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ON THE COVER:
Annette Broderick-Colombo, massage therapist in the rehab and wellness clinic at Mt. Sinai Hospital in Toronto
Out of the comfort zone

In writing our cover story for this issue, I was reminded of something Albert Einstein once said: “A ship is always safe at the shore – but that is not what it is built for.”

Massage therapy in hospitals is not a new thing – as RMTs have been working in hospitals in Canada for at least three decades now – but it had been a slow progress.

There is increasing evidence about the health-care benefits and cost-effectiveness of massage therapy for certain conditions. Those hospitals that have integrated massage therapy, in one form or another, and those RMTs who have worked, or are working, in hospital settings are finding mutual benefits from the arrangement.

Hospital administrators need to get acquainted with the evidence that show the many benefits of massage therapy to patient health and the bottom-line – but that is only half of the equation. The other half of the effort needs to come from the profession itself.

From talking to massage therapists who are thriving in hospital-based care, one common theme emerged. They all had a clear vision of where they want to take their practice and were not afraid to step outside of their comfort zone to talk about massage therapy and how it can fit in the patient care paradigm.

Confidence can go a long way when combined with passion and conviction. These RMTs advocated for themselves and their beliefs about what they do, and the stakeholders listened. There is no better advocate for the profession than the professionals themselves.

The RMT forerunners for hospital-based massage therapy have left the door only slightly open for others in the profession to walk in, but when nobody else is walking through that door it can’t remain open forever.

The only way for hospitals to fully embrace massage therapy integration is through evidence and by engaging them in a conversation about massage therapy and its health-care benefits.

The profession needs to make a concerted and organized effort to get the evidence in the hands of hospital administrators, doctors and stakeholders, and position massage therapy as a relevant partner in patient care.

The individual therapists have to be engaged in their health-care community as well. Talk to the doctors and nurses in your community and let them know what you do and how you can help patients. Who knows where that conversation might take you.

“Ther is no better advocate for the profession than the professionals themselves.”
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**BENEFITS**

**Study shows massage therapy is cost-effective**

A recent study has shown what massage therapists have often thought was true: massage therapy is a cost-effective therapy that directly improves quality of life measures.

In the study titled, “Analysis of Provider Specialties in the Treatment of Patients with Clinically Diagnosed Back and Joint Problems (Wilson FA, et al),” researchers looked at the cost-effectiveness of improving outcomes in patients with back and joint pain. In this study, researchers collected data from specific treatment providers: doctors (internal medicine, family/general, osteopathic medicine, orthopedics, rheumatology, neurology) or other providers (chiropractor, physical therapist, acupuncturist, massage therapist).

“Cost-effectiveness analysis suggests that osteopathic, family/general, internal medicine doctors, chiropractors and massage therapists were more cost-effective than other specialties in improving physical function to back pain patients,” the study found.

The study further noted, “However, only massage therapy was cost-effective among non-doctor providers in improving quality of life measures.”

A total of 16,546 respondents aged 18 to 85 and clinically diagnosed with back/joint pain were examined.

Self-reported measures of physical and mental health and general quality of life (measured by the EuroQol-5D) were compared with average total costs of treatment across medical providers.

“Registered massage therapists have known for decades that quality of life issues were improved or greatly improved, according to anecdotal evidence,” said Registered Massage Therapists of B.C. president, Joseph Lattanzio.

BC’s RMTs are primary health-care professionals and have been a part of the province’s Medical Services Plan since its inception in 1968. Committed to every aspect of health and pain-free functioning of the body, RMTs rely on their extensive training (among the highest standards in North America). Today’s RMTs embrace research and link it to their daily practice, including providing evidence-based education and remedial exercises to their patients.

“RMTs are trained to listen to their patients and to always act in the best interests of their patients. We provide treatment only when we reasonably believe it will improve our patients’ health,” said Lattanzio. “Now, we can do all this with the knowledge that RMTs also provide cost-effective treatment that has been shown to directly and positively impact quality of life.”

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**HUMAN FACTOR**

**TRENDING**

**Hashtag #**

The # symbol – called a hashtag – is used to mark keywords or topics on Twitter and other social media sites. Typing this symbol preceding a keyword or topic (i.e., #massagetherapy) in a search, will produce a list of sites or posts that are discussing that particular topic or word.

RMTs can use the hashtag to find specific topics that people are discussing in social media. Practitioners could also create their own hashtag to draw people to a specific discussion, a cause, promotion or trend.

TRY IT

Search for these hashtags on Twitter and see what results you get:

#massagetherapy #painrelief #massage #migraine #healthcare
**B.C. man wants to become RMT before going blind**

A 40-year-old B.C. father who is facing inevitable blindness is looking to make a career shift to massage therapy and has started a crowdsourcing campaign to help pay for massage school.

Patrick Renny from Vancouver, B.C., has choroideremia, a genetic eye condition among men that causes retinal degeneration that eventually leads to blindness. He recently started a page on GoFundMe, a fundraising website, to raise the money he needs for massage therapy school. He is looking to raise $30,000 to help pay for tuition, books and supplies.

“After doing research on jobs for the blind, I have been accepted to go to school while I can still read and become a registered massage therapist (RMT),” Renny wrote on his GoFundMe page.

According to an article in The Huffington Post, Renny was diagnosed with choroideremia when he was 13 years. He became legally blind in February.

Originally from Nova Scotia, Renny has worked in the hospitality industry since 1999, until he was laid off. His last job was at an IT company in North Vancouver. He was laid off again in February.

Renny has raised more than $14,000 since he started his GoFundMe page – almost halfway through his goal of $30,000. He said he plans to share 10 per cent of the money he raises with the Foundation Fighting Blindness.

Their work is the first to scientifically confirm that this ancient Chinese practice is beneficial in treating mild to moderate hypertension, and it indicates that regular use could help people control their blood pressure and lessen their risk of stroke and heart disease.

“This clinical study is the culmination of more than a decade of bench research in this area,” said Dr. John Longhurst, a University of California, Irvine cardiologist and former director of the Samueli Center. “By using Western scientific rigor to validate an ancient Eastern therapy, we feel we have integrated Chinese and Western medicine and provided a beneficial guideline for treating a disease that affects millions in the U.S.”

Longhurst and his UCI colleagues Dr. Peng Li and Stephanie Tjen-A-Looi conducted tests on 65 hypertensive patients who were not receiving any hypertension medication. Separated randomly into two groups, the subjects were treated with electroacupuncture – a form of the practice that employs low-intensity electrical stimulation – at different acupoints on the body.

In one group of 33 receiving electroacupuncture on both sides of the inner wrists and slightly below each knee, the researchers found a noticeable drop in blood pressure rates in 70 percent of participants – an average of 6 to 8 mmHg for systolic blood pressure (the high number) and 4 mmHg for diastolic blood pressure (the low number). These improvements persisted for a month and a half.

Also in this group, the team identified significant declines in blood concentration levels of norepinephrine (41 per cent), which constricts blood vessels and increases blood pressure and glucose levels; and renin (67 per cent), an enzyme produced in the kidneys that helps control blood pressure. In addition, the electroacupuncture decreased aldosterone (22 per cent), a hormone that regulates electrolytes.

No consequential blood pressure changes were found in the group of 32 who received electroacupuncture at other acupoints along the forearm and lower leg.

Although the blood pressure reductions in the first cohort were relatively small – mostly in the four to 13 mmHg range – the researchers noted that they were clinically meaningful and that the technique could be especially useful in treating systolic hypertension in patients over 60.

“Because electroacupuncture decreases both peak and average systolic blood pressure over 24 hours, this therapy may decrease the risk for stroke, peripheral artery disease, heart failure and myocardial infarction in hypertensive patients,” Longhurst said.

Participants were treated at UCI’s Institute for Clinical & Translational Science. Study results appear in *Medical Acupuncture*.  

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**MODALITY**

Hypertensive patients benefit from acupuncture: study

**Patients with hypertension treated with acupuncture experienced drops in their blood pressure that lasted up to a month and a half, researchers with the Susan Samuels Center for Integrative Medicine have found.**

“Because electroacupuncture decreases both peak and average systolic blood pressure over 24 hours, this therapy may decrease the risk for stroke, peripheral artery disease, heart failure and myocardial infarction in hypertensive patients,” Longhurst said.

Participants were treated at UCI’s Institute for Clinical & Translational Science. Study results appear in *Medical Acupuncture*.
Drivers with fibromyalgia more likely to be in serious traffic crashes: study

Drivers who have been diagnosed with fibromyalgia appear to have an elevated risk of being involved in motor vehicle crashes, even years after their initial diagnosis, research suggests.

A study in the July issue of the Journal of Rheumatology found that individuals with fibromyalgia had more than twice the risk of being in a serious automobile accident that sent them to a hospital emergency room, compared with the driving population as a whole.

“We’re not looking at the sort of fender-benders here,” said principal researcher Dr. Donald Redelmeier, a senior scientist at the Institute for Clinical Evaluative Sciences (ICES) in Toronto.

Fibromyalgia is a syndrome that affects at least 400,000 Canadians, but the numbers may be much higher. The condition, which disrupts nerve function, causes fluctuating symptoms, such as muscle pain, fatigue, insomnia and joint stiffness.

There is no known cure, but symptoms can be treated with medications, lifestyle changes and stress management. The exact cause is unknown, but in some cases, trauma caused by a motor vehicle accident has been linked to subsequent onset of symptoms.

Using hospital and other records, the study looked at 137,631 Ontario adults with fibromyalgia between April 1, 2006 and March 31, 2012.

The patients accounted for 1,566 serious motor vehicle crashes during the year prior to their diagnosis, the study found. In the year following a fibromyalgia diagnosis, the group was involved in 738 traffic collisions.

Redelmeier said these patients didn’t necessarily cause the accidents – the analysis did not look at fault – and there was no way of determining whether symptoms like pain, stiffness and fatigue might make it more difficult to “avoid a crash that was set up by somebody else.”

“Lots of studies have examined fibromyalgia as a consequence of a motor vehicle crash. But this is the first to our knowledge with the idea of testing whether it might be one of these underlying medical conditions that could contribute to a future motor vehicle crash.”

The study determined the risk for drivers with fibromyalgia is about five crashes per 1,000 individuals per year, compared with two per 1,000 per year among the overall driving population.

“And it was particularly high if the patient also had a co-existing psychiatric condition such as depression,” he added.

However, those who were receiving ongoing or “dedicated” fibromyalgia care – including better rest, physical activity and treatment to improve sleep, depression and pain control – had a somewhat reduced risk of harm.

“We found that it was effective,” Redelmeier said. “It doesn’t return these people to the absolute population norm, but it seemed to make a significant difference in reducing the individuals’ risk of a serious motor vehicle crash. So that medical care could be effective for mitigating – but not totally normalizing – roadway hazards.”

Fibromyalgia is not among medical conditions, such as epilepsy and narcolepsy, included in fitness-to-drive guidelines, but because it can cause functional impairment in some people, the researchers suggest doctors should consider re-inforcing messages about road safety.

“If you’ve got fibromyalgia, it doesn’t mean you can’t drive a car. But the standard safety suggestions would merit reinforcement: always wear a seatbelt, follow the speed limit, signal your turns and minimize distractions,” Redelmeier said.

“And if you’ve got fibromyalgia, absolutely do not be using a cellphone when you are driving. That’s just inviting trouble.”

Dr. John Pereira, a pain specialist at the University of Calgary who co-authored Canada’s 2013 fibromyalgia treatment guidelines, called the study “groundbreaking research” that will lead to needed conversations about driving safety between doctors and patients with fibromyalgia.

“Some patients with this condition suffer from unrefreshing sleep and poor daytime concentration, which may explain the higher risk of traffic accidents,” said Pereira, who was not involved in the study.

“But we must equally emphasize that hundreds of thousands of Canadians with fibromyalgia drive safely to work every day,” he stressed.

“Our challenge now is to proactively identify those patients for whom there is the greatest danger, as this study also showed dedicated fibromyalgia care could help mitigate their risk.”

- Sheryl Ubelacker
The Canadian Press
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I haven’t made the leap to practice software yet, and I’m quite motivated to get there. There are many impressive features available from over a dozen vendors, but there are some features I’m still waiting to be integrated.

In this article I provide “top 12” features I’d gladly pay for, preceded by software conventions I’d rather see withdrawn. For a perspective from some of the software developers, see my article, “Charting in the Electronic Age,” on the Massage Therapy Canada blog.

**Missing the mark**

Featureless text boxes. Although text boxes offer great flexibility for a variety of entries idiosyncratic to the practitioner, typing notes without common, prepopulated choices takes longer and lags in efficiency compared to hand-written shorthand notes.

Fancy graphics that don’t transpose pre/post intervention information well. Anatomical graphics are great, but simply tagging findings without showing how findings change post-intervention have little pragmatic application. A graphics interface should demonstrate pre- and post-findings, or allow the program to transpose graphical symbols into the comprehensive written notes.

Prepopulated choices are modality/methodology-focused (as opposed to observation and outcomes focused). There are a myriad of proprietary methods and modalities. Rather than listing these, feature should focus instead on prepopulating observations and outcomes that are commonly understood and applied by RMTs (examples: postural assessment, range-of-motion, muscle test, palpation, numeric pain scale, neurologic/orthopedic tests, pain indices like Oswestry or Vernon-Mior). This would save a great deal of time in recording a session.

Treatments that are not sequenced, with loose association. Some treatment templates (including the sample available from the College of Massage Therapists of Ontario website) create efficiency through checkbox options for symptoms, body areas, techniques applied and outcomes. However, this method confuses which checked options go with which. For example, if trigger points, tension, tenderness and temperature/inflammation are checked, then neck, shoulders, thighs and legs are checked, then hydrotherapy, mobilization, massage therapy and stretching are also checked, and then reduced tension, reduced stress and reduced pain are checked. Which symptoms go with which body areas that go with which techniques and then with which outcomes? While efficient, this method is not descriptive and without a sequential account of intervention. It would be impossible five years hence to reproduce or even describe the treatment of that day without a better correlation between these variables.

Missed opportunity to draw a logical conclusion (professional opinion). Diagnosis in many provinces is a controlled act and a gatekeeper health discipline privilege/responsibility. However, the massage therapist must still draw a logical conclusion – a professional opinion – based on case history taken, objective observations and

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**DON QUINN DILLON** is a practitioner, speaker and mentor. You can contact him at MassageTherapistPractice.com
assessment. If check boxes, drop down menu and field entries are available but do not focus on a conclusion, they will fail to bring home a comprehensive picture.

**Inability to add more images or documents to a file.** Practitioners need to append additional content to a file – scanned copies of gatekeeper practitioner prescription notes, radiological reports, or captured images or videos of the patient’s posture and range-of-motion. Any software that purports comprehensive, secure records should have this feature.

The software must protect my records and secure them from cyber threats.

**On target**

**Adaptive.** An online fillable intake template that captures essential information and adapts to the more complex case history by prompting further questions. If the patient shares information that trips a yellow (precaution) or red flag (preclusion), the software expands the case history template and prompts further specific questions to gain a more comprehensive picture. This feature could be beneficial to multiple disciplines working together under one roof, where common essential information is captured and additional specialized questions (example: a naturopath wanting more dietary information) are prompted based on the practitioners involved.

**Meaningful.** Prompt the recording of observation and outcome parameters common and informative to massage therapists: postural assessment, range-of-motion, muscle testing, palpation findings, numeric pain scale, orthopedic/neurologic tests and pain questionnaires (e.g. Oswestry, DASH, Vernon-Mior).

**Intuitive.** Based on input, the software prompts additional questions or recommends outcome measures. Increased efficiencies are found when the software prepopulates the assessment (post-treatment) section of the SOAP format with the same variables entered in the objective section, saving time in having to enter the correlating variables again.

**Applicable.** Practitioners can record observations and measure outcomes in all sectors they find work: spa, rehab, private practice, multi-disciplinary, human performance/athletics, and workplace wellness/mobile massage. Alert. A primary reason for taking a case history is to mitigate the risk of doing harm. I want software that keeps the precautions and preclusions (yellow and red flags) to care prominently visible so if I haven’t seen this patient for over a year, I’m quickly reminded of the risks in applying certain methods or modalities.

**Analytical.** I want to sort and review patient demographics, conditions treated, outcomes achieved, number of new patients, frequency of visits, referral sources, outstanding balances, dollars spent per patient and my earnings per week, month and year.

**Engaging.** Help me deepen the relationship with my marketplace by providing me templates for marketing materials, integration with social media, incorporate appointment booking and reminders, interface with my website and automate follow-up surveys soliciting service feedback and measuring response to care.

**Informative.** Offer useful graphic interface that provides essential anatomy, physiology and pain pattern information while integrating effectively any markings on the graph into the comprehensive session note.

Imagine this: you click the muscle on a screen and are shown origin/insertion, innervation, myofascial trigger point patterns, muscle and other applicable tests. Perhaps a possible integration with apps like Trigger Points from Real Bodywork or Anatomy from Visible Body, coupled with a medical/pharmaceutical dictionary would be ideal.

**Efficient.** Group muscles (e.g. spine extensors, scapulae retractors, ankle flexors) for general assessment, with opportunity to qualify a particular muscle if desired. Provide access to drop-down menus to easily click and record gradients of the “4 Ts” common to massage therapy assessment: muscle tension, tenderness, texture and temperature. This information is then transposed from the graphic to the comprehensive note for review. Ensure that symptoms, areas worked, techniques/modalities applied and outcomes achieved are inextricably linked in the treatment sequence.

**Portable.** Include basic aspects adaptive to mobile apps and for practitioners working with multiple contracts and locations. Ensure the treatment record can be stored separate from the client/patient contact/demographic information so if a practitioner leaves a practice, they can retain their session notes without violating non-solicitation/non-competition contract obligations.

**Supportive.** Provide me with cutting edge tutorials to understand the marketplace and how to position my practice within it. Cultivate a community I can join and ask questions or provide mentoring to other practitioners in developing their practices.

**Compliant.** The software must protect my records and secure them from cyber threats, while remaining compliant with regulatory, privacy and other government agencies. Incorporate mandatory must-fill-in fields required to save the record and ensure I’ve captured all necessary information.

Have you read Don Dillon’s piece about breaking down ill perceptions? To read this and other articles from Don Dillon, visit www.massagetherapycanada.com.
Whether your massage business has been long established, or you’re a shiny new grad laying the foundation of your practice, how do you set yourself apart? Learning how to be competitive yet unique in a saturated market is the easiest way to attract clientele. Social media has helped immensely with free advertising and client education. Blogging provides an interactive resource for proactive clients eager to research more about their conditions, hydrotherapy, remedial exercise and complementary therapies.

For the population that falls into the non-tech demographic, those who seek books over the dizzying array of online intel, we can step in. Providing therapeutic massage and its derivatives is a given. Maybe you already offer a selection of loose-leaf herbal tea post-treatment or take-home sachets of Epsom salts to clients. Perhaps you have copies of scalene and quad stretches at the ready, to better equip your client when the massage buzz wears off and they return home, wondering whether to flex, extend, ice or rotate that compromised muscle.

A broader approach to well-being and home care would be to re-invent the concept. Most of our clients are already in the active phase. They have sought out a treatment, have agreed to a treatment plan and are probably also seeing an osteopath, chiropractor and physiotherapist. A growing number seem to be solidly in the yoga groove and are punching back at the notion that chronic pain has to be chronic. A client I recently treated for a cervical nerve impingement refused to allow radiating pain and sleepless nights “become her lot in life.” Clients are open to any experience that might alleviate their symptoms and are subjecting themselves to the likes of wet cupping, meditating, salt caves and, better yet—learning more.

With clientele approaching us from a more educated stance, our role as massage therapists is changing. We need to extend what we can offer and provide an experience beyond a one-dimensional appointment.

I tripped on the idea of curating client-friendly bookshelves after witnessing the enthusiastic rally around the free library movement. Do you have one in your neighbourhood? If you visit the Little Free Library (littlefreelibrary.org) online, there is an immediate pull to get involved. Whether you take a book, leave a book or build your own little patch of literary real estate, it’s impossible to not want to get involved. The mantra just makes sense; “To promote literacy and the love of reading by building free book exchanges worldwide and to build a sense of community as we share skills, creativity and wisdom across generations.”

Offering a free clinic library might even convince clients to arrive earlier to appointments – just to browse the bookshelves. It would naturally encourage communication and provide convenience for time-strapped individuals. Your expanded resource area could act as a public library with a disclaimer that books must be returned within a reasonable time frame (which would in-turn increase client retention and repeat visits). An alternative would be to operate under the Little Free Library’s motto: “take a book, leave a book.” This would allow for a rotation of topics on your shelf.

Extend what we can offer and provide an experience beyond a one-dimensional appointment.

To get the shelves started, a blanket e-mail, Tweet, Facebook post or in-office advertising requesting book donations might be all you need. Check out the shelves at Goodwill or Value Village or garage sales. The health and wellness area is usually well-stocked with discount books on sleep disorders, anxiety, depression, migraine management and chronic pain.

With clientele approaching us from a more educated stance, our role as massage therapists is changing. We need to extend what we can offer and provide an experience that moves beyond a one-dimensional appointment.

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Colouring outside the lines
The latest and greatest craze is adult colouring books. With a promise to “release your inner child and get back to the times you miss,” the books are being snatched up as an accessible alternative to a hot bath, mindless movie or
catnap. They are indulgent, satisfying and require a narrow focus that cuts out the white noise of our adult days. There’s no expectation, no deadline – it’s pure play. They’re intricate and stimulating, but as calming as a cup of hot cocoa and wool sock-bottomed feet warming by the fire.

For recent Vancouver College of Massage Therapy grad Sharla Bowker-Sauder, colouring was the perfect outlet while she wrapped up her studies. She wanted a copy of Johanna Basford’s The Secret Garden as soon as she heard about it. “Talk about delicious right-brained frivolity after all that left-brained overuse! My family got into it too. We drank wine and shot the breeze while we let our inner kids come out to play.”

Try leaving an inviting open copy of this book in your treatment space for early arrivals to decompress. Don’t forget to provide some sharp cerulean and violet Crayolas.

Gold medal picks
Olympian Clara Hughes’ hotly anticipated Open Heart, Open Mind will be released this fall. As an unexpected ambassador for mental health awareness, her memoir about the quicksand of depression can only help facilitate deeper channels of discussion and recognition. Her involvement with the Bell Let’s Talk campaign has already created a publicity stir. Tackling a subject that is still battling taboos and misconceptions, Hughes will be reaching an even bigger audience than the one that saw her sweep six medals in cycling and speed skating.

In the Olympian niche, rower Marnie McBean’s The Power of More demonstrated how a chronic lumbar injury (and her inability to continue in the sport) was spun into a positive new direction and role. After a 15-year career with the Canadian Rowing Team it seemed only natural that she specialized in athlete preparation and mentoring with the Canadian Olympic Committee. Her book is equal parts inspiration, cheerleading and proof that physical injury doesn’t have to win emotionally.

Gut feeling
If you’ve ever had diarrhea, a misdiagnosed itchy-scratchy skin condition, raging heartburn or pinworms for that matter, GUT: The Inside Story of Our Body’s Most Underrated Organ by Giulia Enders covers it all with simplistic slap-stick but fact-dense reasoning. The illustrations by graphic designer Jill Enders are playful and turn GUT into equal parts Far Side comic strip and seriously fascinating intestinal tales. If you skipped endocrinology class during college and opted for a pitcher of beer with bored classmates instead, this manifesto will impress with the truth about roller coaster puking, chocolate-covered toffee cravings and bad-breath inducing tonsil stones and raw sauerkraut remedies (I guess I skipped that class too). Enders, a 25-year-old PhD student at the Institute for Medical Microbiology in Frankfurt, Germany, has already found herself on the bestseller charts, selling over a million copies. Her examination of studies on swimming mice, motivation and depression is fascinating. Read this one before you put it on the lending shelf, and I guarantee you’ll be reading half of it out loud to whoever is nearby.

Help contribute to this list (and bookshelf) by adding your frequently recommended books here. Send me an e-mail and let me know what’s on your bookshelves.
LEADERSHIP

Hospital practice

Massaging patients on a gurney with tubes running across the bed and around them might not seem like the ideal treatment set-up, but massage therapists who work in hospitals say it is one of the best clinical experiences a therapist can ever have.

It was certainly true for Trish Dryden back in the early 80s when she worked as massage therapist at the pain clinic in Toronto’s Sunnybrook Hospital. “I can’t think of any single, clinical education experience where I learned more than I learned in seeing so many patients, with so many diverse backgrounds.”

Back then, integrating massage therapy into hospital-based patient care was a novel idea, and Dryden was one of the first massage therapists in Canada to ever work in a hospital setting. Her interest in chronic pain issues motivated her to seek out the opportunity to work with hospital patients after graduating from Sutherland Chan.

“I had heard about an excellent pain clinic at Sunnybrook Hospital in Toronto, and went and met with the two anesthesiots who were heads of the pain clinic,” Dryden recalls. She proposed the idea of integrating massage therapy into the pain clinic, which had just then introduced acupuncture in the setting. The doctors decided to try the idea, and Dryden spent the next three years working as a massage therapist at Sunnybrook.

Knowing who to talk to and when is important for therapists who are looking to work in a hospital setting. For Manuela Brodalla, a RMT in Edmonton, Alta., it took all that and being at the right place at the right time.

Brodalla is in practice for eight years and the last six years has been spent working in the massage therapy clinic at Grey Nuns Community Hospital in Edmonton. She has always been interested in the clinical aspect of massage and when the opportunity to work at a hospital unexpectedly presented itself, she took it.

“I had aging parents and they required some outreach services. I discovered that the hospital had therapeutic classes for the elderly, and that is when I found out they actually had massage here,” Brodalla recalls. At the time, she overheard the staff talking about needing another massage therapist. She asked her mother to introduce her to the hiring manager and the rest is history.

The clinic is located in the hospital’s rehabilitation medicine department, where Brodalla sees a variety of clinical cases – post-operative, geriatric, palliative, stroke and cancer patients, to name a few.

She also provides massage to patients in the intensive care unit. On occasion, Brodella has been required to wear full personal protective equipment, such as a respirator mask and gloves, which can pose certain challenges to a massage therapy session. These are minor inconveniences a therapist working in acute care setting may be faced with, but they are still expected to provide the best care for the patient.
“It’s just a different spectrum of care. We’re not only working around the machinery – the heart machines, the oxygen – working around the bed can be quite challenging for the therapists as well. But I find it more rewarding when you see that person have at least five to 10 minutes of just the pain subsiding so they can be happy for just that brief period.”

Working alongside other health-care professionals and researching the various health conditions that come her way also provide great learning opportunities for Brodalla. The hospital library allows her to look up medical journals pertaining to the specific case she is dealing with. She would then go through the patient file with the head nurse to discuss the patient’s history, the current medical condition and explore treatment protocols.

Toronto RMT Annette Broderick-Colombo entered massage therapy school with the intention to work in a hospital setting. Like Brodalla and Dryden, her keen interest in chronic pain and rehab was her motivation. Soon after graduating from Sutherland Chan, Broderick-Colombo found part-time work at Mt. Sinai Hospital’s Rehab and Well-being Clinic in Toronto. She sees patients at the hospital three days a week. The rest of the time she is in private practice.

In a typical day, she would see an average of seven patients. Some are in-patients, some outpatients, and many are hospital staff members – doctors, nurses and other hospital employees – many of whom become advocates of massage therapy after experiencing the treatment.

“It could be a doctor who has used our service before, it could be a lot of the nurses I’ve worked on… so when patients are complaining about back pain the staff will say, ‘we have a massage therapist on staff.’ The person will make the call, the clinic will fit them in the schedule,” Broderick-Colombo says.

In some cases, the family members will seek out massage therapy for their sick loved one, particularly for cancer patients or those in palliative care. Sometimes, the family members themselves would require massage, which provides them some level of comfort and helps alleviate some of the stresses of caring for their sick loved one.

Uptake
Massage therapy in Canadian hospitals has existed for more than three decades – certainly as far back as when Dryden started working at Sunnybrook – but progress had been slow.

A survey of 305 Canadian urban hospitals, conducted by massage therapist and researcher Ania Kania-Richmond, revealed only 69 hospitals or 22 per cent are providing massage therapy services. Upon further inquiry, the study showed only 16 hospitals – located across four provinces: Ontario, Alberta, Quebec and Nova Scotia – have integrated massage services that are provided by licensed massage therapists. That’s only five per cent of all the urban hospitals initially surveyed in the study.

“One of the things that came out of the survey is that massage therapy is not necessarily new in hospital settings,” says Kania-Richmond, former executive director of In-Cam Research Network, a Canadian complementary, alternative and integrative medicine research organization.

The type of hospitals where massage therapy is integrated also varies from large multicomplex hospitals to the very small, local or specialty hospitals, says Kania-Richmond, who is also a registered massage therapist trained in Ontario.

Although some are hospital employees, most massage therapists who work in hospitals are independent contractors, the research finds. On average, a hospital would have about three therapists working on site. In one of the hospitals surveyed, there were nine massage therapists working there but they were all volunteers.

Kania-Richmond’s research also provided insights on how massage therapy service is delivered in hospitals. “There will be times when people will just break down and cry because touching them stirs the emotion.”
therapists are organized in hospitals: closed, open and independent.”

In a closed set-up, massage therapy is integrated in one specific unit or department and only patients from that unit are able to access the service. In an open model, massage therapy is still part of a unit but patients in other units have access to massage therapy treatment if needed. In an independent model, massage therapy is a standalone clinic within the hospital, not part of any department or unit, and is open to any patient, staff or the public.

In her study, Kania-Richmond also looked at the role massage therapists play in hospital patient care.

“What became apparent is that the professional role of a massage therapist encompasses various components,” she notes. Providing care and hands-on treatment as well as being responsible for the assessment and identifying plan of treatment from a massage perspective are certainly a big part of their role. There are other auxiliary roles massage therapists take on when working in hospital.

Some of the roles that emerge from the study include: team member, educator, promoter of massage therapy, and researcher.

“This means if you are going to be a therapist working in a hospital setting – and I will extend this to say in any health-care setting – you need to be prepared to wear all these different hats because that’s what it’s going to take establishing yourself as a professional in that particular setting working with patients,” Kania-Richmond points out.

Career prospects

Because of the many hats a massage therapist may be expected to wear in a hospital, a strong educational foundation is essential. Currently the associate vice-president of research and corporate planning at Centennial College, Dryden believes research and education play an important part in increasing massage therapy participation in hospital-based care. “The education really has to be there to support it.”

Broderick-Colombo credits her good education for arming her with the necessary skills and knowledge not only to perform well in a hospital environment but also to effectively deal with the emotional aspect of the job.

“Even in regular clinics, there will be times when people will just break down and cry, because touching them stirs the emotion or they just needed someone to talk to,” she says. “Part of our curriculum is called therapeutic relations and it’s excellent in teaching you how to deal with the emotional side of massage and transference.”

Brodalla, the massage therapist from Edmonton, is also doing what she can to increase uptake for massage therapy in hospitals. For the last six years, she had been trying to get one of Grey Nuns’ sister hospitals to incorporate massage therapy. She said the number one challenge for hospital administrators is space.

“Trying to find a location or even just a spare room anywhere in the hospital is tough... because they would rather just fill that up with beds or a surgical theatre or whatever they may need,” says Brodalla, who also sits on the advisory committee for the massage therapy program at McEwan University in Edmonton.

Dryden agrees increasing attention to massage therapy among hospital administrators and stakeholders will certainly help in improving career prospects for massage therapists in hospitals and other health-care settings. Research advocacy will be a significant part of that agenda, she says.

“We need to keep moving forward and keep the research going that shows the efficacy and the value, the economic impact of doing this,” says Dryden.

Although massage therapy research is relatively in its infancy, there is increasing body of knowledge about the health-care benefits of massage therapy that can certainly help the cause of raising the profile of the profession. It’s a matter of getting this information to hospital administrators and other health-care stakeholders – and that needs to come from the profession itself.

“Professional associations across the country should be getting themselves either on hospital boards or when hospital administrators come together for professional development. We should be presenting the evidence and talking about it,” Dryden says.

One study that has come out recently points to the cost-effectiveness of massage therapy in improving patient outcomes. The study titled, “Analysis of provider specialities in the treatment of patients with clinically diagnosed back and joint problems,” found massage therapy was the most cost-effective among non-doctor practitioners in improving quality of life measures.

At least one professional association is actively pushing the hospital hype. The Massage Therapist Association of Saskatchewan (MTAS) has been promoting awareness of the important role of RMTs in hospital patient care. In fact, it is a big focus in its Third Annual Interdisciplinary Research Symposium to be held in April in Regina, Sask., where Kania-Richmond will be one of the speakers.

In an e-mail sent to Massage Therapy Canada Magazine, MTAS echoes Dryden’s perspective.

“Spreading the word through the sharing of research about massage therapy in hospital is the kind of initiative that can increase opportunities for Saskatchewan RMTs to work in hospital settings. For example, members interested in working in this setting will become more aware of the possibilities and have published literature in hand to open a conversation with primary care providers and hospital administrators. MTAS is proud to provide this ‘state of the art’ information for our members.”
For Bowen technique therapists and any bodywork practitioners interested in using a gentle, nonintrusive pain-relief therapy, this book draws on myofascia and connective tissue dissection to explain how the Bowen technique initiates a body-wide signaling mechanism to start the process of healing and restore normal function.

With more than 100 full-colour images, this useful guide helps manual therapists understand how the Bowen technique can help people with back pain, neck pain, headaches, frozen shoulder, tennis elbow, carpal tunnel syndrome, respiratory problems, hay fever, high blood pressure, kidney problems, arthritis, and knee pain.
PRACTICE BUILDING

YOU’RE HIRED

Best practices for finding success in a team-based, multidisciplinary work setting

BY DR. DAVID LEPRICH

The ultimate goal for chiropractors and massage therapists is better health for our patients. This common ground helps explain why many chiropractors and massage therapists are able to work together successfully. During nearly four decades of chiropractic practice, I have had the pleasure of welcoming many RMTs into my clinic. Each of these caring individuals has taught me something about treating patients, managing a clinic and the joy of being a healthcare provider. There were a few bumps along the way, but they helped improve the situation to everyone’s benefit.

I hope sharing some of these experiences will help you as you continue on your journey to practice success as a massage therapist.

CHOOSE YOUR PRACTICE STYLE

If you are a student or recent grad, you may not have yet given a lot of thought to practice style. Now would be a good time to look at various practice opportunities.

The style you choose should be based on your ability and desire to administer a business. If you are highly motivated and prepared to build and manage your own practice, consider renting space within an established clinic. This allows you to build a long-term practice on your own terms, within the clinic agreement. You will avoid having to secure and maintain a physical clinic space and benefit from sharing administrative and patient management functions with clinic staff. This places the responsibility for growing your practice squarely on your shoulders.

If you prefer to take a lesser role in running the business of practice, consider becoming an employee at a health clinic or spa. All patients and supplies will be provided to you. Your hours and rate of pay are pre-set and the administrative issues are handled by the spa. You simply show up for work, treat your patients, get paid and go home. This type of arrangement limits control over which patients you treat and often, how you treat them. This may also limit your ability to establish a long-term practice, however.

You may find success working between these extremes. You take responsibility for building your own practice, sharing promotional, administration and other costs. Whichever path you choose, be certain that all the important parameters are clearly defined in an agreement.

ESTABLISH A CONTRACT

Unless you are setting up a solo practice, creating a clinic/therapist agreement is vital. This should clearly establish responsibility for all details. Some agreements may be several pages long and are more complicated than they need to be, but this is preferable to a hand shake. Start with the basics. How much rent will you pay? This can be a flat rate with built-in increases, it can be based on a percentage of your gross, or a combination of both. Consider establishing minimum and maximum amounts. If you have a slow period or take a number of absences, you are still responsible for making the minimum payment. This helps the clinic owner cover the fixed costs of having you there and protects the clinic from spending resources on a therapist who is not fully committed to a long-term relationship.

On the other hand, a maximum rate helps you. Your practice will grow and your gross income will soar. The fixed costs you generate for the clinic will not increase substantially. A maximum rate ensures that you will receive the benefits of your hard work.

The agreement should also cover details such as responsibility for supplies, linens, clinic access, telephone costs, advertising and any other administrative fees. Whatever the agreement includes, it helps if both parties remain flexible. No matter how well conceived an agreement may seem at the outset, if it does not work for both, it will not benefit either party in the long term.

WHAT IS FAIR

I have had many discussions with therapists about the rates and fees charged and what is and is not included or...
covered. A great starting point is to ask what others are doing. A colleague did just that several years ago. He canvassed a number of clinics which included chiropractic treatment and massage therapy. In addition to rental rates, he asked about who covers linen costs, yellow pages or other promotional advertising, computer software updates, telephones and stationery. Rates and responsibilities can vary widely so don’t be afraid to shop around for comparison.

**BECOME AN ASSET**

Just as I would not consider a therapist in my clinic to be simply a source of income, you should not consider the clinic simply your work address. If I help you build your practice and you help me with mine, we both succeed.

It is easy for me to refer my chiropractic patients to you for massage therapy. Likewise, if your patient is suffering from back pain or headache, and that person has never seen a chiropractor before, have them consult with the chiropractor you work with.

There are many other ways you can become an asset to the clinic. Make sure you are at the clinic early for your appointments. Maintain a professional appearance and attitude. Offer to help with tasks in the clinic. Offer advice about details which you think may need attention. These efforts cost you nothing but can go a long way in building a relationship with the clinic.

**KEEP YOUR EYES OPEN**

Some practice situations may not be quite what you had in mind. Be fully cognizant of what you are getting into. If the clinic considers you solely as an income source, you may be in for a difficult time.

An advertisement currently running in my area lists a chiropractic clinic for sale. The copy says, “Hire a massage therapist and work rent-free.” It is reasonable for a clinic owner to acknowledge the financial incentive to hiring a massage therapist, but if this is stated as a clinic’s selling point, keep looking.

Do some research about the clinic or chiropractor you are considering working with. Check with the provincial licensing body. Talk to other chiropractors you may know. If you are comfortable with the clinic and the chiropractor, your chances of building a positive long-term relationship are much higher.

Managing a solo practice can be very rewarding, but it is not a simple task. There are many benefits to practising within an existing clinic or spa. Think about your practice style and your ability and desire to manage your own business. If you choose to work with others, choose carefully. Some homework now will save trouble later, but will also help ensure a positive long-term arrangement.
The College of Massage Therapists of Ontario (CMTO) sat down with research consultant, Ania Kania-Richmond, as she talks about her examination of massage therapy in Canadian hospitals. She holds a doctorate from the University of Calgary, faculty of medicine, department of community health sciences. Hospital-based massage is happening already, and there’s great potential for the inclusion of this type of patient care by licensed therapists in hospitals of the future.

Megan Mueller (MM): What motivated you to pursue this area of research?  
Ania Kania-Richmond (AR): From a personal perspective, I was a massage therapist who worked in hospitals in both Canada and Cambodia. Although there was success establishing massage therapy in these settings, I found it challenging to further develop things or move into different programs because I had no reference points. As a researcher, I realized that this is an area where there was interest, but little information on how such services were, or could be, organized in hospital settings.

MM: Did this represent a void in the existing scientific literature?  
AR: Well, yes. When I turned to the literature, there was no information or research to provide guidance. Most of the information we have about this is on a case-by-case basis. And a lot of this is based in the United States. So the idea for this study emerged in response to this, and also my own experience as a registered massage therapist (RMT). As a researcher, I realized how valuable such findings could be to the field.

MM: What was the goal of your research?  
AR: I wanted to look at massage therapy incorporation in urban hospitals in Canada. I had four objectives:
- to describe the hospitals in which massage therapists work and the service delivery methods;
- to explore the role of massage therapists in these hospitals, from the perspective of massage therapists;
- to do the above, from the perspective of other health-care professionals working with massage therapists in this setting; and
- to undertake an exploratory comparison of the massage therapists’ role across hospitals.

MM: How did you design the research in such a way that could accurately capture the role of massage therapists in Canadian hospitals?  
AR: I did what’s called a ‘mixed method’ study design – ‘mixed’ because it uses both quantitative and qualitative perspectives. The study design consisted of two phases, which took four years to complete (2009-2013). The quantitative phase, funded by CMTO’s Massage Therapy Research Fund (MTRF), was a survey of Canadian hospitals in urban centres where massage therapy was provided – specifically, cases where the hospitals themselves were organizing this service, which was provided by RMTs. The qualitative phase consisted of interviews with massage therapists and other health-care professionals to understand how the role of massage therapists was perceived by both groups.

MM: What did you learn from the survey of Canadian hospitals?  
AR: Of the hospitals that responded to the survey, 16 provided massage therapy...
to patients. This represents five per cent of hospitals in urban centres in Canada. The majority were in Ontario. There was diversity in the types of hospitals providing massage therapy; there was not one type of hospital that was consistently offering these services.

Furthermore, these hospitals served different populations – patients with cancer, AIDS or chronic pain; those needing palliative care; etc. There was a broad range of patients who had access to massage therapy services.

Also, there were a lot of different ways in which these services were being organized. There wasn’t one universal model.

MM: Did anything surprise you about the survey findings?
AR: Yes. What I found very interesting was the fact that, although massage therapy is regulated in four provinces, hospital-based massage occurs in only one of the regulated provinces: Ontario. The remaining hospitals that participated were not located in provinces where the profession is regulated.

A second thing I found surprising was the different ways in which massage therapy services were organized. When survey results were combined with the interviews, three approaches to service delivery emerged: stand alone, where massage therapy is its own service in its own [separate] department; closed incorporated, where massage therapy was invited into other departments, but only in the cases where patients were eligible to receive this care; and open incorporated, where massage therapy was embedded into a department or multiple departments, so that patients from all over the hospital could receive this service.

MM: What did your research tell you about the experiences of massage therapists in hospitals?
AR: Despite the fact that massage therapy is often labelled as a ‘unique’ and ‘complementary’ therapy, the experiences of massage therapists were not all that different from that of other health-care professionals. Massage therapists were experiencing role overlap, where their role may intersect with that of, for example, a physiotherapist; role ambiguity, which is a lack of clarity about expected behavior from a job or position; and role overload, the extent to which a person feels overwhelmed by his or her responsibilities.

Also, a lot of the massage therapists I interviewed were working in isolation. They had no idea there was anyone else doing hospital-based massage therapy. Because of that, they felt very much alone. But through this research [and their being interviewed], they realized they’re not alone and they have colleagues with whom they can connect and possibly create collaborative working environments.

MM: Did anything in the interviews with massage therapists surprise you?
AR: Yes: the multifaceted nature of their role. Being a massage therapist, as a health-care professional, means that you actually do more than just massage: you’re an educator; you represent, and sometimes even advocate on behalf of, the profession; you’re a program support.

Some participants really had a hard time defining their role, which raises a key point: When we’re being trained as massage therapists, doing critical reflective exercises is important.
Set the record straight

Compliance guidelines and best practices for clinic record keeping

By Andrea Collins

The general practice policies for record-keeping deal with the procedures you have set up in the front office: your fee schedule, cancellation policy, appointment record and privacy plan.

The fee schedule needs to be posted where all the patients can see it and explain that the rates include the treatment time as well as intake and assessment. If you deviate from this set schedule, the patient must agree and the reason must be documented in the clinical notes.

The cancellation policy must also be clear and explained to the patient. You could have a sign on your front desk so the patients can see it, but you could also include it on the intake form where the patient signs. The cancellation policy can be a challenge to enforce, especially when just starting a practice and during a growth stage. It is very hard to ask patients to pay for a cancelled appointment when you want them to come back for more appointments. As you become busier, the cancellation policy is easier to enforce as you are losing money with a “no show” or a late cancellation. Having a policy in place for patients who are chronically late or cancel at the last minute will help give you structure to deal with this.

The daily appointment record is important and valuable for many reasons. It is a regulatory requirement that you keep the patients’ name and timing/duration of each appointment. If you work in a large clinic where all therapists work from the same book or program (if digital), you will need a copy for your own records. Not all business relationships last and you may not have access if you leave. The appointment record not only satisfies a legislative requirement but will also help you determine your hours each year for your registration renewal.

Renewal with the College of Massage Therapists of Ontario (CMTO) requires you to provide the number of weeks you worked, and average number of hours per week. For Ontario and Newfoundland & Labrador, you also need to confirm that you have done 500 hours of treatment every three years – rolling. This calendar can also act as the tracking record for equipment checks, equipment service and cleaning records that need to be maintained (quality assurance program and regulatory requirement for Ontario). This does not need to be a big, fancy agenda; a simple weekly or daily calendar that can fit all your appointments is sufficient.

There are two privacy legislations that we need to be aware of: Personal Information Protection and Electronic Documents Act (PIPEDA) for federal; and respective provincial legislations (PHIPA for Ontario, E-Health Act for BC, PHIA for Newfoundland, PHIPAA for New Brunswick, to name a few). These laws cover how we should deal with health information. The province you are in, and the legislation in that province, will change how you need to deal with maintaining the confidentiality of your patients’ personal and health information.
information. Some of the key points massage therapists need to be aware of are as follows.

You must have a privacy plan in place that may include a written public statement, privacy policy document and a consent form (for the collection of personal or health information, not for treatment). The legislation may also include requirements that all staff (regulated and unregulated) be trained on the privacy policies, the types of safeguards that must be in place to prevent breaches, and the procedure that must occur if your information has become public.

Within the above forms you will need to let your patients know why you are collecting the information, what will be done with it, and that you will be keeping it confidential unless required to share it by law. Various locations and clinical situations will have drastically different reasons for collecting information, such as research data, quality improvement and risk management activities. At most small massage clinics, the reasons will be much more streamlined.

You need to identify someone in your practice as the primary contact for the management of your privacy plan and this should be indicated to your patients.

THE PAPERWORK
Record-keeping for your treatments include an intake form, charting/update forms and record of consent of treatment (different than what is included in the privacy policy). For every person that you treat, you must have an intake form filled out. Your practice treatment form must contain a minimum of information that your college mandates or association recommends in non-regulated provinces, which would be your compliance to regulations. To raise your conduct to best practice, you can expand your forms to be more thorough and customize them to cater to your clientele. If you work in a rehabilitation setting dealing with insurance (e.g. motor vehicle accidents or workplace injuries), your form may contain more details about contact information for adjustors, ADLs or other charts that might offer a better picture of the patient’s current health conditions that would not typically be indicated on a basic health history form. By expanding your form to include other conditions, patients may get a better appreciation for the information that RMTs need to be able to treat more effectively and safely.

Your health history form may also be used to help develop your business by asking for permission to send out newsletters or asking how the person found you, giving you valuable information about your advertising strategies. For more information about intake forms, you can review Massage Therapy Canada Magazine article, “The health history form: Making the most of the patient intake process” (www.massagetherapycanada.com/content/view/2105/). The health history form must be updated yearly. If the patient has not seen you in a number of years you could have them fill out a new form.

Record of consent of assessment and/or treatment must also be recorded for every treatment. Many clinics have a statement on their intake form that includes the patient giving consent to the treatment. Unfortunately, this practice is incorrect. A patient may not give consent to a treatment
that you have not even proposed yet. The intake form may contain a statement that states something similar to, “I am aware that I will be asked for consent for treatment at the beginning of each treatment after my therapist has proposed a treatment plan and that I may withdraw my consent at any point during the treatment by verbalizing this to my therapist.”

This informs the patient that they have the power not only to consent, but also to withdraw their consent at any time. This consent needs to be recorded in the treatment notes within 24 hours of treatment.

Every treatment that you perform, regardless of length or fee, you must record certain information for charting. This information will vary slightly depending on the province but relates to:

- exam(s) and results
- reports from other health-care providers
- date, time and duration of treatment
- fee for treatment
- results from assessment techniques used by the therapist
- summary of techniques used and areas treated
- patient reaction/feedback to treatment
- informed consent from the patient/substitute decision-maker
- used and/or recommended remedial exercises
- hydrotherapy applications and/or self care, and
- updated health history and treatment information as obtained

The format of how this information maintained is up to each clinic/therapist. You can choose between regulatory college templates, you can create your own paper versions, or choose to go digital with a program, either online or offline. Whichever option you choose, all the pertinent information must be recorded within 24 hours of the treatment (as per Ontario and Newfoundland regulations). If you decide to choose digital files you need to ensure that you are complying with Canadian privacy legislation.

If you choose the services of a company outside Canada, they have to abide by privacy legislation where they are located – which could be drastically different than the Canadian federal or provincial laws, and you could be putting yourself at risk.

**STORAGE**

All of our records must be kept in a secure location so all the information are kept confidential. This could mean a filing cabinet that is locked when left unattended (while in treatment). You could also store the files in a locked staff room. Any information that is stored on a mobile device must be secured with strong encryption – and password protection is not enough (for further specifics, check your privacy legislation).

For file retention, there are two guidelines that the regulated provinces fall under. For Ontario, Newfoundland & Labrador, and New Brunswick, you must keep your files for 10 years following the last appointment. If the patient was under 18 years of age you must keep the files for 10 years following their 18th birthday. Therapists in British Columbia must maintain original files for 16 years. If the patient is under 19 years of age you must keep the files for 16 years following the patient’s 19th birthday. B.C. has additional stipulations surrounding files and how they are maintained. See College of Massage Therapists of B.C. Bylaws for more information.

After the prescribed time you must destroy the files, according to what is described in your province’s privacy laws. Under Ontario rules, the files must be disposed of in a secure manner, such that the records cannot be reconstituted – for example, a cross cut shredder versus a regular shredder.

You need to make sure that you have set guidelines regarding the management of files when you start your working relationship with a clinic. Set a good contract to protect yourself in case you are working in a location and choose to leave. If you are working in a clinic with other regulated health-care professionals, you should get a statement that they will maintain the files according to the legislation (and identify the specifics) and both parties have to sign. You might also want to have copies or, at a minimum, be able to have access to the files if for some reason you need access to them in the future (e.g. patient requiring information for legal reasons).

If you are working in a location that does not have another regulated therapist, you are prohibited from leaving your files at the location. This may occur in a small spa where the owner is a businessperson or esthetician. Your files are covered under the regulated health professions legislation and you are not permitted to leave your files with someone who is not required to maintain the record to our regulations.

Having knowledge about proper record management is essential for any massage therapist who wants to stay in good standing with their regulatory college and the government.

(Not: This article primarily covers the Ontario regulations. The other regulated provinces may have similar policies and procedures. To ensure that you are compliant with the correct regulations please consult your respective provincial legislation.)
Be Regulation-ready!

You deserve credit for the experience you have.

MH Vicars School of Massage Therapy has convenient, affordable Advanced Placement options for RMTs who want to enhance their training. If you are a practicing massage therapist, we will respectfully assess both your experience and your previous training and place you in the right class to earn our 2200-hour diploma in less than a year. **We won’t waste your time or money** by making you re-learn skills and knowledge that you already have.

We are excited that our new 2013-14 curriculum meets or exceeds the Canadian inter-jurisdictional entry-to-practice standard for massage therapists, which will become the new standard in all regulated provinces. Call us today to learn more.

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Have you ever reflected on the relationship between your business policies/procedures and your technology choices/usage, such as a practice management system (PMS)?

The actual technology deployed can have a huge impact on you and so can the policy and procedures you adopt. We will look at some real and hypothetical frequently asked questions (FAQs) that will help exemplify the scope of interaction between well-chosen, properly used technology, and your internal policies and procedures.

Your written clinic policies are probably broad statements that are the precursor to the actual day-to-day procedures that govern how you deal with internal, legislated and regulatory mandates. Your policies and procedures dictate how your clinic operates covering ethics, patient care, the treatment of co-workers, collection, use and retention of patient records, patient privacy, financial record keeping and other related matters. This applies to self-employed, partnerships and employer/employee relationships alike.

Your online PMS system helps you manage your online appointment booking, patient scheduling, patient billing, treatment and charting, financial record keeping, e-commerce and related workflows. It should not define, enforce or police your internal business policies and procedures.

Let’s look at some examples of how the relationships actually work.

Q. I work with four RMT’s who often cover for each other when sick, on vacation or leave. What happens if a RMT leaves the clinic and takes contact information for all patients and subsequently markets to them?

A. Patient ownership is a matter of policy and there needs to be procedures as well as legal contracts in place that specifically deals with this possible occurrence. Details should be covered within your partnership/employment agreements. As professional health-care providers working together, you need shared access to patient information for the clinic to function properly. Whether patient contact information is in electronic form or on paper in filing cabinets, your written policies and agreements govern their use.

Q. My PMS allows me to bulk e-mail patients and potential clients. Can I just find email lists of people in my area and send them information about my practice, rates and availability?

A. While the technology allows for this, you are still obligated to comply with your profession’s advertising regulations as well as Canada’s anti-spam laws. Your system does not control this. It makes the process very efficient but only you are responsible for ensuring you are in compliance with your policies, regulations and the law.

Q. My system allows me to synchronize patient bookings and associated records with my personal smartphone calendar. Does this make me record-privacy compliant?

A. Not necessarily. If your appointment records are synched to a smartphone calendar application that is hosted by a non-Canadian owned and operated service provider, you will need to ensure you do not identify your patient name and yours on those records. While the technology allows this to be done, your internal policies need to define how you use the feature, if at all.

Q. My PMS online appointment booking system allows me to send electronic appointment reminders. Periodically, a patient tells me they did not receive it (legitimately or not) and therefore do not believe they need to pay for the appointment they missed as per my cancelation policy. What do I do?

A. While the technology may enable automatic email or text reminders (neither of which are guaranteed delivery technologies), it is your written policy that needs to clearly indicate that appointment reminder messages are a courtesy only. Your patients are responsible for their appointment times.

Q. My system vendor says their online service is hosted in Canada. Does that mean my usage makes me compliant with federal and provincial privacy regulations?

A. No. Many foreign-owned and partially foreign-owned PMS vendors host services in Canada and have neither the obligation nor ability to comply with Canadian legislation. Ask the vendor if they have foreign ownership. Research the company, paying particular attention to their Terms of Use and their Privacy Policy. Can your records be sold or transferred without your or your patients’ express approval? Again, this type of due diligence is dependent on your internal policy and procedures. You are ultimately responsible for the care and safekeeping of your patient records.

Adoption of electronic PMS is now prevalent in RMT clinics. Higher level concerns need to be addressed in your internal policies, such as how specific technologies are used.

The reality is that it is worthwhile maintaining thoughtful analysis and regular reflections on these matters to ensure you, the practitioner, are the one responsibly driving the bus.

Until next time, be well.

JESSICA FOSTER writes on behalf of mindZplay Solutions, provider of massage therapy websites and practice management solutions. To learn more, visit www.massagemanager.com.

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