this therapy are widely recognized. Such therapy is routinely paid for by PEIA and insurance companies.

There appears to have been a misconception on the part of your staff addressing this profession which services seem to be trivialized in the draft report. The alleged shortcomings of the Board in the areas of records keeping and compliance with legal requirements have been addressed. If questions remain, this Board should be given time to address them which has not been afforded it. We believe this Board's continued existence is justified as a public service.

Thank you for your consideration in this matter

Very truly yours,

Dewayne Vase, Chair



ap:lf

Enclosures

FAX TO: JOHN SYLVIA, ACTING DIRECTOR

FAX NUMBER: 304-347-4939

FAX FROM: ANNA PEKAR, L.M.T., NCTMB

VOICE/FAX NUMBER: 304-736-0621

REF: WMTLB PERFORMANCE EVALUATION

NO. OF PAGES INCLUDING THIS ONE: SEVEN(7)

COMMENTS: PLEASE ACCEPT MY LETTER AND DOCUMENTS
IN SUPPORT OF MAINTAINING THE WMTLB.

Sept. 28, 2000

Anna Pekar, L.M.T., NCTMB
6128 Childers Rd
Barboursville, WV 25804
Voice/FAX: 304-736-0621

Mr. John Sylvia, Acting Director
WV Legislature
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VIA FACSIMILE

Dear Mr. Sylvia,

This letter is in response to the recent recommendations and comments stated in the "Regulatory Board Evaluation" of the Massage Therapy Licensure Board. Having served as it's first Chairperson and heavily involved in the writing of the "rules" and creating the existing office that now oversees the daily operations of the Board, I feel that I have a significant amount at stake and to offer a response.

Addressing the issue regarding licensing as not needed to protect the public interest, the evaluation uses quotes taken out of context and the "complaints" addressed, which does not have an issue of "harm" being done. Either of these things really do not address this true issue or the heart of it.

Doesn't it say something about having licensed practitioners in this state that there are NO COMPLAINTS about harm being done or doesn't that count for something. What are they referring to as "supporting data indica(ting) that there is no easily recognizable harm to the public(would be done) if the profession of massage therapy was unregulated." WHAT DATA are they referring to? quotes that are taken out of context and probably very dated at that!

No, I beg to differ with this approach....and say that the perspective should be one of in the nature of "public interest FOR the health, safety or welfare of the public" that the profession be recognized and regulated by it's own members and people who really know what the profession is all about.

Having been in this field for about 18 years now, I work with 'first timers' all the time and they are always very surprised at what the massage does FOR them. We have had significant research data come about in the last few years stating the continued health benefit of having massage therapy, including reduction of blood pressure, increasing blood flow even in normal tissues, reducing heart rate, increasing cytotoxic capacity(activity level of the body's natural "killer cells") and decreasing T-cells. I'm attaching four pages of research citations on the efficacy of massage therapy, where you can see the reference to these things I'm mentioning.

The point I'm making here is the necessity for having "trained, professional, licensed" massage therapists, without which we would truly be "harming" the public's safety and health and well being with those who call themselves so called "masseuses" having little or no credentials.

No one does what we do in the health care field. No one spends as much time or even "touches" people literally, as much as our professionals do. People DO feel safer in having a "licensed" professional work with them and have confidence that we have training and know what we are doing. That surely must be addressed in all this.

Recommending for the Board to be put under another existing Board would be ludicrous. Time and time again I have met with other health care professionals and they have no idea what massage therapy can do for them and their body. When I give presentations, I always mention the fact that massage therapy fits on both scales of the health paradigm...when people are hurt and injured such as car wreck...we can help. If they are physically fit and do a regular health program we can help maintain them in keeping them from being sore and tearing muscles so that they can either increase their performance or at least maintain what they want to do. Just a very general explanation of what we can and do.

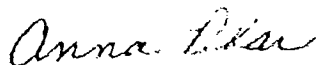
I really do not think that people in other health care fields are up to date with what our profession is all about, nor would people of "other Boards" put the effort into learning enough about it in a such short period of time to "oversee" it properly. We have a perfectly viable office that runs efficiently, with a secretary very dedicated to carrying out the letter of the law and continuing to improve herself in meeting standards of operations and changes that the state government constantly imposes on the Board. I don't know what any other Board could change that would make that work better or more effectively, without a great deal of effort on their part.

I'd say the adage of 'if it ain't broke...don't fix it!' fits here. I am also aware of the state's move to "consolidate" what they call duplication of boards effort having spoken early in my term to Governor Underwood's lawyer. There is a lot of redundancy and overlap in our state government...but you won't find it if you look at our Massage Therapy Licensure Board.

One other point, I'd like to make before I close. Since being licensed, the insurance carriers are recognizing 'licensed massage therapists' and are paying for coverage for such things as maintaining health and well being as well as for problems related to pain and discomfort in auto accidents as well as "stress reduction" that diminishes or rids clients of their pain in the soft tissue. Terminating our licensing board will have ramifications in the recognition of our "credentials" and this would DO HARM to the public. Coverage for massage therapy would not be as acceptable if we didn't have licensing in place.

I thank you for your time and consideration on what I've said here. I invite you to contact me, if I can be of service to you in this effort to maintain this already established Massage Therapy Licensure Board

Sincerely,



Anna Pekar, L.M.T., NCTMB

Enclosures

cc: WVMTLB



REGULATORY & RESPIRATORY SYSTEMS

- a. Fakouri, C., Jones, P. Relaxation Rx: Slow Stroke Back Rub. *J. of Geron. Nurs.* 13 (2): 32-35; February 1987.
Massage reduces blood pressure and heart rate.
- b. Yates, J. *A Practitioner's Guide to Therapeutic Massage: Its Physiological Effects and Their Application to Treatment*; 1990.
"It is commonly believed that massage can increase local blood flow, even in normal tissues. Various attempts have been made to verify this effect of massage, with diverse results..."
- c. Ashton, J. Holistic Health. Six. In Your Hands. *Nurs. Times (England)*. 80:54; 1984.
Slow stroke massage reduces heart rate and blood pressure.
- d. Curtis, M. The Use of Massage in Restoring Cardiac Rhythm. *Nurs. Times (England)*. 90 (38): 36-37; September 21-27, 1994.
Massage reduces heart rate.
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CONTRAINDICATIONS OF MYOFASCIAL RELEASE

Contraindications for myofascial release, such as malignancy, aneurysm, and acute rheumatoid arthritis may be considered absolute, while others, such as hematoma, open wounds, healing fracture, etc. may be regional.

malignancy	open wounds
cellulitis	sutures
febrile state	hematoma
systemic or localized infection	healing fracture
acute circulatory condition	osteoporosis or advanced degenerative changes
osteomyelitis	anticoagulant therapy
aneurysm	advanced diabetes
obstructive edema	hypersensitivity of skin
acute rheumatoid arthritis	

Before any treatment is undertaken, a thorough diagnostic workup by a physician should be performed to rule out organic disease. Additionally, a comprehensive history and evaluation always precedes treatment. As few situations are "black and white," specific contraindications may not void the use of certain techniques in another region of the body, and the absence of stated contraindications should not be taken as a signal to proceed without careful thought. In general, consider the immediacy of need and the benefits of treatment versus risks, when confronting regional contraindications.

CONTRAINDICATIONS OF CRANIOSACRAL THERAPY

Craniosacral therapy is by nature very gentle and subsequently has virtually no serious side effects. However, because of its potent influence on intracranial fluid dynamics, the following should be considered definite contraindications:

Acute intracranial hemorrhage: may prolong the duration of hemorrhage by interrupting clot formation.

Intracranial aneurysm: may induce leak or rupture.

Herniation of the medulla oblongata: a life threatening situation.

Recent skull fracture: best avoided; may be used with discretion by those with advanced skill.

Acute systemic infectious conditions: generally avoided; however, compression and distraction or CV-4 induced "still point" may help lower fever.

Just as "location, location, location" is the mantra in real estate, "listen, listen, listen" should be the bodywork credo. Here are some suggestions for maintaining ethical relationships with your clients and ensuring the therapeutic value of the bodywork you provide.

When a first-time client requests the services of a touch therapies or esthetics professional, a questionnaire should always be completed prior to the start of the session. For a repeat client, comments should be entered on an update form. Regardless of whether the client is requesting services for a specific physical complaint or for general stress reduction and relaxation, the practitioner should apply the same sensitivity to the session. It is essential that practitioners maintain professionalism, practice common courtesy and obtain client consent throughout the application of their services.

Here is an example of improper and unprofessional practitioner behavior. Jane Doe comes for a massage session. The practitioner begins by applying standard procedures. When working on a specific area of the client's body, the client complains that the practitioner is causing discomfort. The practitioner continues to apply the uncomfortable stroke and/or increases the pressure to the area. The client requests that the practitioner discontinue working on that area or, at the very least, lessen the pressure being applied. The practitioner ignores the request of the client and says she is only trying to work out the problem and that pain should be expected in this situation.

This is not proper procedure. Your

client's comfort should be of primary importance. If the application of the procedure is painful and uncomfortable to the client, the possibility exists that some damage is being caused by the application of a particular stroke and/or the amount of pressure. Not only is it unprofessional to continue applying forceful pressure to an area of discomfort on your client, it also puts you in a situation where you could be causing harm. The fact is that if the client is resisting your strokes, the strokes will not be nearly as effective as if the client is relaxed and receptive. The benefits of your treatment will not be realized and more than likely, you will lose a client. More importantly, you will be breaching the ethics of professional conduct.

When a client comes to you, they assume you know the limits and physiological effects of your work. Oftentimes a client will not verbally express discomfort to you. It is the job of the practitioner to be aware of physical reactions which indicate discomfort or pain and to query the client repeatedly during a session. Communicate to the client prior to the session that if you are causing discomfort or pain, they must let you know. Even after these communications, they will often not tell you for fear of insulting the practitioner, appearing weak, or interfering with your work. Be aware of their body's signals - sudden tensing, contraction of muscles, etc. It is also important to educate a client regarding a small amount of discomfort with some techniques. Let the client know that if their muscles are extremely tense, certain strokes may cause discomfort. Educate yourself regarding alternate

strokes that can achieve results without causing discomfort.

Do not violate the trust your clients have placed in you. Do not go against their wishes and do not cause them discomfort if it is something that they do not understand and willingly accept. Never cause extreme pain or discomfort, especially if you are unaware of the physiology involved. You may be hurting your client, which, of course, is not your intent. Assist your client in learning breathing techniques to lessen tension and possibly allow for deeper work when necessary. Remember that touch therapies often deal with emotional issues in addition to soft tissue manipulation. Remember to talk to your clients, communicate with them, and make sure they are comfortable. If, under normal circumstances, the application of light to medium pressure causes a client extreme discomfort, especially in the abdominal area, be sure to refer them to a qualified medical professional to see if something may be wrong. Be conscious of the application of strokes or heat/cold to your clients. If a client has an area of extreme stress or muscular tension, keep in mind that working on an area for a long period of time is not as effective as repeating the application of varied strokes for shorter durations of time.

Always remember that the client is paying you for your services. The client has come to you to relieve stress, pain or tension. It is your responsibility as the practitioner to provide them with a comfortable, nurturing atmosphere, to keep them at ease, and provide them with those services. The client is not there to satisfy your ego, nor to provide you with a body to practice on. Keep these things in mind - clients will be happier and your practice will be more successful. When you violate your client's trust, you hurt not only your own private practice, but also damage the relationship between that particular client and the entire profession. If the client has a bad experience, particularly if it is their first visit, she may be extremely hesitant to seek such services again.



It happens every day. News stories are filled with incidents of betrayal and unprofessional conduct by persons in positions of authority, power and trust. As a precaution, professionals in all fields must take care to ensure that their clients will never misinterpret their motives or services as being sexually oriented. This is especially true in the case of massage, bodywork and somatic therapies professionals.

The physical contact of a practitioner can, unfortunately, be misinterpreted as sexual contact by an inexperienced or uneducated client. To avoid misunderstandings, always educate each client regarding the techniques to be used (body part, type of strokes, pressure, possibility of pain, etc.) and the duration and reason for the type of technique applied. Creating a shared goal with the client for the outcome of the session is also helpful. Reassure your clients that they may accept or reject any suggested technique, before or during the session. Urge them to be open in communicating

with you concerning the work, always - before, during and after each session.

Understand Your Obligations

As a professional providing services to the public, it is important you understand your legal rights, obligations and risks. This, unfortunately, is especially true due to the misuse of the term "massage" by those individuals offering sexual services to the public under the guise of therapeutic bodywork. Prior to all bodywork sessions, the therapist should clearly communicate to the client the non-sexual nature of the services they provide.

When providing services to minors, always have a parent sign a consent form and insist that they or another authorized adult be physically present (in the room) during the session.

It is important to be aware of the perceived power differential between a clothed practitioner and an undressed client receiving massage, bodywork or

somatic therapies. Practitioners must be conscious never to exploit a position of perceived power and trust. Clients must feel relaxed in order to properly respond to massage or bodywork techniques.

A client's right to privacy is to be respected at all times. Clients should always be allowed to undress and dress in private. Clients must always be given a clear choice as to whether or not they wear any articles of clothing during the session. Work is never to be performed on the genitals or anus of any clients, or on the breasts of female clients. In most cases, only the hands, arms and elbows of the practitioner are to be utilized when applying massage or bodywork to clients. The practitioner's knee, side of the hip, and arms are the only appropriate body parts to be used for bracing. Appropriate draping procedures must always be practiced; only the areas being worked on should be exposed. Informed consent from the client must be received before any work is performed on areas such as the buttocks, near the genital

are, high on the thigh, or abdomen. In cases where a male practitioner is providing service to a female client, it may be advisable to have the client's spouse or a friend present until trust is established; this will help protect the practitioner and allow the client to relax.

Survivors of Abuse

It is very likely that some of your clients will be survivors of sexual, physical and/or emotional abuse. Those who have been abused may be more sensitive to physical contact and will have a greater need for trust, respect, safety and comfort. Conversation must always be sensitive and non-intimidating. Clients must feel free to let you know right away if they feel uncomfortable with any part of the session. Any touch perceived by the client as uncomfortable or threatening must be ceased immediately. A client's privacy must be protected at all times. Prying intrusively into a client's emotional or sexual history or suggesting they discuss their background is entirely unethical.

Many people do not consciously recall instances of sexual or physical abuse. If you suspect that a client may have been abused but does not consciously recall the abuse, you must never impose that theory on the client.

If a client should disclose any emotional or sexual history, the practitioner is never to offer their opinions or analysis. This can be very disconcerting for the practitioner who is suddenly confronted with a client's strong emotional response or recollection of past sexual abuse, but such incidents are not uncommon as clients relax during a session and sometimes let go of various psychological barriers. In such instances, massage, bodywork and somatic therapies practitioners must remember they are not licensed psychotherapists, psychologists or psychiatrists and are not equipped with the necessary knowledge, training or skills to treat such clients. There is no place for ego in these matters. As in the presence of any adverse physical condition, a

massage, bodywork or somatic therapies practitioner must recognize their limitations and refer the client to a qualified professional, such as a psychologist, for treatment. As a practitioner, being supportive and non-judgmental when faced with a client's strong emotional response during a massage, bodywork or somatic therapies session may help ensure the client's safety and stability until qualified help is obtained by the client.

Practitioners must protect a client's right to privacy and confidentiality. The only exceptions would be if the life of the client or someone else was in danger or if a client disclosed that they were sexually or physically abusing a child. By law, child abuse must be reported to the appropriate authorities.

Sex and the Client/Practitioner Relationship

The relationship and boundaries between practitioner and client must be clearly communicated and understood. Touch therapy practitioners have a responsibility to maintain the highest level of ethical conduct. Firm boundaries of appropriate behavior must be maintained, even if a client is being provocative. Flirting and/or sexual contact of any kind is highly unethical and prohibited by the ethics and bylaws of all professional touch therapy associations. Inappropriate terminology when speaking about body parts is never to be used by the practitioner or tolerated from a client, nor is any type of sexual innuendo. If a sexual relationship between a practitioner and a client is desired, the professional relationship must be terminated.

Establishing a practice with high standards of conduct and ensuring a safe and comforting environment for your clients will give them a sense of security. Providing a relaxing environment enhances the benefits of touch.

Precautions for Female Practitioners

Unfortunately, a common problem faced by many practitioners, females in partic-

ular, is that of sexual advances from clients. How does one handle these situations? The first thing to consider is your own personal safety. Independent, solitary practitioners should always be absolutely sure that if they are alone in their place of business, it will not pose a threat to their own personal safety. There are documented cases of assault and/or rape of female practitioners practicing alone in their homes, the home of a client, or in a small one-person business, particularly in cases where service was provided in an isolated location and/or after dark. Be conscious of your surroundings when alone with a client of the opposite sex.

If an inappropriate advance or comment is made by a client, immediately cease providing services and insist that the client leave. For some practitioners, calling the police is their first response. If your safety is not threatened, insist you be paid for the entire appointment (this may not be advisable when alone). Many practitioners insist on payment in advance to eliminate the problem of collecting the fee for the scheduled appointment. However, since rape is known to be a crime of violence and not a crime of passion, you could be setting yourself up for a violent incident if you start insisting on payment for the entire session when it has been prematurely terminated. The risk is not worth the money. Even if payment was previously received in full by agreement with the client, if the client is demanding it back and your safety is threatened, do not hesitate to provide a refund - your health and safety are more valuable. Many female practitioners who work alone or in isolated situations see only female clients or work only by personal referrals when accepting male clients. Use common sense.

This article is not intended to frighten or intimidate practitioners, but to inform them of the unfortunate reality of the risks involved in providing massage or bodywork services to members of the opposite sex.



Massage, bodywork, somatic and skin care therapies are inherently safe, but there are situations and disease processes where these techniques can actually be harmful or even dangerous. This article will attempt to define these situations and explain why the work may be contraindicated. An attempt will also be made to help you recognize when you might be working with someone who has one of these disease processes, but has not yet been diagnosed. If this occurs, refer the client out to their primary care provider for diagnosis and treatment recommendations.

Documentation

Always take careful notes of every pertinent conversation with a primary care provider or a client. If you are involved in malpractice litigation and something wasn't entered in your notes, "it was not said" as far as the courts are concerned. If you suspect a client has a serious condition, recommend they see their doctor and enter it in your notes. Seriously considering refusing to provide treatment until they do see their physician, or call their primary care provider, describe the client's condition, enter the conversation in your notes, and request a written referral.

In any malpractice suit, the patient feels that the doctor or therapist has "wronged" him or her in some way and consults a lawyer. The lawyer may file suit against anyone who has ever touched or talked to the patient in a professional capacity, including the massage, bodywork or somatic therapy practitioner. If your notes and treatment support the fact that you did the right things, the chances of your involvement may be minimized.

Client History

A complete history must be taken on every new client before you perform any procedure on them. This is a great screening procedure which will help to avoid problems. Reassure your client that all health-related information will remain confidential and have the client fill out a good history form. Ask questions about the information they have provided, such as when the condition occurred, any current symptoms of the condition, and whether or not they are under treatment by a primary care physician for the condition. Always obtain the contact information (address/phone) for the treating physician. Be sure you have the client sign and date the intake form. On each subsequent visit, always check to make sure there have been no changes to a client's health history and ask your client to sign an update form.

"When in Doubt, Refer Out"

If you have any doubt about treating the client after reviewing their history, do not treat them that day. Refer them to a physician or call their primary care provider to see if massage, bodywork or somatic therapy is indicated. Always have the client's best interests in mind. To wait until the primary care provider has evaluated the client's condition and referred them back to you, if your services are indicated, is the responsible, professional thing to do. This attitude will result in a greater respect for your services from both your clients and from medical professionals.

Primary Care Providers

It is essential that practitioners work with the client's primary care provider, be it an osteopath, medical doctor, chiro-

practor, physical therapist, etc. If your client is seeing a primary care provider at the same time they are being treated by you, you should contact the primary care provider, describe the type of work you are doing for the client, get approval (preferably in writing), and find out if the primary care provider has any other treatment recommendations.

Through communication with the client's primary care provider, you may be told that you can apply your craft to a person who has a condition where massage, bodywork or somatic therapies is normally contraindicated. For instance, cancer patients have had light effleurage approved by their oncologist to assist the patient with the pain and tension commonly associated with cancer and its treatments. It is essential that you get a written recommendation from the primary care provider in this situation and follow their prescription to the letter. Any time you treat a client with a condition which is normally contraindicated, make sure you have a written recommendation from the treating primary care

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vider. This will assist in protecting you from malpractice litigation, provided you follow the prescription. Many serious medical problems in which massage, bodywork or somatic therapies are contraindicated are painful and disabling. If your primary care provider approves massage, bodywork or somatic therapies, you can do a lot with regard to short-term relief of a client's suffering.

Professional Limitations

Always keep your professional limitations in mind and respect the education and expertise of qualified health care professionals. Touch therapies are valuable services and can be an asset to client care if these guidelines are utilized by practitioners. Observe and evaluate your work objectively, working constantly on developing better skills. Always think of your client's best interests first. Remember the saying, "IF IN DOUBT, REFER OUT." In other words, in doubt, work together with other practitioners to give your client the highest possible quality care.

Do not perform techniques without receiving adequate training. If you are certified in massage, bodywork or somatic therapies, that does not make you a physician, physical therapist, dietitian, acupuncturist, homeopath, naturopath or chiropractor. Physicians spend a minimum of eight years in school. Physical therapists spend a minimum of four years in school and are presently required to complete a master's degree program prior to practicing. Dietitians require a college degree. An acupuncturist can spend up to 3,000 hours in school. Chiropractors spend a minimum of seven years in school, and approximately 4,500 hours to learn to manipulate joints. If you feel a client needs various types of therapy, affiliate with experts in these fields or get the education, expertise and degrees yourself.

Many massage schools stress Swedish massage techniques and do not cover deep tissue massage extensively. Don't be tempted to pick up a T-bar and start

using it on your clients without having adequate training. You can cause considerable damage that way.

Contraindications

Now let's discuss the contraindications to massage, bodywork and somatic therapy, why specific situations are contraindicated, and what techniques are contraindicated. For your convenience in referencing, these contraindications are categorized in alphabetical order.

Acute Infectious Diseases

Massage is contraindicated in the case of acute infectious diseases for a number of reasons: 1) the therapist is jeopardizing his or her own health by being exposed to the "germ;" 2) the patient is extremely weak and massage can further debilitate the patient, especially deep massage; 3) there is a possibility of spreading the infection through the lymphatic channels to other areas of the body. In certain bacterial infections such as tuberculosis, the body attempts to "wall off" the infection with a connective tissue capsule. Massage can burst this capsule, allowing the infection to go from a latent state to an active infectious state.

In meningitis and encephalitis, two infectious conditions where the central nervous system is involved, the client may exhibit severe headaches, erratic behavior, confusion and loss of memory. In these conditions, the client's judgment becomes impaired and they may end up at your doorstep, instead of their medical doctor's. Redirect them to where they belong, but make sure someone is driving them. It may be advisable to keep a thermometer at your office to determine if the patient has a fever. A common cause of fever is infection.

Allergy Symptoms/Skin Rashes

Avoid applying massage, bodywork or somatic therapy techniques directly over or near allergic skin lesions such as rashes, hives, psoriasis, eczema, poison ivy, poison oak, poison sumac, insect or snake bites, etc. The skin is very friable over the lesions and can be easily dis-

rupted, causing bleeding. If signs indicate a rash could spread (i.e. poison oak), touch therapy techniques can cause the rash to spread and is systemically contraindicated. Some rashes are contagious. Some medications prescribed for these conditions can suppress the general immunity of the client and make them more susceptible to infection. As with other immunocompromised conditions, it should be ensured that the client is not exposed to any form of infection in the clinic. Do not treat the client if you have any form of respiratory infection or cold and schedule these clients' appointments for a time when they are unlikely to come in contact with others with infection.

Atherosclerosis

In the condition called atherosclerosis, plaques form on the arterial side of the vascular tree. This can occur in the carotid arteries in the neck. Massage over the anterior neck can cause the plaques to release into circulation that can then cause a stroke by blocking circulation to a part of the brain. Suspect atherosclerosis in the carotid arteries if the client experiences any of the following signs of loss of blood flow to the brain: lightheadedness, nausea, faintness, visual blurring or dizziness. Test all clients with these symptoms for this condition by having them turn their heads one way and then the next while seated. Have them hold their head to each side for 15 seconds and then have them bring their head back into exten-

sion for 10 seconds. Suspect insufficient blood flow to the brain if any of the above signs occur. This condition is common in senior citizens, so stay away from the carotid arteries when working with seniors. If you even remotely suspect atherosclerosis of the carotid arteries, do not massage the anterior neck and do not massage after consulting with their physician.

Blood Clotting (Embolism or Thrombus)

Massage is contraindicated in the presence of a physician's diagnosis for potential blood clotting. Be aware, too, that the anticoagulant medicines often prescribed for this condition leave a client highly susceptible to bruising and hemorrhage from the application of deep tissue massage techniques. (See also Thrombophlebitis and Atherosclerosis)

Bone Fractures

Avoid massage over a fractured bone unless the treating doctor approves. Massage applied too early can destabilize the bony union.

Cancer

The application of massage and bodywork to the cancer patient is a controversial topic. It is simply impossible to make a generalized statement regarding the benefits and risks of massage for this disease. Each individual's condition must be carefully evaluated on a case-by-case basis. Massage which directly affects blood and lymph flow may aid the process and spread the cancer. However, research has indicated that cancer patients who receive massage treatment experience enhanced pain control and reduced stress levels (including reduced blood pressure and muscle tension). If a cancer patient seeks massage therapy, they (as well as their physician) must be informed of the possible risks and benefits of massage. Massage has been of great comfort to the terminal cancer patient and you may find that explaining some massage techniques to family members will be extremely helpful to their continued comfort.

Whatever the circumstances of your cancer patient, it is essential you contact the patient's physician for approval prior to treatment and conduct the approved therapy with the physician's supervision. Depending upon the type of cancer, the following general information will apply: Avoid massage directly over a tumor site. With colon, pancreatic, ovarian, liver, etc., avoid the abdominal region; gall bladder, avoid upper right quadrant; oral, avoid the face and neck. With breast cancer, it may be possible to spread the cancer through the lymphatic system as the cancer often affects the lymph nodes. If the client has had surgery that involved removal of the axillary lymph nodes, there may be some edema of the arm. If the client is on radiation therapy, avoid areas of radiation. If they are on chemotherapy or radiation therapy, they are more prone to infections due to reduced immunity. Avoid massaging such individuals if you have even a mild form of any infection (such as a cold). Avoid the use of oil, essential oils and lotions before chemotherapy and radiation therapy. Ensure that these clients are scheduled at a time when they are unlikely to come in contact with other infected individuals. Massage helps reduce leg cramps. Cross-fiber friction can be used over surgical scars to reduce adhesions if the person has had surgery.

As a therapist, you may be in a position to detect possible cancers of which the client is unaware. If a person has a history of cancer, always suspect that the cancer might return and very often to a new area of the body. Two of the most common early symptoms of cancer are extreme fatigue and recent weight loss for no apparent reason. Always suspect the possibility of cancer if you should feel a tumor, mass or growth. Another sign of cancer is numerous swollen lymph nodes in the absence of an infection. Changes in the appearance of moles may also indicate some skin cancers. Should you note any of the above, urge the client to schedule an examination with their doctor.

Chronic Pain

Deep tissue massage will provide the best results with a chronic pain client, but it also has a much greater risk of doing harm to the client. If a client is extremely fatigued, has a fever, is unable to relax, or is highly stressed, then deep tissue work is not indicated. An hour of light, tender effleurage would be most

**The application of
massage and
bodywork to the
cancer patient is a
controversial
topic.**

beneficial and appropriate under these circumstances.

In conditions such as multiple sclerosis and auto-immune diseases such as lupus, scleroderma, rheumatoid arthritis, etc., deep massage can trigger an exacerbation such as a severe flare-up of symptoms manifesting as disability or pain. An exacerbation can last days to weeks and can be triggered by the shock of deep massage on an extremely sensitive, highly-reactive condition.

Contact Lenses

If you are massaging even lightly over the area of the eyes, make sure contact lenses are removed.

Deep Massage

Deep massage is contraindicated if the patient is fatigued, "stressed out," unable to relax to deep pressure, or has bruising over an area. Different people have different abilities to relax when deep pressure is applied to their tissues. If they can completely relax the muscu-

Are, then deep pressure will not cause bruising. If they cannot relax and head "mound up" against your pressure, bruising will occur. Learn to feel tissue either relaxing or "mounding" under your pressure and treat accordingly.

Age

Be extremely careful with senior citizens. They tend to bruise more easily, with bruises lasting days to weeks. Their ability to repair damaged tissue is greatly diminished. In our opinion, deep tissue work is contraindicated in treating the elderly; however, gentle massage, bodywork or somatic therapy techniques can be most beneficial. Atherosclerosis is a common condition among senior citizens, so care must be taken to stay away from the carotid arteries (see Arteriosclerosis).

Fatigue

Extreme fatigue, especially undiagnosed and of recent onset, is the key, early-phase symptom of almost every life-threatening, degenerative disease such as diabetes, cardiovascular disease, cancer, auto-immune disease, chronic infection, etc. Do not perform massage, bodywork or somatic therapy techniques on a person who complains of this symptom without a diagnosis from a physician.

Fever

Massage is systemically contraindicated for fever. A fever typically indicates that the body is fighting an infection and the application of massage/bodywork may spread the infection.

Heart Attack

Massage is contraindicated for patients recovering from heart attacks. After complete recovery, heart attack patients may be good candidates for massage, but not without medical clearance.

Herpes

Massage is contraindicated for any client whose herpes is in an active state. Herpes is highly contagious when active

and can be spread from one part of the body to another by direct contact. Massage may be performed during phases when there are no visible lesions.

Hypertension and Heart Conditions

Clients with a history of high blood pressure, otherwise known as hypertension, or a history of any circulatory or heart problems should receive only gentle stroking massage. Deep massage techniques are too traumatic for such individuals.

Inflammation

Completely stay away from any area where you see red, painful swelling. Even light massage should not be performed. Make sure the client goes to a doctor to have the inflammation diagnosed. If the swelling was traumatically induced, it could be a fracture, dislocation, etc. If there was no physical insult, suspect the possibility of rheumatoid arthritis.

Kidney Infection

Severe loin pain with fever may indicate a kidney infection. Refer these clients out immediately.

Loss of Sensory Perception

Do not perform deep massage on any area where a client has lost the ability to sense pain or touch. In a condition such as this, you could be bruising the tissues

and the client will not feel any pain. Late-phase diabetes, syringomyelia, spinal cord or brain damage, nerve root or peripheral nerve compression, intoxication, narcotics, pain medication, strokes, etc., can all cause a loss of sensation. If the client cannot feel your touch, then use only gentle massage over that area. If they are on some type of pain medication, use only gentle massage on the entire body as they will not feel pain as acutely.

Osteoporosis

Very gentle massage is recommended for osteoporosis. Gentle massage may provide considerable relief from the pain associated with this disease.

Medications

If a client is on any medication prescribed by a doctor, call the doctor to find out if massage is indicated and, if so, what type of massage. A complete listing of the numerous types of medications and chemical reactions to them is too vast to thoroughly explore here.

Anticoagulant drugs, such as Coumadin and Heparin, greatly decrease the body's ability to clot. When a person is taking this type of medication, deep massage will most definitely cause severe bruising and even internal hemorrhaging. Use only the gentlest massage if a person is on anticoagulants. When recording a client's history, it is important to ask what medications they are taking. It is important to also note over-the-counter medications, because drugs such as aspirin and ibuprofen have a mild anticoagulant effect.

Peritonitis

If a client's abdomen demonstrates "board-like rigidity" and extreme pain during rest, this is an indication of peritonitis, an inflammation of the abdominal cavity. This condition is caused by a burst abdominal viscus such as the gallbladder, ovaries, fallopian tubes, or appendix and is usually presented with a high fever. Refer these clients out immediately.

If a client is on any medication prescribed by a doctor, call the doctor to find out if massage is indicated and, if so, what type of massage.



Post-Operative Precautions

If the client has had any surgery during the previous six months, do not render any type of massage without consulting with the surgeon first. If massage is done too early or too deep, it can cause bleeding and disrupt the healing process.

If the surgeon does not approve massage over the surgical area, you may choose to request permission to apply massage to other parts of the body. The surgeon will most likely have no objection. In the case of spinal reconstructive surgery, such as scoliosis surgery and surgery for failed low back, it can take as much as a year before the client can handle massage directly over the lesion. If metal plates or screws were added to the body to stabilize an area, do not utilize any deep massage directly over the metal itself. Always get the doctor's recommendations when working with a client who has had recent surgery.

Pregnancy

Massage over the abdomen is contraindicated in pregnancy. Always receive approval from the client's obstetrician before applying massage to the rest of the body during pregnancy. A woman may not know she is pregnant in the early months. Because of this, if a client is attempting to have a child, you should always assume she is pregnant unless she has had a menstrual period within the last two weeks. The most dangerous time to massage over the abdomen in pregnancy is during the first month when the connection between the uterus and the embryo is most tenuous. Specific training in maternity massage is highly recommended.

Psychotic Behavior

Use careful consideration when agreeing to massage an individual who displays psychotic behavior, as the feedback on your work from such a client can be distorted. In addition, the way this type of client relates to the therapist can be unpredictable and uncomfortable. Get advice from the individual's psychologist, psychiatrist or family before providing any treatment.

Severe Pain

Any time a client has severe pain, cannot lie on the table comfortably, or cannot sleep well at night, REFER THEM OUT for a diagnosis. Severe pain can be a symptom of many serious internal disorders.

Skin Infections

Skin infections such as boils, abscesses, severe acne, etc., should not be massaged directly as the skin will tear and bleed easily. There is also a danger of spreading the infection through lymphatic drainage channels to other areas. You can massage the rest of the body, but stay clear of the affected area.

Skin Lesions/Open Wounds/Sores

Do not apply massage techniques over any skin lesions. Skin lesions fall into a number of categories. Cuts, abrasions, bruises, lacerations and puncture wounds, etc., should all be avoided as massage to these areas could disrupt the healing breach, start bleeding again, or infect the wound. Apply massage, bodywork or somatic therapy techniques to the rest of the body as indicated, but keep a good distance from the lesion. When the skin has discarded the scab and the wound is no longer at risk for infection, massage may be applied to those areas. If a person is actively hemorrhaging, apply direct pressure to the wound and call for assistance. Do not perform any type of massage, bodywork or somatic therapy.

Substance Abuse

Treating a client when they are intoxicated or under the influence of mind-altering drugs is inadvisable. In our opinion, the practitioner should reschedule the client and instruct them to never show up for an appointment in that condition again.

Thrombophlebitis

Thrombophlebitis of the deep leg veins is one of the most potentially dangerous conditions the massage therapist will face. Deep massage to such veins can throw a clot into circulation, otherwise known as an embolus. The embolus will travel

through the heart and most likely lodge in a lung, causing extreme pain, tissue destruction and even death. If the client presents with swelling of the leg, brown pigmentation of the skin of the leg, or ulcers around the ankle, suspect thrombophlebitis. The most common site for thrombophlebitis is the deep vein that sits anterior to the soleus muscle in the middle of the calf. The client may even complain of pain in this area. Homan's Sign is a good test for thrombophlebitis and is performed with the client lying on their back. The therapist forcefully dorsiflexes the foot with one hand and with the other hand squeezes the client's calf. If the client experiences a deep-seated pain in the posterior calf, thrombophlebitis is probably present. Thrombophlebitis is fairly common in senior citizens, but is also common after prolonged bedrest where the blood has had a chance to pool and clot. If you have any doubt that the client may have this condition, do not massage the posterior calf.

Ulcers

Do not massage over the stomach in the left upper quadrant of the abdomen if the client has an ulcer.

Varicose Veins

Do not massage directly over the varicose vein. These most commonly occur in the leg and are enlarged blue veins. Massaging the thin walls of these varicosities can cause them to burst.

Conclusion

Always use common sense: WHEN IN DOUBT, REFER OUT. Take a thorough client history, communicate with the client's primary care provider, and always place the client's best interests first. In our opinion, both gentle and deep massage, bodywork or somatic therapy techniques are among the most powerful therapeutic applications available for reduction of chronic pain and stress. For the vast majority of the population, massage of some form is certainly indicated and most beneficial. We hope this article will be helpful to you in recognizing situations when massage can be harmful.

Universal Precautions

Universal Precautions, released by the National Centers for Disease Control and Prevention (CDC) in 1987, was issued for health care workers in a hospital setting in response to preventing the spread of potentially infectious materials through blood and other secretions/excretions of the human body.

Disease can be transmitted a number of ways, including direct contact (touching, kissing, sexual activity); indirect contact (linens, equipment, etc.); airborne mechanisms (sneezing, coughing, dust particles); susceptible hosts (water, food, feces, blood) or insects that transmit agents by biting or depositing the agent on the skin of a susceptible host. Universal Precautions applies to blood and other body fluids that could transmit disease.

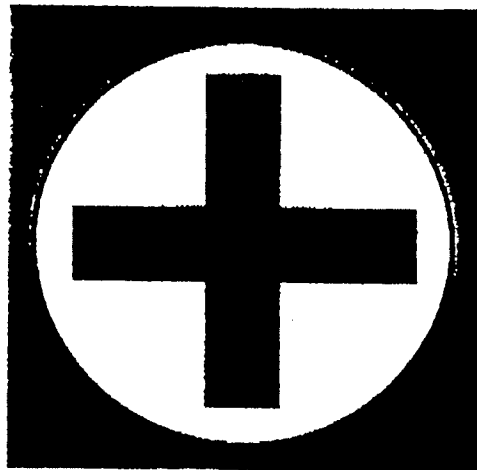
Here is a brief summary of recommendations as issued in Universal Precautions:

- Wear latex or vinyl gloves when handling blood or other body fluids, items soiled with blood or substances that contain visible blood.
- Thoroughly wash your hands or other skin surfaces immediately after contact with blood or other body fluids, after contact with substances that contain visible blood and after removing gloves.
- Prevent needle stick injuries or cuts to your skin when handling needles or other sharp instruments.
- Carefully dispose of used needles, syringes, blades and other sharp instru-

ments in puncture-resistant containers for disposal.

- Wear protective clothing when there is a chance of being splashed by blood or other body fluids.
- Always discard latex gloves after each individual use.

Unusual as it seems, it is not impossible that you may have a spill of bodily fluid in your treatment area. Consider menstrual blood in the event a client's pro-



ductive product failed, a client who becomes suddenly and violently ill, or perhaps a client with incontinence. When the rare occasion occurs, you must always treat the spill as if it contains infectious materials. The spill must be removed and disposed of carefully and then the entire area must be disinfected (1/4 cup bleach to 1 gallon of water). Once the area has been disinfected, wash your hands thoroughly with soap and water after removing gloves.

Safe Practice

To ensure that your practice remains safe, carefully consider the following suggestions:

- Get vaccinated against Hepatitis B virus, influenza, rubella, polio, mumps, diphtheria, tetanus and measles. Encourage clients to get vaccinated. Get a skin test administered for tuberculosis as recommended by your physician.
- Keep your hands clean. Wash your hands with hot water and soap before and after treating clients. Vigorous rubbing while washing is an important fundamental of effective infection control. Use an automatic dispenser for your soap or small bars of soap that can be changed frequently on soap racks with adequate drainage.
- Request clients to shower before their massage appointment.
- Wash linens daily - sheets, towels, etc., using detergent and hot water. Add 1 cup of household bleach to each load of laundry.
- Use washable towels to cover objects (i.e. ice/hot packs) that are reused and come in direct contact with clients.
- Avoid eating, drinking, smoking or applying contact lenses in the treatment area.
- Do not allow pets in treatment area as they may be carriers of disease and/or insects. Also, some clients may be allergic to hair/fur.
- A first aid kit should be maintained in your treatment area.
- Keep reference books, medical dictionaries and other resource materials in the clinic for easy and ready reference about rare disorders.



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- c. Field, T., Morrow, C., Valdeon C., Larson, S., Kuhm, C., Schanberg, S. Massage Reduced Anxiety in Child and Adolescent Psychiatric Patients. *J. Am. Acad. Child Adolesc. Psychiatry.* 31 (1): 125-31. January 1992.

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- b. Avery, M.D. and Burket, B.A. Effect of Perineal Massage on Incidence of Episiotomy and Perineal Laceration in a Nurse-Midwifery Service. *J. Nurse-Midwifery*, 31 (3): 128-34; May/June 1986.
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American Massage Therapy Association, 820 Davis St., Suite 100, Evanston, IL 60201-4444
Phone: 847.864.0123 • Fax: 847.864.1178 • Web site: www.amtamassage.org • E-mail: info@inet.amtamassage.org

06/17/00

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Registration of Applicants

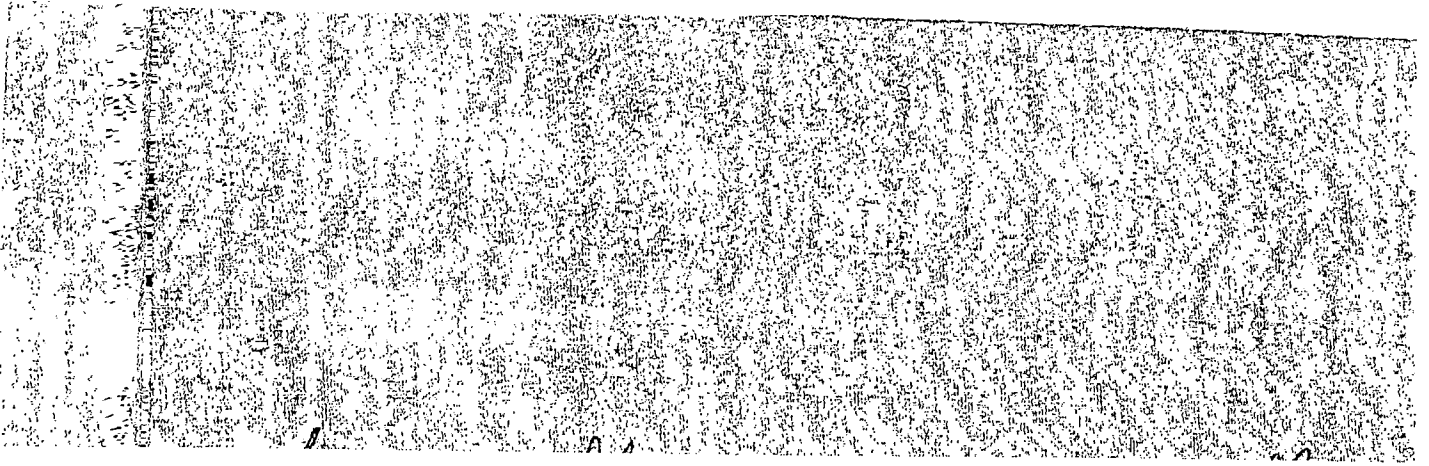
Last Name First Name Address City Zip Code County Title Education NCE Issue Date Renewal Date Date Renewed

In M... L... H... I... A... no name

Registration and Roster of Applicants

Database

Name	FC Name	Address	City	Zip Code	County	Title	Examinations Required
ree	mith	175 Elk Ck	Mt.Clare	26408	Harrison	LMT	yes
Education/Qualifications	Certificate License #	Issue Date	Expiration Date	Renewal Date	Revocational Date		
BTMB	19980004	07/10/200	07/01/2000	07/01/2000			



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- c. Elkins, J.C., Tierick, J.E., Grindlay, J.H., et al. Effects of Various Procedures on the Flow of Lymph. *Arch. Phys. Med.* 34: 31; 1953.

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- a. Zanolla, R., Monzeglio, C., Balzarini, A., et al. Evaluation of the Results of Three Different Methods of Postmastectomy Lymphedema Treatment. *J. Surg. Oncol.* 26: 210-13; 1984.

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- b. Bunce, L.H., Mirolo, B.R., Hennessy, J.M., et al. Post-mastectomy Lymphedema Treatment and Measurement. *Med. J. Aust.* 161: 125-28; 1994.

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- d. Badger, C. The Swollen Limb. *Nurs. Times (England).* 82 (31): 40-41; 1986.

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- b. Danneskiold-Samsøe, B., Christiansen, E., Anderson, R.B. Myofascial Pain and the Role of Myoglobin. *Scand. J. Rheumatol (Stockholm).* 15: 174-78; 1986.

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Massage reduces pain, lessens stiffness and fatigue.
- f. Hamner, WJ. **The Use of Transverse Friction Massage in the Management of Chronic Bursitis of the Hip and Shoulder.** *J. Manip. & Phys. Therap.* 16(2): 107-111; 1993.

* * * TRANSMISSION RESULT REPORT (SEP.29.2000 11:37AM) * * *

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 T1017 : FORWARDING
 T1018 : FINE

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 E : ECM
 > : REDUCTION

Problem with FAX

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Jill Mooney
347-4939

Louise
528-5551

BoD of Massage

Registration and Roster of Applicants

Database

Acree	Judith	175 Elk Ck	Mt. Clare	26408	Harrison	LMT	yes
NCBTM		19980004	07/10/200	07/01/2000	07/01/2000		

Will be on each applicant's file

***Petition to the West
Virginia Board of
Massage Therapy
Licensure
Dated this 25th day of
September, 2000***

We the undersigned are massage therapists, practicing in Kentucky, but who hold a license in the State of West Virginia. We have prepared this letter in hopes of maintaining the West Virginia Massage Therapy Board as a separate entity unto itself, and that it not be altered in any form, save those changes which will further the common goal of all trained massage therapists.

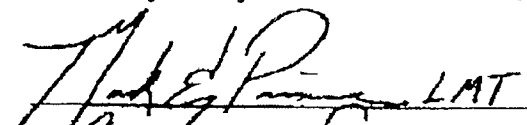
As more Americans benefit from therapeutic massage and bodywork, they are discovering the value of obtaining services from only those therapists who hold a current license, and/or a national certification. Licensure and certification assures consumers that their interests are being protected. It provides much the same security as other medical and health-related certification practices. It is very important that state governments recognize practitioners who meet standards of proficiency and who are committed to the profession.

We therefore respectfully request of the members of the State of West Virginia Legislature not to disband the West Virginia Licensure Board for Massage Therapy. We also ask that the licensure not be placed under the jurisdiction of another agency, such as the State Medical Board, or boards governing physical therapists, or chiropractors. None of these organizations has the specialized training in the modalities of massage, nor do they support the interests of the public concerning its' practice. It is probably not untrue either, that these boards are already quite busy with the interests of their constituents, and those they serve. This would make it a hardship for these bodies to take on the responsibility of governing unrelated and unfamiliar fields.

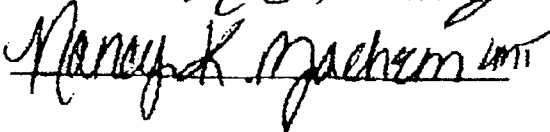
We are committed to maintaining the high standards put forth by our national professional organizations and schools, these include, education, health, ethical practices, and the safety of the public. As of this date, there are 29 states that maintain a board of licensure for massage therapists. The National Institute of Health has shown in studies that the practice of massage therapy is a viable health care alternative and can also be used in conjunction with more conventional health practices.

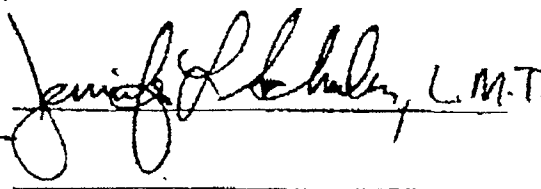
We hope to have legislation passed in our own State of Kentucky, which will help to protect the interests of the public, keep massage in the hands of trained professional persons, and limit the use of the word "massage" to those who have met the criterions of education, and professionalism. Sadly, the term massage has been used unscrupulously by persons engaging in the act of prostitution. These same persons are then able to utilize this as a "cover" by which they may thwart the authority of law, and undermine the moral fabric of our communities, as well as pose a serious health risk to the public at large. It is practices like these we hope to eradicate, and bring back the medically efficacious treatments of genuine massage therapy to the people of Kentucky, as well as West Virginia. As West Virginia and Kentucky share a border, it was the hope of therapists in our home state to use the model provided us by our neighbors in drafting our own laws of licensure. We still hope this will be the case, and that the esteemed members of the legislature will allow this board to stand. Many city statutes require that therapists have licensure to practice, even in states where such licensure boards do not exist. It is therefore necessary to seek licensure in states like West Virginia, which have licensing standards that meet or exceed the standards of their communities. Such is the case with the therapists of Kentucky. You will no doubt see the number of licenses issued increasing, as there are a number of schools of massage therapy opened in Kentucky. The graduates of these institutions are applying as we have to your state for the security licensure provides.

We thank you for your consideration on this matter.

 Hank E. Pinner, L.M.T.

 Catherine S. Pinner, L.M.T.

 Nancy K. Mocham, L.M.T.

 Jennifer L. Schuler, L.M.T.

MAE
Telephone: 301-387-3000
301-895-3101
FAX: 301-387-3055



687 MOSSER ROAD
MCHENRY, MD 21541

September 25, 2000

Ms. Louise Franklin
West Virginia Board of Massage Therapy
1101 Sixth Ave - Suite 222
Huntington, WV 25701

Dear Louise:

Thank you for alerting me to your need for information from me concerning licensing of Massage Therapists in West Virginia. As you know Maryland has a two-tiered licensing requirement. I believe the West Virginia lawmakers originally patterned the law after the Maryland law.

Although it is unlikely that a client would be physically injured by the application of accepted Massage Therapy strokes and techniques, I believe that licensing is important if for no other reason than to insure the health and welfare of the public by having a Board that can take action against those who practice in an illegal or unethical manner. The intimacy of personal touch and bodywork might well lead to abuses if there were no means of regulating the industry or the individual other than the court system.

In recent years the practice and acceptance of Massage Therapy has increased dramatically. Over 50% of our students are West Virginia residents. It is most certainly helpful to my program to have similar laws and regulations in both West Virginia and Maryland, as well as, a personal contact with the licensing organizations in each state.

I also believe that licensing adds a certain degree of trust and acceptability by its very nature. Occupations in the health care industry are particularly vulnerable to public scrutiny, and the public expects government to protect the health and welfare of the community by regulating certain occupations. The overseeing Board then has the responsibility to insure that licensed members continue their education as determined necessary. This process is a well accepted method of insuring that people in the occupation receive the necessary and required update instruction in their field of expertise.

I would hope that West Virginia maintains its legislated stand on the licensing of Massage Therapists.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Kierstead".

Thomas H. Kierstead, M.S.
Program Director

"ENCOURAGING EACH TO SUCCEED. . .CHALLENGING ALL TO EXCEL"

RE: Availability of Ethics Courses

Dear Educational Provider:

Massage practitioners and bodyworkers are members of a healing profession where the primary goal in having contact with another individual is to cause change. As such, it is imperative that a massage practitioner or bodyworker recognize responsibility for their actions not only as they pertain to self, but to clients, to society, and to other healthcare professionals.

In order to promote skills aimed at fostering honorable professional behavior, the NCBTMB has included an ethics course requirement as part of the recertification criteria. Ethics are principles or standards of human conduct guided by positive, good or right intent. They are sometimes called morals. While these principles are founded in ageless universal philosophies, the task of interpreting them is sensitive to time, community and specific issue. It is the skill of reasoning and interpretation guided by positive intent that leads to ethical behavior and ethical decisions. All applicants for recertification are required to take at least two (2) hours in professional ethics every four (4) year certification period.

I am writing to you at this time to inquire if you currently teach a course or are interested in developing a course that fulfills these criteria. A sample list of course topics that deal with issues specifically geared toward our profession include:

- Scope of practice/Legal guidelines
- Cultural diversity
- Boundaries
- Client/Therapist confidentiality
- Dual Relationships
- Human Sexuality
- Professionalism
- Financial issues (i.e. fair billing practices etc.)
- Communication Skills

There are certainly other topics that are pertinent and applicable; this partial list is meant to give an example of the kinds of issues that fall within the parameters of our current vision of an ethics course. Please let me know if you have plans to offer similar courses during the upcoming year. Send a description of the course including topics covered and total hours as well as the planned dates and times to Jolene Stephens, Director of Continuing Education, NCBTMB, 8201 Greensboro Dr., Ste. 300, McLean, VA 22102. It will be added to a list of current ethic courses being compiled by the NCBTMB, and published as an occasional ongoing feature in the NCBTMB newsletter Connection.

If you have any questions please feel free to contact Jolene Stephens at (703) 610-0215. Thank you for your cooperation.

Sonia Turanski

Sincerely,
Sonia Turanski
Recertification Committee

Contact
NCBTMB

Why Become
Certified

NCBTMB
Publications

How to Become
Certified

Keeping Your
Certification

Continuing
Education

Board of
Directors

Practitioners
in Your Area

Particular to
Important
Points

Consumer's
Guide

THE PROFESSIONAL ETHICS REQUIREMENT

All applicants are required to take a minimum of two hours in Professional Ethics during each four year certification period. This ethics course must be documented and may be taken in either Category A or B.

A sample list of course topics that deal with issues specifically geared toward the Massage and Bodywork profession include:

- SCOPE OF PRACTICE / LEGAL GUIDELINES
- CULTURAL DIVERSITY
- BOUNDARIES
- CLIENT / THERAPIST CONFIDENTIALITY
- PROFESSIONALISM
- FINANCIAL ISSUES / FAIR BILLING PRACTICES
- CONFLICT RESOLUTION
- HIV / AIDS COURSE

List of Ethics Courses
<http://www.ncbtmb.com/ethics.htm>

NCBTMB
8201 Greensboro Drive, Suite 300
McLean, VA 22102
703-610-9015 • 703-610-9005
1-800-296-0664 (totally automated line)
e-mail: msswiscoski@ncbtmb.com