

State of Alaska
Massage Therapists
Board Packet

March 8th - March 9th, 2018

333 Willoughby Ave,
Conference Room "B"
Juneau, AK

Roll Call

State of Alaska
Office of Boards and Commissions Roster
BOARD OF MASSAGE THERAPISTS

<u>Member</u>	<u>Appointed</u>	<u>Term Expires</u>
Ron Gibbs <i>Licensed Massage Therapist</i>	November 25, 2014	March 1, 2020
Traci K. Gilmour <i>Licensed Massage Therapist</i>	November 25, 2014	March 1, 2021
Vacant <i>Public Member</i>		March 1, 2017
Chair David Edwards-Smith <i>Licensed Massage Therapist</i>	November 25, 2014	March 1, 2022
Jill Motz <i>Licensed Massage Therapist</i>	Jan 23, 2017	March 1, 2022

Ethics

MEMORANDUM

State of Alaska Department of Law

TO: _____ DATE: _____

FILE NO.: _____

TEL. NO.: _____

FROM: Angie White
Litigation Assistant
Department of Law
Opinions, Appeals, & Ethics Section

FAX: _____

SUBJECT: Executive Branch Ethics Act, AS
39.52 Quarterly Report
[INSERT QUARTERLY DATE RANGE]

******SAMPLE LANGUAGE – PLEASE COPY ONLY THE PARTS THAT APPLY ONTO YOUR BOARD OR COMMISSION’S LETTERHEAD ******

As designated ethics supervisor and chair [executive director] for the _____, I wish to advise you that I have received no notifications of potential violations or requests for ethics determinations under the Ethics Act (AS 39.52) and have made no written determinations for this quarter.

OR

As designated ethics supervisor and chair [executive director] for the _____, I have received ___ notification(s) of a potential violation and ___ requests for ethics determinations under the Ethics Act (AS 39.52) I have attached a copy of the notices and requests along with my written determination(s) for review by the attorney general. I did [did not] receive an advisory opinion from the Attorney General.

AND

Except as addressed above, no other [board member] [commissioner] disclosed a potential conflict of interest at a recorded public meeting during this quarter.

OR

In addition to the above, at the [date] meeting, [Board member] [Commissioner] _____ disclosed a potential conflict with respect to _____ [*insert brief description*]____. *Insert disposition:* [S/He refrained from participation.] *or* [I determined s/he could [could not] participate.] *or* [The Board [Commission] members voted to permit [not to permit] participation.]

CONFIDENTIAL

ETHICS SUPERVISOR DETERMINATION FORM
(Board or Commission Member)

Board or Commission: _____

Member Disclosing Potential Ethics Violation: _____

I have determined that the situation described on the attached ethics disclosure form

does or would violate AS 39.52.110 - .190. Identify applicable statute below.

does not or would not violate AS 39.52.110 - .190.

Signature of Designated Ethics Supervisor (Chair)

Printed Name of Designated Ethics Supervisor

Date: _____

COMMENTS (Please attach a separate sheet for additional space):

Large light blue rectangular area for comments.

Note: Disclosure Form must be attached. Under AS 39.52.220, if the chair or a majority of the board or commission, not including the disclosing member, determines that a violation of AS 39.52.110-39.52.190 will exist if the member participates, the member shall refrain from voting, deliberating, or participating in the matter. A member will not be liable under the Ethics Act for action in accordance with such a determination so long as the member has fully disclosed all facts reasonably necessary to the determination and the attorney general has not advised the member, chair, or board or commission that the action is a violation. Forward disclosures with determinations to the State Ethics Attorney as part of your quarterly report. Quarterly reports are submitted to Litigation Assistant, Opinions, Appeals & Ethics, Department of Law, 1031 W. 4th Avenue, Suite 200, Anchorage, AK 99501.
Revised 2012

State of Alaska Department of Law

Who Is My Designated Ethics Supervisor?

Every state public officer, employee or board or commission member, has a designated ethics supervisor.

Executive Agencies

The ethics supervisor for each agency is the Commissioner or a senior manager to whom the Commissioner has delegated the function. The current ethics supervisor for each agency is listed below. The ethics supervisor for a Commissioner is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor.

Boards and Commissions

The Chair of each board and commission serves as the ethics supervisor for the other members and any executive director. The ethics supervisor for the Chair is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor. If a board or commission employs staff, the executive director serves as the ethics supervisor for these employees.

Public Corporations

The Chair of the board serves as the ethics supervisor for the other members of the board and any executive director. The executive director is the ethics supervisor for employees of the corporation.

Office of the Governor

The ethics supervisor for the Governor and Lieutenant Governor is the Attorney General. By delegation from the Governor, the ethics supervisor for the staff of the offices of the Governor and Lieutenant Governor is Guy Bell, Director of Administrative Services.

University of Alaska

By delegation of the University President, the ethics supervisor for university employees is Associate General Counsel Andy Harrington.

EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

Commerce, Community & Economic Development: Jon Bittner, Deputy Commissioner

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

Labor & Workforce Development: Michael Monagle, Director, Division of Workers Compensation

Law: Jonathan Woodman, Assistant Attorney General

Military & Veterans Affairs: Marty Meyer, Special Assistant to Commissioner

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

- Highways & Public Facilities: Steve Hatter, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Rob Campbell, Regional Director
- Northern Region: Rob Campbell, Acting Regional Director
- Southcoast Region: Acting Regional Director
- Alaska Marine Highway System: Michael Neussl, Deputy Commissioner
- Headquarters: Mary Siroky, Administrative Services Director

Updated April 2015

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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State of Alaska

Department of Law

Ethics Information for Members of Boards & Commissions (AS 39.52)

Introduction

This is an introduction to AS 39.52, the Alaska Executive Branch Ethics Act. This guide is not a substitute for reading the law and its regulations. State board and commission members who have further questions should contact their board chair or staff.

The Ethics Act applies to all current and former executive branch public employees and members of statutorily created boards and commissions.

Scope of Ethics Act (AS 39.52.110)

Service on a state board or commission is a public trust. The Ethics Act prohibits substantial and material conflicts of interest. Further, board or commission members, and their immediate family, may not improperly benefit, financially or personally, from their actions as board or commission members. The Act does not, however, discourage independent pursuits, and it recognizes that minor and inconsequential conflicts of interest are unavoidable.

Misuse of Official Position (AS 39.52.120)

Members of boards or commissions may not use their positions for personal gain or to give an unwarranted benefit or treatment to any person. For example, board members may not:

- use their official positions to secure employment or contracts;
- accept compensation from anyone other than the State for performing official duties;
- use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
- take or withhold official action on a matter in which they have a personal or financial interest; or
- coerce subordinates for their personal or financial benefit.
- attempt to influence outcome of an administrative hearing by privately contacting the hearing officer.



Terry knew that a proposal that was before the board would harm Terry's business competitor. Instead of publicly disclosing the matter and requesting recusal, Terry voted on the proposal.



Board member Mick has board staff employee Bob type an article for him that Mick hopes to sell to an Alaskan magazine. Bob types the article on State time.

Improper Gifts (AS 39.52.130)

A board member may not solicit or accept gifts if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. "Gifts" include money, items of value, services, loans, travel, entertainment, hospitality, and employment. All gifts from registered lobbyists are presumed to be improper, unless the giver is immediate family of the person receiving the gift.

A gift worth more than \$150 to a board member or the board member's immediate family must be reported within 30 days if:

- the board member can take official action that can affect the giver, or
- the gift is given to the board member because he or she is on a state board.

The receipt of a gift worth less than \$150 may be prohibited if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.

Any gift received from another government, regardless of value, must be reported; the board member will be advised as to the disposition of this gift.

A form for reporting gifts is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.

This restriction on gifts does not apply to lawful campaign contributions.



The commission is reviewing Roy's proposal for an expansion of his business. Roy invites all the board members out to dinner at an expensive restaurant. He says it will be okay, since he isn't excluding any of the members.



Jody receives a holiday gift every year from Sam. Jody was recently appointed to a state board, but Sam has no business that is before the board. Jody may accept the gift.

Improper Use or Disclosure of Information (AS 39.52.140)

No former or current member of a board may use or disclose any information acquired from participation on the board if that use or disclosure could result in a financial or personal benefit to the board member (or immediate family), unless that information has already been disseminated to the public. Board members are also prohibited from disclosing confidential information, unless authorized to do so.



Sheila has been on the board for several years. She feels she has learned a great deal of general information about how to have a successful business venture. So she sets up her own business and does well.



Delores has always advised and assisted the other doctors in her clinic on their continuing education requirements. After Delores is appointed to the medical board, she discloses this role to the board and continues to advise the doctors in her clinic.



Jim reviews a confidential investigation report in a licensing matter. He discusses the practitioner's violation with a colleague who is not a board member.

Improper Influence in State Grants, Contracts, Leases or Loans (AS 39.52.150)

A board member, or immediate family, may not apply for, or have an interest in a State grant, contract, lease, or loan, if the board awards or takes action to administer the State grant, contract, lease, or loan.

A board member (or immediate family) may apply for or be a party to a competitively solicited State grant, contract or lease, if the board as a body does not award or administer the grant, contract, or lease and so long as the board member does not take official action regarding the grant, contract, or lease.

A board member (or immediate family) may apply for and receive a State loan that is generally available to the public and has fixed eligibility standards, so long as the board member does not take (or withhold) official action affecting the loan's award or administration.

Board members must report to the board chair any personal or financial interest (or that of immediate family) in a State grant, contract, lease or loan that is awarded or administered by the agency the board member serves. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.



John sits on a board that awards state grants. John hasn't seen his daughter for nearly ten years so he figures that it doesn't matter when her grant application comes up before the board.



The board wants to contract out for an analysis of the board's decisions over the last ten years. Board member Kim would like the contract since she has been on the board for ten years and feels she could do a good job.

Improper Representation (AS 39.52.160)

A board or commission member may not represent, advise, or assist a person in matters pending before the board or commission for compensation. A nonsalaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refraining from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act.



Susan sits on the licensing board for her own profession. She will represent herself and her business partner in a licensing matter. She discloses this situation to the board and refrains from participation in the board's discussions and determinations regarding the matter.

Restriction on Employment After Leaving State Service (AS 39.52.180)

For two years after leaving a board, a former board member may not provide advice or work for compensation on any matter in which the former member personally and substantially participated while serving on the board. This prohibition applies to cases, proceedings, applications, contracts, legislative bills, regulations, and similar matters. This section does not prohibit a State agency from contracting directly with a former board member.

With the approval of the Attorney General, the board chair may waive the above prohibition if a determination is made that the public interest is not jeopardized.

Former members of the governing boards of public corporations and former members of boards and commissions that have regulation-adoption authority, except those covered by the centralized licensing provisions of AS 08.01, may not lobby for pay for one year.



The board has arranged for an extensive study of the effects of the Department's programs. Andy, a board member, did most of the liaison work with the contractor selected by the board, including some negotiations about the scope of the study. Andy quits the board and goes to work for the contractor, working on the study of the effects of the Department's programs.



Andy takes the job, but specifies that he will have to work on another project.

Aiding a Violation Prohibited (AS 39.52.190)

Aiding another public officer to violate the Ethics Act is prohibited.

Agency Policies (AS 39.52.920)

Subject to the Attorney General's review, a board may adopt additional written policies further limiting personal or financial interests of board members.

Disclosure Procedures

DECLARATION OF POTENTIAL VIOLATIONS BY MEMBERS OF BOARDS OR COMMISSIONS (AS 39.52.220)

A board member whose interests or activities could result in a violation of the Ethics Act if the member participates in board action must disclose the matter on the public record and in writing to the board chair who determines whether a violation exists. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff. If another board member objects to the chair's ruling or if the chair discloses a potential conflict, the board members at the meeting (excluding the involved member) vote on the matter. If the chair or the board determines a violation will occur, the member must refrain from deliberating, voting, or participating in the matter. For more information, see Ethics Act Procedures for Boards and Commissions available at the above noted web site.

When determining whether a board member's involvement in a matter may violate the Ethics Act, either the chair or the board or commission itself may request guidance from the Attorney General.

ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)

A board chair or a board itself may request a written advisory opinion from the Attorney General interpreting the Ethics Act. A former board member may also request a written advice from the Attorney General. These opinions are confidential. Versions of opinions without identifying information may be made available to the public.

REPORTS BY THIRD PARTIES (AS 39.52.230)

A third party may report a suspected violation of the Ethics Act by a board member in writing and under oath to the chair of a board or commission. The chair will give a copy to the board member and to the Attorney General and review the report to determine whether a violation may or does exist. If the chair determines a violation exists, the board member will be asked to refrain from deliberating, voting, or participating in the matter.

Complaints, Hearings, and Enforcement

COMPLAINTS (AS 39.52.310-330)

Any person may file a complaint with the Attorney General about the conduct of a current or former board member. Complaints must be written and signed under oath. The Attorney General may also initiate complaints based on information provided by a board. A copy of the complaint will be sent to the board member who is the subject of the complaint and to the Personnel Board.

All complaints are reviewed by the Attorney General. If the Attorney General determines that the complaint does not warrant investigation, the complainant and the board member will be notified of the dismissal. The Attorney General may refer a complaint to the board member's chair for resolution.

After investigation, the Attorney General may dismiss a complaint for lack of probable cause to believe a violation occurred or recommend corrective action. The complainant and board member will be promptly notified of this decision.

Alternatively, if probable cause exists, the Attorney General may initiate a formal proceeding by serving the board or commission member with an accusation alleging a violation of the Ethics Act. Complaints or accusations may also be resolved by settlement with the subject.

CONFIDENTIALITY (AS 39.52.340)

Complaints and investigations prior to formal proceedings are confidential. If the Attorney General finds evidence of probable criminal activity, the appropriate law enforcement agency shall be notified.

HEARINGS (AS 39.52.350-360)

An accusation by the Attorney General of an alleged violation may result in a hearing. An administrative law judge from the state's Office of Administrative Hearings serves as hearing officer and determines the time, place and other matters. The parties to the proceeding are the Attorney General, acting as prosecutor, and the accused public officer, who may be represented by an attorney. Within 30 days after the hearing, the hearing officer files a report with the Personnel Board and provides a copy to the parties.

PERSONNEL BOARD ACTION (AS 39.52.370)

The Personnel Board reviews the hearing officer's report and is responsible for determining whether a violation occurred and for imposing penalties. An appeal may be filed by the board member in the Superior Court.

PENALTIES (AS 39.52.410-460)

When the Personnel Board determines a board member has violated the Ethics Act, it will order the member to refrain from voting, deliberating, or participating in the matter. The Personnel Board may also order restitution and may recommend that the board member be removed from the board or commission. If a recommendation of removal is made, the appointing authority will immediately remove the member.

If the Personnel Board finds that a former board member violated the Ethics Act, it will issue a public statement about the case and will ask the Attorney General to pursue appropriate additional legal remedies.

State grants, contracts, and leases awarded in violation of the Ethics Act are voidable. Loans given in violation of the Ethics Act may be made immediately payable.

Fees, gifts, or compensation received in violation of the Ethics Act may be recovered by the Attorney General.

The Personnel Board may impose a fine of up to \$5,000 for each violation of the Ethics Act. In addition, a board member may be required to pay up to twice the financial benefit received in violation of the Ethics Act.

Criminal penalties are in addition to the civil penalties listed above.

DEFINITIONS (AS 39.52.960)

Please keep the following definitions in mind:

Benefit - anything that is to a person's advantage regardless financial interest or from which a person hopes to gain in any way.

Board or Commission - a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch, including the Alaska Railroad Corporation.

Designated Ethics Supervisor - the chair or acting chair of the board or commission for all board or commission members and for executive directors; for staff members, the executive director is the designated ethics supervisor.

Financial Interest - any property, ownership, management, professional, or private interest from which a board or commission member or the board or commission member's immediate family receives or expects to receive a financial benefit. Holding a position in a business, such as officer, director, partner, or employee, also creates a financial interest in a business.

Immediate Family - spouse; another person cohabiting with the person in a conjugal relationship that is not a legal marriage; a child, including a stepchild and an adoptive child; a parent, sibling, grandparent, aunt, or uncle of the person; and a parent or sibling of the person's spouse.

Official Action - advice, participation, or assistance, including, for example, a recommendation, decision, approval, disapproval, vote, or other similar action, including inaction, by a public officer.

Personal Interest - the interest or involvement of a board or commission member (or immediate family) in any organization or political party from which a person or organization receives a benefit.

For further information and disclosure forms, visit our Executive Branch Ethics web site or please contact:

State Ethics Attorney
Alaska Department of Law
1031 West 4th Avenue, Suite 200
Anchorage, Alaska 99501-5903
(907) 269-5100
attorney.general@alaska.gov

Revised 9/2013

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
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State of Alaska
Department of Law
Executive Branch Ethics Act

Responsibilities of Designated Ethics Supervisors for Boards and Commissions

Boards and commissions subject to the Ethics Act have designated ethics supervisors. The chair serves as the designated ethics supervisor for board or commission members and the executive director. The executive director is the designated ethics supervisor for staff. The designated ethics supervisor for a chair is the governor, who has delegated this responsibility to Guy Bell, Administrative Director of the Office of the Governor.

Designated ethics supervisors should refer to the Manual for Designated Ethics Supervisors (April 2008), available from the state ethics attorney, regarding their responsibilities under the Ethics Act. Briefly, as designated ethics supervisor, you must --

1. Ensure that members and employees are provided copies of the guides, Ethics Information for Members of Boards and Commissions and Ethics Act Procedures for Boards and Commissions -- and keep a supply of disclosure forms.
 1. These guides, other educational materials, disclosure forms, statutes and regulations are available for review and copying on the Department of Law ethics web site. If access to this page is not available, please contact the Attorney General's office at 269-7195.
2. Review all disclosures, investigate potential ethics violations, make determinations regarding conduct, and take action.
3. Keep member or employee disclosure statements (of potential violations, receipt of gifts, and interests in grants/contracts/leases/loans) on file in your office. Disclosure of a gift received from another government must be forwarded to the Office of the Governor.
4. Submit an ethics report to the Department of Law in April, July, October and January for the preceding quarter. You will receive a reminder. There is a sample report on the ethics web page.
 1. Mail, email or fax to Kim Halstead, Litigation Assistant, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, ethicsreporting@alaska.gov, fax no. 907-279-2834.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Jon Woodman, at 269-5100 or jonathan.woodman@alaska.gov. Please direct questions about reporting procedures to Kim Halstead at 269-7195 or kimberly.halstead@alaska.gov.

6/14

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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Review of Agenda



**Alaska State Board of
Massage Therapists
State Office Building
333 Willoughby Ave,
Conference Room "B"
Juneau, Alaska**

Conference Line Call In: 1-800-315-6338
Access Code: 14875

**March 8th, 2018-
March 9th, 2018
8:30 a.m.**

Meeting Agenda (Draft)

Day 1

<u>Time</u>	<u>Subject</u>	<u>Lead Person(s)</u>
1. 8:30 a.m.	Call to Order/Roll Call	Chair
2. 8:35 a.m.	Ethics Report	Chair
3. 8:45 a.m.	Review/Approve Agenda	Chair
4. 8:55 a.m.	Review/Approve Past Meeting Minutes	Chair
5. 9:05 a.m.	Education Subcommittee	Gibbs/Motz
6. 10:00 a.m.	Division/Financial Update	TBD
7. 10:20 a.m.	Investigative Report for FY17	Investigator Bautista
8. 10:30 a.m.	Investigative Case Review & Consent Agreements (Executive Session, if needed)	Chair
9. 12:00 p.m.	Lunch	
10. 1:15 p.m.	Public Comment	Chair
11. 1:30 p.m.	Report on Legislative Meetings	Chair
12. 2:15 p.m.	Continuing Education Disciplinary Matrix	Zimmerman
13. 2:45 p.m.	Board Business <ul style="list-style-type: none">• Review/Approve Applications• Tabled Applications• Review/Approve Continuing Education• Review/Update FAQ's from the website• Review Goals and Objectives of the Board	Chair
14. 4:00 p.m.	Recess until 9:00 a.m. March 9, 2018 (or later if needed)	Chair



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Massage Therapists
State Office Building
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Conference Line Call In: 1-800-315-6338
Access Code: 14875

**March 8th, 2018-
March 9th, 2018
9:00 a.m.
Meeting Agenda (Draft)**

Day 2

<u>Time</u>	<u>Subject</u>	<u>Lead Person(s)</u>
1. 9:00 a.m.	Call to order/Roll Call	Chair
2. 9:05 a.m.	Review the Agenda	Chair
3. 9:10 a.m.	Old Business <ul style="list-style-type: none">• Past Task List• Discussion of HB110 & HB275• Fingerprinting Procedures• Status of Regulations Projects• Continuing Education Content• Court Decision on Appeal Case	Chair
4. 9:40 a.m.	New Business <ul style="list-style-type: none">• New Task List• Potential Regulations Projects<ul style="list-style-type: none">1- Stale Applications• Board Approved Bloodborne Pathogens Class• FSMTB Executive Summit	Chair
5. 10:10 a.m.	Administrative Business <ul style="list-style-type: none">• Meeting Calendar• Sign Wall Certificates• Sign Past Minutes• Correspondence<ul style="list-style-type: none">1. Insurance Billing	Chair
6. 11:00 a.m.	Adjourn	Chair

Review Previous Meeting Minutes

1 State of Alaska
 2 Department of Commerce, Community and Economic Development
 3 Division of Corporations, Business and Professional Licensing
 4

5 **BOARD OF MASSAGE THERAPISTS**

6
 7 **MINUTES OF THE MEETING**
 8 **November 30 - December 1, 2017**
 9

10 *These are DRAFT minutes prepared by the staff of the*
 11 *Division of Corporations, Business and Professional Licensing.*
 12 *These minutes have not been reviewed or approved by the Board.*
 13

14 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a
 15 scheduled meeting of the Board of Massage Therapists was held via teleconference
 16 Friday, October 20, 2017.
 17

18 **Agenda Item 1** **Call to Order/Roll Call 8:30am:**
 19

20
 21 **Board Members present, constituting a quorum:**
 22

23 David Edwards-Smith, Board Chair- Licensed Massage Therapist
 24 Traci Gilmour, Licensed Massage Therapist
 25 Ron Gibbs, Licenses Massage Therapist
 26 Jill Motz, Licensed Massage Therapist

27 **Division Staff present:**
 28

29 Renee Hoffard, Records and Licensing Supervisor
 30 Dawn Dulebohn, Occupational Licensing Examiner
 31

32 **Agenda Item 2** **Ethics Reporting:**
 33

34 The Board Chair opened the floor to any Board member that may have an ethics violation or
 35 inquiry. None were presented.
 36

37 **Agenda Item 3** **Review/Approve Agenda:**
 38

39 **In a motion duly made by Jill Motz, seconded by Traci Gilmour, and passed unanimously**
 40 **with a roll call vote, it was RESOLVED to move the presentation of Apprenticeship**
 41 **Program to November 30 at 3:00pm from December 1 and otherwise accept the agenda as**
 42 **written.**
 43

44 Discussion was had about whether or not there would be a statement by Law concerning the word
 45 “Only” in within the phrase “person engaged only in the practice of structural integration...” and
 46 whether the Board can put an application on hold while research is done. Although there was
 47 nothing scheduled, Renee Hoffard contacted Deputy Commissioner Sara Chambers and made

48 arrangements to hear from Ms. Chambers and Harriet Milk from the Department of Law on
49 December 1, 2017 at 10:30 a.m.

50

51 **Agenda Item 4** **Review/Approve Past Meeting Minutes**

52

53 In a motion duly made by Traci Gilmour, seconded by Ron Gibbs, and passed unanimously
54 with a roll call vote, it was **RESOLVED** to accept the August 21, 2017 meeting minutes.

55

56 In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously
57 with a roll call vote, it was **RESOLVED** to accept the October 2, 2017 meeting minutes.

58

59 In a motion duly made by Ron Gibbs, seconded by Traci Gilmour, and passed unanimously
60 with a roll call vote, it was **RESOLVED** to accept the October 20, 2017 meeting minutes.

61

62 In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously
63 with a roll call vote, it was **RESOLVED** to break until 9:00am.

64

65 **Agenda Item 5** **Division/Financial Update**

66

67 Presented via teleconference at 9:00 a.m. by Sara Chambers, Deputy Director of the Division of
68 Corporations, Business, and Professional Licensing. Ms. Chambers reviewed the Quarterly Schedule
69 of Revenue and Expenditure by Licensing Program- 4th Quarter FY 2017 and 1st Quarter FY 2018
70 and Indirect Cost Methodology FY 2017. Revenue going into 2018 is \$480,310. Ms. Chambers
71 reminds the Board that the bulk of revenue comes at renewal times. MAS will have much lower
72 revenue in off years so this amount needs to carry the program for the next two years to cover staff,
73 indirect expenditures, regulations, investigations, attorney expenses, and travel.

74

75 **FY 2017 CBPL Cost Allocation:**

76

MAS	2017
\$228,015	Total Revenue
-153,485	Direct Expense
-45,225	Indirect Expense
-25,590	Percentage of Direct Personal Services
\$224,300	TOTAL EXPENSES
\$3,715	2017 Annual Surplus

77

78 The website has all the Quarterly Reports for all the boards.

79

80 Division Update ended with a brief discussion of HB-90 and the costs associated. As of yet, no
81 Board has opposed the bill. Chair Edwards-Smith states that the Board of Massage Therapists is in
82 support of HB-90. It is decided that Chair Edwards-Smith will draft a letter of support for the bill.

83

84 **Ron Gibbs left at 9:19 a.m. and returned at 9:21 a.m.**

85

86 There is a brief discussion with Ms. Chambers with what the Board would like to discuss with Law
87 in regards to Clarification on Accreditation of Massage Schools that includes regulations projects,
88 title protection, enforcement procedures, different modalities under one license, and public
89 protection.

90

91 Teleconference with Sara Chambers ended at 9:45 a.m.

92

93 **Agenda Item 6 Review Tabled Applications**

94

95 The Board reviews application for Rattana Chingduang. Chair Edwards-Smith researched the
96 institution by attempting to call the Hamilton school several times and did not reach anyone who
97 could answer questions and also found there were different addresses. Mr. Gibbs found that the
98 school was not accredited by the State of California.

99

100 **In a motion duly made by Ron Gibbs, seconded by Jill Motz, and passed unanimously with**
101 **a roll call vote, it was RESOLVED to deny the application for licensure with a letter of**
102 **explanation for Rattana Chingduang based on failure to recognize the school as an**
103 **accredited program per AS 08.61.030(3)(A) and AS 08.61.100(1)(B).**

104

105 **In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously**
106 **with a roll call vote, it was RESOLVED to break until 10:15 a.m.**

107

108 **Agenda Item 7 Investigative Report**

109

110 At 10:05 a.m. we are back on the record, joining the meeting from the Department of Investigations
111 are Brian House and Joel Dolphin. Jasmin Bautista joins telephonically. 25 cases remain open, 4 are
112 on probation, and 14 have been closed since the beginning of the year.

113

114 **In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously**
115 **with a roll call vote, it was RESOLVED to enter into Executive Session in accordance with**
116 **AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of**
117 **discussing Investigations on Massage Therapy “subjects that tend to prejudice the**
118 **reputation and character of any person, provided the person may request a public**
119 **discussion.”**

120

121 Off the record at 10:10 a.m.

122

123 **Agenda Item 8 Investigative Case Review**

124

125 Back on the record at 10:45 a.m. The meeting was joined telephonically by Ed Toal.

126

127 **In a motion duly made by Ron Gibbs, seconded by Traci Gilmour, and passed unanimously**
128 **with a roll call vote, it was RESOLVED to approve the Consent Agreement as written for**
129 **Julia Hall Case #2017-000759**

130

131 In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously
132 with a roll call vote, it was **RESOLVED** to approve the Consent Agreement as written for
133 Uros Knezevic- Case #2017-001159

134
135 In a motion duly made by Traci Gilmour, seconded by Ron Gibbs, and passed unanimously
136 with a roll call vote, it was **RESOLVED** to approve the Consent Agreement as written for
137 Anna Martin- Case #2017-001036

138
139 In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously
140 with a roll call vote, it was **RESOLVED** to approve the Consent Agreement as written for
141 Jannea Knight- Case #2017-000094

142
143 The Board will be adopting a Disciplinary Barrier Crimes Matrix and Fee Schedule on day two of the
144 meeting.

145
146 The Investigators exited the meeting at 10:50 a.m.

147
148 In a motion duly made by Traci Gilmour, seconded by Jill Motz, and passed unanimously
149 with a roll call vote, it was **RESOLVED** to break until 11:00 a.m.

150
151 In a motion made by Ron Gibbs, seconded by Traci Gilmour, and passed unanimously with
152 a roll call vote, it was **RESOLVED** to change the agenda and break for lunch from 11:00 a.m.
153 until 12:15 p.m.

154
155 Back on the record at 12:15 p.m.

156
157 In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a
158 roll call vote, it was **RESOLVED** to change the agenda to discuss the Sunset Audit on
159 November 30, 2017 at 12:15 p.m.

160
161 In a motion duly made by Traci Gilmour, seconded by Ron Gibbs, and passed unanimously
162 with a roll call vote, it was **RESOLVED** to enter into Executive Session in accordance with
163 AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of
164 discussing Legislative Audit “matters which by law, municipal charter, or ordinance are
165 required to be confidential.”

166
167 Off the record at 12:17 p.m.

168
169 Back on the record at 12:48 p.m.

170
171 In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a
172 roll call vote, it was **RESOLVED** to break until 12:55 p.m.

173
174 Back on the record at 12:55 p.m.

175
176 In a motion made by Traci Gilmour, seconded by Rob Gibbs, and passed unanimously with
177 a roll call vote, it was **RESOLVED** to table New Applications, Reviews, and Reinstatements
178 until 1:30 p.m.

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Agenda Item 10 Continuing Education Audit Review

The Board reviewed and approved documentation provided by the following licensees for their 2017 Continuing Education Audit review:

Victoria Acree
 Gabriella Aldebot
 Mary Andrews
 Rossirin Baxter
 Kristie Benavides
 Abigail Brennan
 David Brust
 Rebecca Carter
 Tim Chinn
 Zoey Conner
 Deanna Cresap
 Julia Cresap
 Chueai Davis
 Rene Gevais
 Renae Kass
 Leah Labar
 Aimee Olejasz
 Joshua Parker
 Katharine Perry
 Sterling Rasmussen
 Lisa Roderick
 Christyanne Sullivan
 Tammy Thinoi
 Garcia Thompson
 Joci Troumbley
 Kimberly Verreydt
 Elizabeth Wallmann-Filley
 Liming Wang

The Board Reviewed and denied acceptance of documentation provided by the following licensees for their 2017 Continuing Education Audit review:

Michelle Kocan
 Deborah McCusker
 Debbie Slater
 Suzanne Webb

OLE Dulebohn was tasked with contacting the licensees and requesting supporting documents or CE substitutions

227

228 **Agenda Item** **Public Comment**

229

230 The Board prepared to hear public comment. Ed Toal was present at the Anchorage to give
231 testimony at 1:15 p.m. Mr. Toal's statement was as follows:

232

233 "I guess my first comment is that I'm sorry we never really get to have a discussion. The structure
234 of the regulatory body is: You guys talk; I listen. Then once in a while, I get to talk; you listen. We
235 never really get that human element where we share our feelings with each other and try to come to
236 an understanding. So, that's missing and I feel like that leads to adversity. I asked to be put on the
237 agenda so we might have a bit of discussion but that didn't happen. So, I guess here I am to pour
238 more gasoline on the fire of adversity! So, you'll hear my complaints.

239 I know you're all fine people. I don't question that but I feel like somehow we're going down the
240 wrong road on this question of whether Rolf Institute graduates should be able to be licensed. I just
241 took it for granted reading the Statute, and based on what every other state is doing, that just
242 wouldn't even be a question. I feel like the reason it's become a question is based on historical
243 animosity that's developed over previous conflicts that have come up over the Board's
244 misunderstanding of the Exceptions and our (Rolfers) opposition to HB 110. So, I feel like we've
245 brought baggage into the discussion of the determination of whether it seems self-evident that
246 Rolfers are well trained and certainly not a danger to the Public. So the argument that Ron came up
247 with earlier, he said that "Rolfers may not be trained in draping, ect". And may make them a threat
248 to the public if they are licensed as massage therapists, just doesn't seem like a very good argument
249 to me. Let me go down my list and maybe I'll have some more structure to my comments.

250 There's been a lot of talk of whether the Rolf Institute is a massage school or not. I feel like there's
251 a lot of sticking confusion on the word "massage" and I think that Jill Motz brought up the idea of
252 title protection. That there might be an erosion of the term massage and that part of the business of
253 a regulatory board would be to protect the identity of massage. To an extent, I agree with that,
254 however, there are definitions in Statute and those definitions are law and they should be treated
255 with respect that way. The definition of massage therapy, in Alaska, is so broad that practically
256 anybody that puts their hands on people could make a case that they are doing massage therapy.
257 The work that Rolfers do certainly falls under the broad definition of massage therapy that I can
258 read to you, if you want, but I probably don't need to because I'm sure you understand the Statute.
259 That being said, that's the reason why we had to have the Exemption in the first place, because the
260 casual observer would look at what we do and say, "Well, yes, this definition of massage therapy
261 applies to these people." So we made sure to get that Exemption in place, to create that distinction.
262 But it's an exception; not an exclusion.

263 I've made it my business to try to convince every new Rolf Institute graduate coming out, that's it's
264 to their advantage to become licensed as a massage therapist. I applied for my license the 1st of July
265 2015 because I value licensure, I want to be as credentialed as I can be. I've done a pretty good job
266 convincing all new people coming in; get your license. Now they're up against this barrier which I
267 feel is based on animosity toward that exception and our defense of the exception which led to the
268 struggle of getting what you really want out of HB110 which is establishment licensure, which I
269 totally agree with and it was unfortunate that we had to block that to protect out exception to
270 chapter.

271 That whole thing was just a mess and you guys came into what I thought was a good solution which
272 was to ask Sam Kito to drop the Exemption language out of it and clean up HB110, which we
273 would completely support and after that, not be in your way. So there's the confusion over if
274 someone has that exception are they trying to "have their cake and eat it too". Well, they're not.

275 People that are applying for a license are not trying to claim exception, they're trying to waive their
276 exception and get licensed. And if you just read down the list of credentials, things that are
277 necessary for an applicant, Rolf Institute graduate meets every one of those unless you want to really
278 bend over backwards and try to say that Rolfers are not getting that kind of training that constitutes
279 massage. Well, go back to legal definition of what massage therapy is in Alaska, it's very clear. I'm
280 upset that people are trying to make that case. It's just confusing to me.

281 Keep in mind, these are people. I have three people right now that are not working in the
282 environment that they thought they would be. They were promised employment at clinics that bill
283 for services to...insurance payment and in order to do that, they need a massage therapy license.
284 And they've been in the wings since July. I didn't find out until October that this was all going on
285 which I'll talk about in a minute. These are real people that are not working right now to the extent
286 that they should be because of a misunderstanding. Nobodies trying to get away with anything.
287 Nobodies trying to "have their cake and eat it too". It's people that are legitimately seeking
288 employment, and have investing quite a bit of money in their schooling. This is not a light manner.
289 Ron brought up the issue on how massage and bodywork are different. You seem to not be giving
290 full weight to COMTA accreditation. Massage. Bodywork. It all falls under the legal definition of
291 massage in Alaska so that should be a non-issue. COMTA is very rigorous. Really the only
292 national accrediting agency or accrediting body in America. All massage schools try to get COMTA
293 accreditation. That is the gold standard. It took the Rolf Institute years of getting their ducks in a
294 row: having curricular review and interviews with faculty. It's not like they just mail in a
295 membership thing or something. COMTA is a real accrediting body and it should be taken
296 seriously.

297 Sara Chambers gave you a very clear explanation this morning. She gets it. She is a pro and
298 explained in exquisite detail what the situation is and, unfortunately, her clear explanation was
299 followed with, I would have to say, prejudice questions and comments. I do understand why there
300 is an axe to grind against the Rolfers because we've just, unfortunately, gotten into an adversarial
301 head-butting situation that I would love to clear up and have us all be colleagues someday. If I had
302 my way, all new Rolfers are going to be licensed massage therapists and the old guard that is
303 claiming the exception will retire in the next ten years. I would like for us to all be one big, happy
304 family. We'll see.

305 I found it interesting that particular Ron seems to be the main person saying that Rolfers are not
306 doing massage therapy. After two years of saying that, we are massage therapists. You talk about
307 your training at the Utah College of Massage Therapy and that you got some structural integration
308 training there and that you argued repeatedly that it's just a variation of massage therapy and now
309 you're changing your tune. Your letter in testimony of HB110 clearly stated it. David Edwards-
310 Smith brought up the Job Task Analysis from FSMTB during his testimony for HB110. His
311 testimony at the time was that Rolfers were doing practically identical work as massage therapy. So
312 there's that. I noticed in the Board Packet there was a lot of testimony pulled out from HB110, very
313 one sided with Rolfers saying they weren't massage therapists in an attempt to protect their
314 exception but nothing on your side where you guys argued that we are doing massage therapy. So, I
315 wanted to bring up that.

316 I wonder what Ron, in particular, what your agenda is? Why are you so adamant against or trying to
317 find a way? You brought up Georgia, the beacon of enlightened anything. Denying structural
318 integration continuing education as qualifying continuing education for massage therapy. Are we
319 really going to look to Georgia for guidance on these things? You said you disagreed with that, and
320 yet you said you would like to look at it and maybe find a way to deny licensure to Rolf Institute
321 graduates. I just don't get it.

322 You talked about looking at curriculum from various schools to see if they have it. The Board may
 323 adopt a Regulation specifying what particulars on massage training would be necessary to get
 324 licensed in Alaska and I think you all know that if you all start looking at every individual training
 325 “You need this many hours of draping, you need this many hours of whatever”. Do you really want
 326 that work? Do you really want to generate that? COMTA, again gold standard. Please trust
 327 COMTA and just make it easier on yourselves and everyone else. They know what they’re doing.
 328 The State of Washington which I know board member, Traci Gilmour, highly regards. She is
 329 licensed there, I believe and I’ve worked there in the past. They license Rolfers and they are one of
 330 the more difficult states to be licensed in. They are highly regulated, very picky State when it comes
 331 to this and all the Rolfers down there are licensed massage therapist and even one of them could
 332 move to Alaska and submit their Washington state massage license as a way to get their License by
 333 Credential. Lots of Rolfers out there are licensed as massage therapists and the fact that they have
 334 exception to chapter in Alaska, I think Sara Chamber made it clear that is a separate issue. It doesn’t
 335 have bearing on the credentials of an applicant.

336 I guess that’s it. The Statute is clear that unless you have a background agenda you are trying to
 337 overlay on it. If you would just read the Statute there would not be any question, I believe.
 338 Not to make threats, I’m not threatening but the reality is that if this doesn’t... if you block or reject
 339 applications by Rolf Institute graduates it will be appealed, of course. Hopefully Department of Law
 340 will nip it in the bud and will give a decision and say that these people should be issued licenses. If
 341 not, it’s going to go farther than that. It’s going to turn into a lawsuit. It’s going to be very
 342 expensive and un-necessary and I would hate to see that happen. It’s not going to stop with a
 343 rejection of an application. If that’s the pathway that this Board wants to travel down, just know
 344 that we’re all in and we’re going to go all the way with this. Let’s not wind up in court over this,
 345 please.

346 I guess my last point is, I regret to say this because I really do respect Traci Gilmour. Believe it or
 347 not Traci, I like you. Every interaction I’ve had with you...I respect you and I don’t want to be
 348 negative toward you but I feel like, in the interest of this Board there has to be some discipline or
 349 censure or something. Something has to happen about how this went down with Traci Gilmour and
 350 Dawn Hannasch because looking at the email exchange, Traci’s first impression was, “yes, Rolf
 351 Institute graduates are fine” and then I wrote to you, David, and you wrote back saying that there
 352 had been discussion and board meetings and had unanimous consent that Rolf Institute graduates
 353 would qualify for licensure.

354 (One minute warning by OLE Dulebohn)

355 And then it all blew up, I guess trying to cover your bases and not have it get to be a runaway train,
 356 you guys kinda backed up Traci. So she called Amanda (Unser) and Amanda advanced an opinion.
 357 She’s not a Board member. Then it turned into blocking and telling people they can’t get licensed.
 358 It was like one person made a decision which masqueraded as Board policy that caused financial
 359 harm to people. That is a black eye for the Board. You should at least say something in writing that
 360 was a wrong thing to do and you’re working on having clear policies and procedures for the future.
 361 Please. End of rant.”

362

363 Agenda Item 10 (continued) Applications

364

365 **In a motion made by Jill Motz, seconded by Traci Gilmour, and passed unanimously with a**
 366 **roll call vote, it was RESOLVED to APPROVE the application for an Alaska Massage**
 367 **Therapist license for Aubrey Grause.**

368

369 In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a
 370 roll call vote, it was **RESOLVED** to **TABLE** the application for an Alaska Massage
 371 Therapist license for Sarah Reichert pending review by Investigations.

372
 373 In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a
 374 roll call vote, it was **RESOLVED** to **APPROVE** the application for an Alaska Massage
 375 Therapists license for Jie Wang pending application review of professional fitness questions
 376 by the Division.

377
 378 In a motion made by Traci Gilmour, seconded by Ron Gibbs, and passed unanimously with
 379 a roll call vote, it was **RESOLVED** to **APPROVE** the reinstatement of Alaska Massage
 380 Therapists license for Nicholette Eley.

381
 382 In a motion made by Traci Gilmour, seconded by Ron Gibbs, and passed unanimously with
 383 a roll call vote, it was **RESOLVED** to **APPROVE** the reinstatement of Alaska Massage
 384 Therapists license for Ruiqing Xie.

385
 386 In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a
 387 roll call vote, it was **RESOLVED** to break until 2:00 p.m.

388
 389 **Agenda Item (Amended)** _____ **Apprenticeship Program**

390
 391 Back on the record at 2:01 p.m.

392
 393 Apprenticeship Program presentation by Board Member Jill Motz.

394
 395 This task started out because the Board doesn't have regulatory authority over massage
 396 apprenticeship programs and what the Board's responsibility is, to determine whether an
 397 apprenticeship program meets criteria that produces a competent therapist.

398
 399 Ms. Motz got into contact with the Department of Labor in Anchorage to see what a good
 400 apprenticeship looks like and after several meetings came the idea to build the Apprenticeship
 401 program for Alaska Massage Therapists with the help of a five person "work group". The initial
 402 idea was to build the program on the state level but when that didn't work out it became a federal
 403 program. This is a more comprehensive program than you can get in the state of Alaska right now.
 404 The Department of Labor has accepted this program model. It's going through the commentary
 405 process between the different levels and the Department of Labor is moving forward with this
 406 program proposal.

407
 408 Massage therapy education is uneven across the USA. This program model meets COMTA
 409 (Commission on Massage Therapy Accreditation) and ELAP (Entry Level Analysis Project)
 410 qualifications. It is a COMTA accredited program. ELAP is a combined effort of seven different
 411 organization's two year project to put together what a national entry level massage therapy program
 412 would look like. When industry leaders got together to create a standard, the recommendation for
 413 that standard is the ELAP. In the future, the hope is that all schools will be COMTA accredited and
 414 that a national standard would be the ELAP standard. .

415 It is designed so it can be applied in all 50 states. If for some reason, you don't finish with the initial
 416 instructor, this program is built to be able to take your accomplishments with you to another
 417 instructor and continue where you left off in your education.

418
 419 This program has not been reviewed by ACPE (Alaska Commission of Post-Secondary Education)

420

421 How the apprenticeship program works is:

422

- 423 1) This a hybrid program that consists of book work and hands on learning.
 424 Minimums hours are 1500 and maximum of 2500A COMTA accredited school
 425 will provide 425 hours of book learning.
- 426 2) To be a Trainer: The proposal of the work group is that you must have 10 years
 427 of experience and be a licensed massage therapist in good standing with the State
 428 of Alaska. If you have any deficits in knowledge, you will have the option to
 429 outsource to another qualified trainer. Federal program offers modest stipends
 430 to cover costs to pay for you to teach. The option of allowing Instructors to
 431 have more than one apprentice at a time (but not more than two) is favored by
 432 the founding workgroup. Once students have achieved certain competency
 433 levels, they will be allowed to offer "student" massages for compensation.
- 434 3) Every trainer/trainee will complete a Competencies Checklist. The student will
 435 shadow the instructor by observing and eventually co-treating. The instructor
 436 and student both sign off on each individual component of a checklist as the
 437 student completes training. It creates accountability from the teacher and the
 438 student.
- 439 4) To Be an Apprentice: you must be screened and approved by the Department of
 440 Labor. Since it is a federal apprenticeship program, it is free for trainees.
 441 Furthermore, since the trainees must be an employee of the trainer's business,
 442 they will be paid a living wage while they are learning.
- 443 5) A reporting agency for transcripts has yet to be determined.
- 444 6) This program model will allow people to stay in their home town and do their
 445 training with an approved instructor.

446

447 The Board needs to make a proposal to only accept apprenticeship programs that meet COMTA
 448 and ELAP standards. This will create a high level of accountability in the profession. This program
 449 is well vetted, researched, has gone through the Department of Labor, and the Board will know that
 450 anyone coming out this program will be a competent massage therapist.

451

452 **In a motion made by Jill Motz, seconded by Traci Gilmour, and passed unanimously with a**
 453 **roll call vote, it was RESOLVED to send the following draft amendment to the Regulations**
 454 **Specialist to "only accept apprenticeship programs that meet COMTA and ELAP**
 455 **standards."**

456

457 **In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a**
 458 **roll call vote, it was RESOLVED to amend the agenda to move the discussion concerning**
 459 **the Barrier Crimes Matrix/Disciplinary Fine Schedule on from December 1 to November**
 460 **30, 2017.**

461

462

463 **Agenda Item (Amended)** **Barrier Crimes Matrix/Disciplinary Fine Schedule**

464

465 In a motion made by Jill Motz, seconded by Ron Gibbs, and passed unanimously with a roll
466 call vote, it was **RESOLVED** to adopt the Barrier Crimes Matrix as written with a possible
467 regulations project if “moral turpitude” needs to be further defined.

468

469 In a motion made by Jill Motz, seconded by Ron Gibbs, and passed unanimously with a roll
470 call vote, it was **RESOLVED** to approve the Disciplinary Fine Schedule, as amended by the
471 Board.

472

473 **Agenda Item (Amended)** **Past Task List**

474

475 The Board briefly touches on their research into NCBTMB, COMTA, RISI, and FSMTB and agree
476 to go into more depth during the Clarification on Accredited Massage Schools tomorrow under Old
477 Business.

478

479 **Chair Edwards-Smith has recessed for the day and will reconvene the meeting at 9:00 a.m.**
480 **on December 1, 2017.**

481

482 Off the record at 3:38 p.m.

483

484 **Friday, December 1, 2017**

485

486 **Agenda Item** **Call to Order/Roll Call 9:02 a.m.**

487

488 Board Members present, constituting a quorum:

489

490 David Edwards-Smith, Board Chair-Licensed Massage Therapist

491 Traci Gilmour, Licensed Massage Therapist

492 Ron Gibbs, Licenses Massage Therapist

493 Jill Motz, Licensed Massage Therapist

494

495 Division Staff present:

496

497 Renee Hoffard, Records and Licensing Supervisor

498 Dawn Dulebohn, Occupational Licensing

499

500 **Agenda Item** **Review Agenda**

501

502 Agenda was reviewed by the Board

503

504 **Agenda Item 11** **Old Business**

505

506 HB110:

507

508 Traci Gilmour reports on her meeting with Representative Sam Kito’s office (who has agreed to
509 carry the bill) concerning HB110 meeting as assigned on October 2, 2017. HB110 has been
510 approved to be changed with removing the exemption licensing language. The rest of the bill will

511 remain the same in that Blood borne Pathogens requirements will be reduced to two hours,
 512 education for Application by Examination will increase to 625 hours, there will still be a rural
 513 exemption, there will massage establishment licensing language, and the addition of fingerprint
 514 language changes that have been requested to be done at renewal. Ms. Gilmour has a follow-up
 515 meeting with Representative Kito's office next week and will send a report to OLE Dulebohn to
 516 distribute to the Board.

517 In regards to the Sunset Audit, Ms. Gilmour clarified through Representative Kito's office that the
 518 statute sunsets, not just the Board. If the legislature doesn't agree to continue the statute, it sunsets
 519 in 2018 and then there is a wind down year for the Board to finish up business already in progress.
 520 Chair Edwards-Smith wanted to clarify, for the record, that the purpose of the sunset audit is to get
 521 a sense of whether the Board is meeting statutory requirements and our report was very positive.
 522 Fortunately, the Board has a recommendation to continue.

523

524 Clarification on Accredited Massage Schools:

525

526 The Board discusses all the correspondence that had been sent between Ed Toal, OLE Dulebohn,
 527 and Sara Chambers in October 2017. The Board also reviewed the research done in regards to
 528 COMTA, FSMTB, Rolf Institute of Structural Integration, and testimony from HB110 that was
 529 tasked at the October 20, 2017 teleconference. The Board agrees that they want to make the best,
 530 informed decision possible and not be rushed because they are here to protect the public. The
 531 Board feels (in the past) they haven't asked enough questions before making some decisions and
 532 they want to be sure they work for the good of the whole and not the few.

533

534 Some of the main points from the discussion are:

535

- 536 • **Board's Stance:** The Board wants to resolve this conflict but have the job to make
 537 decisions based on the finding of facts. On February 22, 2016, the Board was split but
 538 ultimately approved a letter of support for the Rolfers of Alaska to pursue their own
 539 licensure. The Board has previously issued licenses to Rolfers who are also massage
 540 therapists and have completed massage training. The two main reasons for licensure is
 541 public protection and the ability to directly bill insurance. Should the Board be looking to
 542 define the content of what the 500 hour requirement entails as Washington and Oregon
 543 have done? If the Board defines content in a regulations project, it will allow a pathway to
 544 better understanding to applicants of the what is required and allow institutions to counsel
 545 their students on how to make up for deficits
- 546 • **Rolfing:** Rolfing is a trademarked, branded program that carefully avoids any language to
 547 link themselves to the massage therapy profession and historically they have made an effort
 548 to be excluded from massage therapy association. Since the brand goes to such great lengths
 549 to avoid using the term "massage" it makes it more difficult to define how much they are
 550 like massage therapists. Rolfers basically perform the same tasks as massage therapists.
 551 Some of the Board members had believed structural integrators should be under the same
 552 umbrella as massage therapists until the Rolfers made it clear that they were not the same
 553 profession.
- 554 • **Education:** does RISI (Rolf Institute of Structural Integration) provide the necessary
 555 training to be a massage therapist? RISI transcripts have a lot of great courses but there is
 556 no evidence in the curriculum that makes it a massage therapy school. Does the Rolf
 557 Institute of Structural Integration meet the statutory requirement of a massage program

558 regardless of how they view or define themselves? The Board agrees that a more in depth
 559 class description from RISI is needed to determine if the courses meet the idea of what the
 560 Board thinks should be taught at a massage school. .

561 • **Statutes:** *Sec. 08.61.030(3)(A) Qualifications for license. The board shall issue a license to practice*
 562 *massage therapy to a person who furnishes evidence satisfactory to the board that the person has completed a*
 563 *course of study of at least 500 hours of in-class supervised instruction and clinical work from an approved*
 564 *massage school;*

565 *Sec. 08.61.100(1) (A) (B) “approved massage school” means a massage therapy school or program that has*
 566 *an authorization to operate from the Alaska Commission on Postsecondary Education or a similar entity in*
 567 *another state; or is accredited by a nationally recognized accrediting agency. Does RISI meet the*
 568 *definition? Is the reason to accept RISI only because they have an institutional endorsement*
 569 *from COMTA?*

570 *Sec 08.61.100(5) “practice of massage therapy” means the provision, for compensation, of a service involving*
 571 *the systematic manipulation and treatment of the soft tissues...to enhance the functions of those tissues and*
 572 *promote relaxation and well-being... If any program (reflexology, physical therapist) comes*
 573 *before the Board and they have an accreditation but do not have a curriculum that*
 574 *necessarily translates over to massage but they meet the statutory criteria of the definition of*
 575 *massager therapy, do they get licensed? The Board wants to think of the precedent they are*
 576 *setting by possibly accepting a program that is not from a massage school.*

577 *Sec. 08.61.080(10). Exceptions to application of chapter. This chapter does not apply to a person engaged*
 578 *only in the practice of structural integration for restoring postural balance and functional ease by integrating*
 579 *the body in gravity using a system of facial manipulation and awareness who has graduated from a program*
 580 *or is a current member of an organization recognized by the International Association of Structural*
 581 *Integrators, including the Rolf Institute of Structural Integration.*

582 • **HB110:** An exemption does not equal an exclusion. Rolfers have earned an exemption
 583 from chapter because these practitioners are so different that they don’t belong with
 584 massage. Would including Rolfers create a fracture in the law by accepting their education?
 585 Would we accept the same education from someone who was a reflexologist or a physical
 586 therapist and wanted to be a licensed massage therapist that had, included in their
 587 curriculum, hands-on, soft tissue manipulation? If the Rolfers of Alaska would like to
 588 change and not be exempt any longer, some Board members would support that decision.
 589 The Board would like to note that the exemption language for Rolfers was put in place in
 590 2014. The Board of Massage Therapists didn’t begin meeting until 2015. The Board would
 591 like to consult the sponsor of HB110.

592 • **Opposition:** At every meeting about HB110, there were Rolfers telling people that they are
 593 different and should not be included as massage therapists.

594 In 2015 RISI Board Chair, Kevin McCoy, says in a letter that “structural integration is a
 595 distinct profession, separate from Massage Therapy. Our long term plan is to be regulated
 596 under the same heading.”

597 In a letter from lobbyist Denali Daniels, “Rolfers do not want to participate in Alaska’s
 598 regulatory framework for massage therapists. Rolfers to not want to extend their scope of
 599 practice. The Alaska Rolfers will actively oppose any legislation that revokes their
 600 exemption.”

601 In a 2016 statement from the President of iasi (International Association of Structural
 602 Integrators), “Structural Integration possesses its own scope of practice, its own education
 603 standard, and a psychometrically valid and legally defensible exam. Massage is a different
 604 type of bodywork, but not all bodywork is massage. Failing to recognize structural

605 integration separately from basic massage does not protect the public. You're only creating
 606 confusion for those seeking actual structural integration. Structural integration education is
 607 not massage education. The MBLEx is not an appropriate exam for structural integrators.
 608 Let us be regulated by our own professional skills and standards."

609 On February 12, 2017, Ed Toal states that "it is important to clarify that Rolfing is a
 610 distinctly different profession and is not massage therapy. Rolfing (SI) is sometimes
 611 confused with massage but it is entirely different. The initial position of the Alaska Rolfers
 612 is that they do not wish to participate in Alaska's regulatory framework for massage
 613 therapists because they are not massage therapists. They are Rolfers and structural
 614 integrators and this continues to be consistent with the nationally agreed upon exemption
 615 for Rolfing."

616 All the opposition testimony demand the Board of Massage Therapists stay away from
 617 Rolfers.

- 618 • **Aggressive Tactics by Rolfers**: The Board feels the aggression from the local Rolfing
 619 chapter by threatening to sue the Board over 50 people who are not massage therapists
 620 was/is unnecessary and off-putting. Ms. Gilmour's answer of the question by OLE
 621 Hannasch that has resulted in repeated requests that she be disciplined/sanctioned and
 622 personally attacked is another example of the aggressive campaign the Rolfers have made
 623 to be included when they aggressively campaigned to be excluded.
- 624 • **FSMTB** (Federation of State Massage Therapy Boards): On February 19, 2016 with
 625 excerpts of the Model Practice Act, FSMTB makes a statement that "soft tissue
 626 manipulation is the category Rolfing would go under." All Rolfers are soft tissue
 627 manipulators and should be included as massage therapists because of that distinction.
 628 Sonia from FSMTB states that "the MBLEx is a massage and bodywork exam. The Board's
 629 best option is to see if everyone falls within the scope. Sonia also cautioned that the Board
 630 really need to protect the title of 'massage therapist' from being watered down and that it can
 631 eventually lead to legal issues." Other states besides Georgia have exclusions for structural
 632 integrators. Massachusetts has excluded structural integration from the definition of
 633 massage. Nevada excludes structural integration from massage licensing and have passed a
 634 law to license them separately. Colorado has very few curriculum requirement for massage
 635 licensure. Kevin from FSMTB communicates that "it is in the Board's best interest to
 636 accept RISI as an accredited program. Regardless of branding they are providing the same
 637 basic tasks. Massage and bodywork are interchangeable and it would be in the Board's best
 638 interest to 'build bridges instead of set fires'."
- 639 • **COMTA** (Commission on Massage Therapy Accreditation): COMTA has three different
 640 times of endorsements: a Program Endorsement, a Curriculum Endorsement, and an
 641 Institutional Endorsement. Many massage schools on the website have programs or
 642 curriculum endorsement but RISI and a few others have Institutional Endorsements and are
 643 not listed as a massage therapy school. RISI's COMTA certification is as a bodywork
 644 school, not a massage school. Angie Meyer from COMTA says they only accredit the
 645 organization as an acceptable school. They do not evaluate content. RISI is accredited by
 646 COMTA as a school offering a Rolf certification program. It is not listed as a massage
 647 therapy school.
- 648 • **NCBTMB** (National Certification Board for Therapeutic Massage & Bodywork) does not
 649 accredit schools, they only accredit therapists who have met criteria as a master body worker.
 650 NCBTMB states that their name stands for "massage and bodywork" and they do not
 651 currently distinguish between massage and bodywork practitioners on their certificates.

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Traci Gilmour left at 10:10 a.m. and was back at 10:12 a.m.

In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a roll call vote, it was RESOLVED to break until 10:30 a.m.

Back on the record at 10:30 a.m.

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- **Consult with Law:** Deputy Director Sara Chambers and Harriet Milk from the Department of Law join the meeting telephonically to answer questions from the Board concerning how the Board determines what an approved massage therapy school or program is and what the role of the Board is in defining said programs. It was conveyed by Law that:
 - Groups that have a license and an exemption to chapter will still be investigated fully allegations to see what capacity they were operating at the time of any incident that might be reported to determine if a person was performing massage therapy.
 - Anyone practicing massage therapy are regulated by the Standard of Practice and Code of Ethics.
 - The Board can regulate content of what constitutes the 500 hours of required education. If the Board wants to take steps to change a Statute or Regulation, they can but until it is there is a change it is the Board's responsibility to interpret the Statutes and Regulations that are currently in place.
 - When an applicant completes their application and it goes to the Board, if the Board determines that more research is needed to do their due diligence, they may only table an application as long as the next scheduled Board meeting or determined date unless the Board decides to call a special meeting.
 - The Board cannot accept a school that doesn't meet the statutory obligation of being an approved massage therapy school. In the absence of a national accreditation, it is the Board's responsibility to determine what is a massage therapy school or program. If the definition of what a massage therapy is being met, the name of the institution is not as important as what the course curriculum is that is being taught as long as it is nationally accredited.
 - Having an exception to licensure and getting a license are not mutually exclusive. It is an exception not an exclusion.
 - If the Board has deliberated and researched what it believes to be a massage therapy education and the school does not meet the Board's requirements, then the person who is presenting that school as their sole education does not qualify for licensure
 - The Board is not keeping people who do not have a license from working in their field for other entities such as doctors and chiropractors. It is up to the entities to decide their employee criteria.
 - Be as clear as you can why you are or why not granting the license.

Traci Gilmour left at 11:13 a.m. and was back at 11:15 a.m.

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In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a roll call vote, it was RESOLVED to break until 12:02 p.m.

699 Back on the record at 12:02 p.m.

700

701 The Board decides that it needs to define what is expected of an approved massage school
 702 and the best way to do this is to form a sub-committee. The Board decides that Jill Motz
 703 and Ron Gibbs would make up this sub-committee and will meet on January 1, 2018 at 3:00
 704 p.m. The subcommittee will determine course content, list of COMTA and ELAP standards
 705 and do research on Oregon, California, Washington, and Alaska state content curriculum
 706 standards for massage therapy (if they're defined). They will then present their findings at
 707 the next Board meeting and make a recommendation to the Board with what they believe
 708 should be Alaska's standards for defining massage therapy program.

709

710 **Agenda Item 12** **New Business (Potential Regulations Projects)**

711

712 **In a motion made by Ron Gibbs, seconded by Jill Motz, and passed unanimously with a roll**
 713 **call vote, it was RESOLVED to send the following draft amendment to the Regulations**
 714 **Specialist to amend 12 AAC 79.100 to institute language that transcripts, exam scores, and**
 715 **license verification be sent directly to the Division from the institution.**

716

717 The Board discusses Blood Borne Pathogens time limits and it is decided that a person having taken
 718 their BBP certification within the required time frame regardless of how long it takes them to
 719 complete their application is all that is needed.

720

721 The Board discusses whether to make a regulations amendment how long an applicant has to
 722 complete their file and whether it will go "stale" as in the Medical statutes and regulations have
 723 written. OLE Dulebohn will do further research to present the regulations project to the Board
 724 reflecting a 6 month cutoff date before an application goes "stale".

725

726 **Agenda Item 13** **Administrative Business**

727

728 Sign Wall Certificates- Wall Certificates were signed by the Chair.

729

730 Sign Past Minutes- Past meeting minutes were signed by the Chair

731

732 Schedule Future Meetings- the Board confirmed the following meeting dates for the upcoming year.

733

- Board Meetings:
 734 March 5-6, 2018 meeting in Juneau
 735 (Ms. Gilmour made a motion to move the meeting to March 8-9, 2017 but it was not
 736 seconded)

737

June 11-12 teleconference

738

September 10-11, 2018 teleconference

739

December 3-4, 2018 in Anchorage

740

- Conferences:
 741 FSMTB conference in Salt Lake City on October 4-6, 2018 the Board decides that Jill Motz
 742 and David Edwards-Smith

743

744 **In a motion made by Traci Gilmour, seconded by Ron Gibbs, and passed unanimously with**
745 **a roll call vote, it was RESOLVED to send Jill Motz and David Edwards-Smith to the**
746 **FSMTB conference on October 4-6, 2018.**

747
748 Correspondence:

749
750 National Headlines on Alleged Sexual Misconduct by a Massage Therapist- On Tuesday, November
751 27, 2017, Liz Thomas from KTVA called to OLE Dulebohn to get a comment on the national news
752 that Massage Envy, a national chain of massage spas (with two locations in Anchorage), has had 180
753 allegations of sexual misconduct by a massage therapist (not in Alaska). OLE Dulebohn made no
754 comment but instead wrote down Ms. Thomas's contact information, notified her supervisor, and
755 filled out a Record of Contact (ROC) form in accordance with the division's policies. After
756 researching the story online and finding headlines in two national newspapers and a magazine, OLE
757 Dulebohn then sent out an e-mail to the Board notifying them of this breaking national news that
758 concerns massage therapists.

759 The Board discusses any action that needs to be done by them in terms of outreach. HB110 is
760 discussed in regards to the licensing of massage establishments. The Board makes the decision that
761 Chair David Edward-Smith will draft a statement in regards to this news story and the Division post
762 a Public Notice on the Massage Therapists website.

763 Supervisor Renee Hoffard informs the Board that on November 28, 2017, acting Chief Investigator
764 Greg Francois did contact Ms. Thomas and informed her that as of this time, at this time, there had
765 been no complaints against Massage Envy. Mr. Francois did inform her that Investigations only has
766 the authority to look into individually license individuals and businesses.

767 It was decided that David Edwards-Smith would draft a response letter from the Board addressing
768 this and would send it on to OLE Dulebohn to post on the website.

769
770 Received a phone call on November 21, 2017 from Lolita Tupua LMT asking if massage therapists
771 were required to keep their own client notes on patience when the LMT was working for another
772 entity such as a chiropractor. Ms. Tupua's employer discouraged the practice of keeping notes
773 outside the patient's file. OLE Dulebohn quoted the Standards of Practice #2 stating that massage
774 therapists "maintain a record of daily clientele including name and date of service and adequate
775 progress notes when applicable." After consulting with her supervisor, OLE Dulebohn also
776 informed Ms. Tupua that another benefit of keeping her own notes is in case there are billing
777 discrepancies, financial audit, or in case notes were ever became a regulatory requirement and could
778 be audited. Ms. Tupua seemed satisfied and pleased with the information. On November 22, 2017,
779 OLE Dulebohn received a phone call from Ms. Tupua's employer, Dr. Rob van Zweeden, disputing
780 the counsel given by OLE Dulebohn stating that it is a HIPA violation. I took his information and
781 passed it on to Supervisor Renee Hoffard. It was decided that this situation should go to the Board
782 for further insight.

783 The Board gave advisement that the SOP #2 was only to be followed in the LMT's own private
784 practice and that when you work under the umbrella of another, those notes stay in the file in the
785 business because that business assumes the risk. I will contact both the chiropractor and LMT and
786 advise them of the Board's decision. Standards of Practice are currently a recommendation and do
787 not have a disciplinary matrix. They will be addresses on case by case basis.

788
789 At this time the Board concluded all scheduled Board business.

790

791 **In a motion made by Traci Gilmour, seconded by Jill Motz, and passed unanimously with a**
792 **roll call vote, it was RESOLVED to adjourn.**

793

794

795 Hearing nothing further, Chair David Edwards-Smith adjourned the meeting at and the record
796 ended at 12:43 p.m.

797

798 **Respectfully Submitted,**

799

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803 _____
Dawn Dulebohn, Licensing Examiner

804

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808 _____
David Edwards-Smith, Boards Chair

809

810

Date

Date

DRAFT

Educational Subcommittee Recommendations

Hello Board members.

Here are the numbers I collected regarding state curriculum standards for massage therapy schools. Please review this data and come to our meeting prepared to make a recommendation. If you have any questions regarding any of the data please forward them to me through Dawn.

Thirty-three states define curriculum areas and minimum hours for content areas. Since states differ in the amount of required hours of education, I converted each state's required number of hours into a percentage of their total required hours. Then I averaged those percentages. Minimum clinical practice hours were only defined by 17 states, and it appears that the remaining states combine that as part of the "Massage theory and practical application" category.

Page 2 shows the breakdown for ELAP. I again converted the hours into percentages. On the bottom of the page I showed what the hours requirement might be for a 500 and 625 hour program if we used the Average percentage data from page 1.

See you all in March.

Ron

State	total hrs	Background Check	Exam	Anatomy & Physiology, Pathology, Kinesiology	Massage theory and practical application	Clinical Practice	Ethics and law, business
				% of total hours	% of total hours	% of total hours	% of total hours
States with defined curriculum content							
Alabama	650	NO	YES	15	50		5
Arkansas	500	yes	YES	35	50		
California	500	yes	YES	16	80	*	3
Delaware	500	yes	YES	20	60		5
District of Columbia	500	yes	YES	28	40		
Florida	500	yes	YES	30	38	25	3
Georgia	500	yes	YES	31	40		2
Hawaii	570	NO	YES	9	17	*	
Idaho	500	NO	YES	33	40	22	5
Indiana	500	yes	YES	18		20	
Kentucky	600	NO	YES	28	40		40
Louisiana	500	yes	YES	25	65		10
Massachusetts	650	NO	NO		31	15	
Michigan	500	yes	YES	26	46		
Mississippi	700	yes	YES	33	60		
Missouri	500	yes	YES	20	60		10
Nebraska	1000	yes	YES	30	50		10
New Jersey	500	yes	YES	18		20	
New Mexico	650	NO	YES	25	23	30	15
New York	1000	NO	YES	50	15	15	
North Carolina	500	yes	YES	20	40		3
Oregon	500	yes	YES	32	48		
Pennsylvania	600	yes	YES	29	42	25	4
Rhode Island	500	YES	YES	20	60		
South Dakota	500	NO	YES	32	40	25	
Tennessee	500	YES	YES	40	40		3
Texas	500	YES	YES	33	40	10	9
Utah	600	YES	YES	28	57	20	8
Washington	500	yes	YES	36	43	10	11
West Virginia	500	NO	YES				
Wisconsin	600	NO	YES	20	43	10	
New Hampshire	750	NO	Yes				
North Dakota	750	NO	Yes	20	40	10	6
AVERAGE %				27	45	18	8

States without defined curriculum			
Maine	500	yes	YES
Maryland	600	yes	YES
Iowa	600	NO	YES
Massachusetts	650	NO	NO
Colorado	500	yes	YES
Arizona	700	yes	YES
Montana	500	NO	YES
Nevada	500	yes	YES
New Jersey	500	YES	YES
Ohio	750	yes	YES
South Carolina	500	NO	YES
Connecticut	500	NO	YES
Virginia	500	NO	YES
Kansas	NA		
Vermont	NA		
Oklahoma	NA		
Wyoming	NA		

Alaska Commission on Postsecondary Education



Our Services

Alaska Performance Scholarship



Alaska Education Grant



Alaska Loan Programs



Outreach and Success Center Services



Institutional Authorization



All postsecondary educational providers in Alaska, and the programs they offer, must be authorized in accordance with law as set forth in AS 14.48, or be formally determined by ACPE to be exempt from authorization. ACPE's authorization process is designed to ensure postsecondary education providers and programs meet minimum standards set out in law, relative to:

- institutional financial soundness
- ethical business practices
- educational program quality
- administrative capacity

[Review schools authorized to operate or exempt from authorization in Alaska.](#)

Benefits of Higher Education

ACPE programs and services are designed to increase Alaska citizens' access to the benefits of higher education:

For Individuals

- increased personal income
- increased employment opportunities
- increased ability to pursue leisure activities
- increased access to healthcare and longer lifespan
- increased satisfaction with life
- increased likelihood that children are more likely to be healthy and economically successful

For Communities

- increased workforce pool for resident hire
- lower unemployment rates
- lower crime rates
- decreased demand for public assistance
- ability to attract new businesses and investments
- economic base to support better healthcare infrastructure and school systems

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Postsecondary Institution Authorization

All postsecondary educational providers in Alaska, and the programs they offer, must be authorized in accordance with law as set forth in AS 14.48, or be formally determined by ACPE to be exempt from authorization. ACPE's authorization process is designed to ensure postsecondary education providers and programs meet minimum standards set out in law, relative to:

- institutional financial soundness
- ethical business practices
- educational program
- administrative capacity

Alaska Postsecondary Institutions



See a complete list of schools authorized to operate or exempt from authorization in Alaska.

[Postsecondary Institutions >](#)

Institutional Authorization Process



Find out more about the postsecondary institution application process.

[Learn More >](#)

WHAT IS AUTHORIZATION?

Authorization is the process of determining if a postsecondary educational institution meets the minimum standards required for institutional compliance established in AS 14.48.060 and further articulated in regulation 20 AAC 17. An entity offering postsecondary programs, courses, vocational training, or an educational credential including distance education must be authorized or determined by ACPE to be exempt from authorization.

An institution or organization operating or advertising to begin operation without acquiring the necessary approval from the Commission is in violation of Alaska law and may be subject to civil and/or criminal penalties.

To become authorized, an institution must:

- submit an application
- pay appropriate fees
- provide required surety
- meet minimum standards regarding quality of education, ethical business practices, and fiscal responsibility as described in law
- complete a on-site facility visit
- receive final approval by the Commission

Read more about the authorization process.

Institutional authorization does not constitute approval to participate in Alaska Education financial aid programs. For more

information, contact the Institutional Authorization section at EED.ACPE-IA@alaska.gov , or 907-465-6763.

What is Accreditation?

The Alaska Commission on Postsecondary Education (ACPE) is not an accrediting agency. ACPE is the authorizing agency in Alaska which assures minimum standards for postsecondary institutions set out in Alaska law are met.

Accreditation is a private, voluntary, non-governmental, peer-review process through which institutions are evaluated and recognized as having met the accrediting agency's standards of educational quality. Most accrediting agencies require compliance with state law prior to granting accreditation. There are two types of accrediting associations:

1. Institutional accreditation is granted by regional associations that establish standards for the entire school specialized accreditation is granted by national organizations that establish standards for professional schools and individual educational programs
2. To offer degree programs in Alaska, an institution must be accredited by an accrediting association approved by the U.S. Secretary of Education.

Exemption from Authorization

Certain educational providers may be exempt from some or all authorization regulations. Exemptions are not automatic and are determined based on the documentation provided. Exemptions may be available to education providers offering programs:

- offered solely by and for a professional organization's members
- do not offer educational credentials and are proceeded at cost
- regulated by another state agency using appropriate standards
- no more than 120 hours and 15 days in duration
- offered by an accredited institution that is based and authorized in another state
- non-degree programs offered by and for the membership of a bona fide religious organization
- a flight-training course that maintains current certification under 14 C.F.R. Part 141 or Part 142; or
- an on-line or distance delivered program that does not have a physical presence within the state

Educational providers must submit an application to ACPE, pay a \$100 application fee and include specimen copies of each certificate or diploma issued. Find out how to apply for an Exemption from the Institutional Authorization process .

Read more about Exemption from Authorization and Distance Education.

To read the most recent issue of *Institution Insight*, Institutional Authorization's quarterly newsletter, click [HERE](#) .

For back issues of the newsletter click [HERE](#)

EDUCATION PLANNING

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LOANS

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COMTA



COMTA-ENDORSED CURRICULUM REQUIREMENTS

- 1) **Institutional Eligibility** - Institutions offer training at a post-secondary level only and must be legally organized and licensed by the appropriate state education and/or state licensing agency which authorizes the conduct of business in that state.
- 2) **State Approvals** - The programs under consideration have current approval(s) as required by law and regulation in their jurisdictions, including state education agencies, state private postsecondary regulators, or massage licensing boards.
- 3) **Program Eligibility** –There have been at least five (5) students enrolled in or graduated from each of the programs included in the application.
- 4) **Program Length** - The program length complies with one of the following:
 - a. Professional licensing/credentialing hours for the applicable jurisdictions.
 - b. In the absence of state licensing, a minimum of 500 hours of classroom and clinic/fieldwork that are directly supervised by qualified faculty members.
 - c. Program length is calculated using COMTA’s definition of clock hour: “a clock is defined as a 60 minute block of time consisting of 50 minutes of instruction with appropriate breaks.”
- 5) **Curriculum Content** - The program’s curriculum content is coherent and demonstrates that it has been designed according to professional licensing and/or credentialing requirements for the applicable jurisdictions.
- 6) **COMTA Curriculum Competencies** - The program’s curriculum content demonstrates that it includes *at minimum* the COMTA Curriculum Competencies.
 - a. Curriculum competencies set standards of professional knowledge and abilities. Evaluating a program in terms of student competency places the emphasis on student learning, as opposed to how much time is devoted to each topic.
 - b. The Commission’s six general competency areas are as follows:
 1. Plan and organize an effective massage and bodywork session or esthetic treatment.
 2. Perform massage therapy and bodywork or esthetic treatments for therapeutic benefit.

3. Develop and implement a self-care strategy.
 4. Develop successful and ethical therapeutic relationships with clients.
 5. Develop a strategy for a successful practice, business, or employment situation.
 6. Identify strategies for professional development.
- c. Schools/programs must demonstrate how these competencies are being taught and assessed using the COMTA Competency Chart.
- 7) **Syllabi** - Programs ensure documentation and consistent implementation of the curriculum through the use of clear syllabi distributed to students at the beginning of each course.
- 8) **Clinic/Fieldwork** - The clinic/fieldwork experience is a vital component of student learning. Clinic/fieldwork should be considered an integral part of the instructional process.
- a. Students are supervised and evaluated by qualified faculty members.
 - b. Clinic/fieldwork hours are appropriate to the length of the program and adhere to the following:
 - i. Hours do not exceed 25 percent of the required hours of the program.
 - ii. A minimum number of hours/client sessions on the general public must be performed and documented.
 - iii. See COMTA Clinic Guidelines for additional information.
- 9) **Externship (optional)** – If a program includes an externship experience, the following apply:
- a. Externship hours are appropriate to the length of the program and adhere to the following:
 - i. Hours are over and above the minimum 500 hours.
 - ii. Hours do not exceed 20 percent of total program hours.
 - b. Student performance is supervised by an onsite supervisor who is legally qualified to do so.
 - c. Student performance is evaluated by a qualified faculty coordinator (employee of the school).
- 10) **Faculty Qualifications** - All instructors are academically and professionally qualified, based upon the following:
- a. Instructors are qualified and/or trained in instructional methods and classroom management.
 - b. Instructors of theory and technique have a minimum of two (2) years of practical experience and are able to demonstrate the appropriate knowledge or expertise as required by the course learning objectives.
 - c. Instructors teaching anatomy, physiology or pathology must demonstrate that they have completed science training which is broader and/or deeper than the course(s) being taught. If a program's science faculty do not meet this criterion, the program is responsible for effectively

demonstrating to the Commission how its faculty members meet the intent of the standard/requirement.

- d. Instructors of theory and technique hold a current professional license, certification or other credential as required by applicable laws.

11) Program Advertisement, Recruitment and Disclosures

- a. Institutions must use ethical recruitment and enrollment practices and ensure that all recruitment and enrollment practices comply with applicable regulations. “Recruiting practices” include all activities designed to attract students and lead to student enrollment. These include but are not limited to advertising, public outreach and promotion, correspondence with prospective students, and completing enrollment documents. “Recruiting personnel” refers to anyone whose primary responsibility is recruiting, contacting, or responding to prospective students. These staff positions may have different titles at different institutions, but all must comply with the following standards. All activities should provide prospective students with complete and accurate information about the institution so that students can make informed enrollment decisions.
- b. All advertising and promotional materials (including the institution’s website) are clear, factually accurate and current, and avoid leaving any false or unsupported impressions of the institution or program, including location name, educational programs, services, policies, and accreditation status.
- c. Advertising of Endorsement/Approval/Accreditation Status - Institutions and programs are encouraged to promote the COMTA-Endorsed Curriculum achievement, but must accurately represent their status at all times.
 - i. No institution or program may use the term “accredited” unless it is accredited by an accrediting agency and indicates by what agency or organization it is accredited.
 - ii. Institutions or programs only use the phrase “COMTA-Endorsed Curriculum” and may not imply accreditation by the agency in published written or visual form or verbal representation.
 - iii. Only the current COMTA-Endorsed Curriculum badge may only be used in the form provided by COMTA. The COMTA logo may *not* be used.
- d. Required Disclosures include:
 - i. Costs - Total program costs are clearly disclosed for prospective students.
 - ii. Licensing requirements - Institutions or programs must publish in the catalog or student handbook current licensing requirements, including:
 - 1. A brief description of regulations in the state of training, as well as contact information in the state of training, with a statement that requirements in other states may differ;
 - 2. Reference to a reputable resource that lists the names, addresses, and licensing requirements for all the appropriate regulatory agencies in all states that regulate the practice of massage therapy and bodywork and/or esthetics/skin care (e.g., AMTA, ABMP, or similar resource that is updated regularly with information for ALL states);

iii. **Salary and Employment Expectations (optional)**

1. If institutions or program provide information about salary or employment opportunities to prospective students, either in written or verbal form, such information must be accurate and identify the source and date.

12) Transcript Verification and Authentication

- a. Institutions and programs monitor and maintain records of students' progress throughout the program.
- b. Institutions use appropriate measures to ensure transcript authenticity (e.g., watermark paper, embossed seal).

13) **Student Outcomes** - To maintain and/or improve program effectiveness, institutions or programs monitor and report completion, placement, and licensure exam pass rates on an annual basis.

14) **Distance Education (optional)** – If programs include distance education (both fully online or hybrid courses), the following requirements apply:

- a. Distance education must meet the criteria of supporting regular and substantive interaction between the students and the instructor. Independent study or correspondence courses do not meet that criterion.
- b. Hours awarded for distance education constitute no more than 49 percent of the program clock hours or credits (whichever is less). This includes any general education hours that may be included in a degree program.
- c. Institutions and programs must be approved to offer distance education for both in-state and out-of-state students where applicable.
- d. Course content does not require on-site, hands-on, or immediate monitoring of student work.
- e. If any COMTA Competencies are taught or assessed via distance education, methods appropriate to the language of the Competency are used.
- f. See COMTA's Distance Education Guidelines for additional information.

Is It an Approved Massage Therapy School or Program?

"Approved massage school" means a massage therapy school or program that

- ① has an authorization to operate from the Alaska Commission on Postsecondary Education or a similar entity in another state; or
- ② is accredited by a nationally recognized accrediting agency

① Is it a massage therapy school or program?

➔ Can it demonstrate that the instruction covers the practice of massage therapy?

AS 08.61.100(5):

"Practice of massage therapy" means:

the provision, for compensation, of a service involving the systematic manipulation and treatment of the soft tissues, including the muscular and connective tissues of the human body, to enhance the functions of those tissues and promote relaxation and well-being;

In this paragraph, **"manipulation and treatment"**

- **includes** manual techniques applied with the intent to physically affect local soft tissues, such as pressure, friction, stroking, percussion, kneading, vibration, muscular assessment by palpation, range of motion for purposes of demonstrating muscle exertion for muscle flexibility, nonspecific stretching, and application of superficial heat, cold, water, lubricants, or salts;
- **does not include** diagnosis, the prescription of drugs or medicines, the practice of physical therapy, attempts to manipulate any articulation of the body or spine, or mobilization of these articulations by use of a thrusting force.

➔ Does the instruction reasonably prepare a student to meet the requirements for licensure?

AS 08.61.030(3): Qualifications for licensure include 500 hours of in-class supervised massage instruction and clinical work in massage therapy

② Is it accredited?

➔ Is it authorized or accredited by:

- Alaska Commission on Postsecondary Education?
- Similar entity in another state?
- Nationally recognized accrediting agency?

If the board determines that the school or program meets both criteria, the school should be approved.

December 1, 2017

1. **COMTA Curriculum Competencies** - The program's curriculum content demonstrates that it includes *at minimum* the COMTA Curriculum Competencies.
 1. Curriculum competencies set standards of professional knowledge and abilities. Evaluating a program in terms of student competency places the emphasis on student learning, as opposed to how much time is devoted to each topic.
 2. The Commission's six general competency areas are as follows:
 1. Plan and organize an effective massage and bodywork session or esthetic treatment.
 2. Perform massage therapy and bodywork or esthetic treatments for therapeutic benefit.

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3. Develop and implement a self-care strategy.
4. Develop successful and ethical therapeutic relationships with clients.
5. Develop a strategy for a successful practice, business, or employment situation.
6. Identify strategies for professional development.

c. Schools/programs must demonstrate how these competencies are being taught and assessed using the COMTA Competency Chart.

7. 7) **Syllabi** - Programs ensure documentation and consistent implementation of the curriculum through the use of clear syllabi distributed to students at the beginning of each course.
8. 8) **Clinic/Fieldwork** - The clinic/fieldwork experience is a vital component of student learning. Clinic/fieldwork should be considered an integral part of the instructional process.

a. b.

Students are supervised and evaluated by qualified faculty members.

Clinic/fieldwork hours are appropriate to the length of the program and adhere to the following:

- i. Hours do not exceed 25 percent of the required hours of the program.
- ii. A minimum number of hours/client sessions on the general public must be performed and documented.

iii. See COMTA Clinic Guidelines for additional information.

9) **Externship (optional)** – If a program includes an externship experience, the following apply:

a.

b. c.

Externship hours are appropriate to the length of the program and adhere to the following:

- i. Hours are over and above the minimum 500 hours.
- ii. Hours do not exceed 20 percent of total program hours.

Student performance is supervised by an onsite supervisor who is legally qualified to do so. Student performance is evaluated by a qualified faculty coordinator (employee of the school).

Competency Table: Completion Instructions

The Competency Table is made up of four columns. The first two columns identify the Competencies and the individual elements. The third column, “Teach,” is where the knowledge and skills that are taught within the curriculum are identified. The final column, “Assessment,” notes where in the program the Competency or element of the Competency is assessed. Prior to submitting the curriculum materials for the accreditation application or for the self-study report the school or program is required to complete the table and submit it as an exhibit to Standard 2 (Curriculum and Instruction).

The Teach column should identify where in the program the learning objectives relative to the specific Competency element are **taught**. Although areas may be reinforced throughout the curriculum, the information presented in the Teach column identifies where in the program the knowledge, skill or performance criteria are taught. This may occur in more than one course or more than one class within a course, and may be identified by course name and class number which could be verified through a review of a detailed syllabus. The specific learning objectives for the class or classes do not have to be restated in the Teach column.

The Assessment column should identify where in the program the desired performance is **assessed** relative to the specific Competency element. Again, this may occur more than once during the program. What is being requested is where the specific component of the Competency is being evaluated.

Example:

		Teach	Assessment
Element 1.2	Effects of touch, massage and bodywork techniques		
	I.	Identify and describe the physiological effects of touch and specific massage or bodywork techniques. (Does not apply to programs in Asian Bodywork Therapies.)	Massage Therapy I Class #1-3, 7 Massage Therapy II Class #1-8
Element 2.3	Equipment and supplies		
	I.	Demonstrate safe and effective use of equipment (such as massage tables, massage chairs, bolsters) and	Massage Therapy I –

		supplies (such as linens, lubricants, gloves).	Class #1, 3, 5 Massage Therapy II – Class #1,2,4,6	Massage Therapy II – final exam Student Clinic
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Teach column: Where the Competency element is addressed in the curriculum.
 Assess column: Where student performance is assessed relative to the Competency.

		Teach	Assess
COMPETENCY 1	PLAN AND ORGANIZE AN EFFECTIVE MASSAGE AND BODYWORK SESSION		
Element 1.1	Structure and function of the human body in health and disease		
I.	Identify and describe the anatomical organization and general physiological principles of the human body.		
II.	For all systems of the body, identify, locate, and describe the structures (anatomy), functions (physiology) and pathologies commonly encountered in the practice of massage therapy and bodywork.		
A.	Integumentary system		
B.	Musculoskeletal system		
C.	Cardiovascular system and blood		
D.	Lymphatic and immune systems		
E.	Nervous system		
F.	Endocrine system		
G.	Respiratory system		
H.	Digestive system		
I.	Urinary system		
J.	Reproductive system		
III.	Define, identify and describe the following elements of Asian anatomy, physiology and pathology. (For programs in Asian Bodywork Therapies only.)		
A.	Identify and describe general Asian philosophy and cosmology.		
B.	The Five Elements/Transformations		
C.	The Fundamental Substances of the body		
D.	The Zang (Yin) and Fu (Yang) organs		
E.	General Meridian Theory 1. The Twelve Superficial Meridians/Channels (external/superficial and internal/deep) and effective points		

		<ul style="list-style-type: none"> 2. The Eight Extraordinary Vessels 3. The Tendio-Muscular Pathways 		
	F.	<ul style="list-style-type: none"> Specific points and categories of points <ul style="list-style-type: none"> 1. Tonification and Sedation points 2. Yuan (Source) points 3. Luo (Connection) points 4. Front Mu/Bo (Alarm) points 5. Back Shu/Yu (Associated) points 6. Beginning and Ending points 		
	G	<ul style="list-style-type: none"> Causes and patterns of disease or imbalance <ul style="list-style-type: none"> 1. Etiology of imbalance 2. Zang/Fu patterns of imbalances 3. The six energies (divisions) from the most exterior to the most interior 4. The energetic imbalances that occur within the Five Elements/Transformations Model 5. The characteristic imbalances of the Four Levels (Defense, Qi, Nutritive, Blood) 6. The characteristic imbalances of the Three Jiao (Upper, Middle, Lower) 		
Element 1.2	Effects of touch, massage and bodywork techniques			
	I.	Identify and describe the physiological effects of touch and specific massage or bodywork techniques. (Does not apply to programs in Asian Bodywork Therapies.)		
	II.	Identify and describe potential emotional effects of touch and specific massage or bodywork techniques. (Does not apply to programs in Asian Bodywork Therapies.)		
	III.	Identify specific indications, contraindications and precautions to touch, massage and bodywork, considering pathologies and various populations.		
	IV.	Apply the concepts of Yin/Yang. (For programs in Asian Bodywork Therapies only.)		

Element 1.3	Healthcare and bodywork terminology			
	I.	Use healthcare and bodywork terminology to communicate treatment findings and therapeutic results.		
Element 1.4	Therapeutic environment			
	I.	Define and describe the interpersonal and physical components of a therapeutic environment.		
Element 1.5	Wellness model			
	I.	Define and describe a wellness model.		
	II.	Identify the scope of practice of massage and bodywork in relation to a wellness model.		
Element 1.6	Assessment and data collection			
	I.	Describe the purpose of assessment and data collection.		
	II.	Perform assessment and data collection.		
	A.	History taking		
	B.	Observation		
	C.	Palpation		
	D.	Functional testing		
Element 1.7	Clinical reasoning and treatment planning			
	I.	Develop a safe and effective initial session and on-going treatment plan, based on client goals, assessment findings, and understanding of effects of massage and bodywork.		
	II.	Write clear, concise and accurate notes of client treatment sessions.		
COMPETENCY 2	PERFORM MASSAGE THERAPY AND BODYWORK FOR THERAPEUTIC BENEFIT			
Element 2.1	Organization and management of the client session			
	I.	Communicate the plan and rationale for a treatment session to the client.		
	II.	Obtain informed consent from the client prior to beginning a treatment session.		

	III.	Modify the plan and therapeutic approach used during a treatment session based on client response.		
	IV.	Manage time within a treatment session.		
	V.	Develop and implement strategies to address challenging client-therapist interactions.		
Element 2.2	Application of techniques			
	I.	Demonstrate techniques that are within the scope of training and practice of commonly recognized massage therapy or bodywork disciplines.		
	II.	Identify and apply principles and protocols for massage and bodywork sessions.		
	III.	Vary the choice and application of techniques as appropriate to the client's needs, including those of special populations.		
	IV.	Demonstrate techniques that are appropriate for each body area, including endangerment sites.		
	V.	Identify and practice appropriate methods of sanitation and personal hygiene in the performance of massage and bodywork sessions.		
	VI.	Describe and demonstrate standard precautions.		
Element 2.3	Equipment and supplies			
	I.	Demonstrate safe and effective use of equipment (such as massage tables, massage chairs, bolsters) and supplies (such as linens, lubricants, gloves).		
Element 2.4	Hydrotherapy (Not required for programs in Asian Bodywork Therapies)			
	I.	Describe various hot and cold hydrotherapy techniques (such as hot or cold packs, immersion baths, paraffin, ice massage).		
	II.	Identify the indications, contraindications, precautions, effects and uses of hydrotherapy techniques.		
	III.	Identify the physiological principles and mechanisms		

		involved in the effects of hydrotherapy.		
	IV.	Describe appropriate methods of hygiene and sanitation for hydrotherapy applications.		
COMPETENCY 3	DEVELOP AND IMPLEMENT A SELF-CARE STRATEGY			
Element 3.1	Self-assessment and stress management			
	I.	Assess personal needs, behaviors, beliefs, attitudes, and knowledge relevant to the practice of massage therapy and bodywork.		
	II.	Identify how personal and cultural values, attitudes, and ethics influence professional values, attitudes and ethics.		
	III.	Identify the physiological and psychological effects of stress.		
	IV.	Identify various stress reduction techniques and their benefits.		
Element 3.2	Self-care and performance			
	I.	Identify and describe the effect of physical fitness and life style habits on the performance of massage and bodywork techniques.		
	II.	Define and describe the effect of centering, focusing, grounding and breathing on the performance of massage and bodywork techniques.		
	III.	Identify and demonstrate biomechanical skills necessary for the safe and effective performance of massage and bodywork techniques.		
COMPETENCY 4	DEVELOP SUCCESSFUL AND ETHICAL THERAPEUTIC RELATIONSHIPS WITH CLIENTS			
Element 4.1	Communication in the client-therapist relationship			
	I.	Define and demonstrate active listening, rapport, empathy and feedback.		
	II.	Identify strategies to effectively deal with emotional and behavioral client responses to massage therapy and		

		bodywork treatment.		
	III.	Describe the principles of conflict resolution and apply conflict resolution skills effectively in the client-therapist relationship.		
Element 4.2	Professional boundaries			
	I.	Identify the qualities and characteristics of boundaries.		
	II.	Identify cultural differences related to boundary issues.		
	III.	Define and discuss the differences between a personal and a professional relationship.		
	IV.	Discuss the importance of professional boundaries.		
	V.	Define and discuss transference and counter transference.		
	VI.	Describe techniques for establishing and maintaining safe and respectful boundaries with clients.		
	VII.	Discuss and demonstrate the use of draping during treatment as a professional boundary.		
Element 4.3	Professional ethics			
	I.	Identify and describe the purpose of a code of ethics.		
	II.	Identify and describe the purpose of Standards of Practice specific to massage therapy and bodywork.		
	III.	Identify confidentiality principles related to massage therapy and bodywork practice, including requirements for HIPAA compliance.		
	IV.	Identify common ethical situations in massage therapy and bodywork.		
	V.	Describe processes by which to effectively resolve ethical issues.		
COMPETENCY 5	DEVELOP A STRATEGY FOR A SUCCESSFUL PRACTICE, BUSINESS OR EMPLOYMENT SITUATION			
Element 5.1	Basic business practices			
	I.	Identify common business practices and structures in massage therapy and bodywork practice.		

	II.	Identify and design effective methods for time management, client scheduling, and maintenance of the work environment.		
	III.	Create a business plan or outline an employment strategy, including short and long-term professional goals.		
	IV.	Identify the basic aspects of legal agreements, contracts, employment agreements and professional insurance.		
	V.	Identify basic principles of accounting and bookkeeping suitable for various business structures.		
	VI.	Create, maintain and identify legal requirements for retaining client, financial and tax records.		
	VII.	Demonstrate knowledge of federal, state and local regulations as they pertain to massage therapy and bodywork practice.		
	VIII.	Demonstrate knowledge of ADA requirements and their implication for massage therapy and bodywork practice.		
Element 5.2	Job search and marketing			
	I.	Identify the elements of effective job search and marketing materials (such as resumes, brochures, business cards).		
	II.	Identify and discuss common methods of marketing for massage therapy and bodywork.		
	III.	Identify strategies to develop and maintain a client base.		
Element 5.3	Professional referrals			
	I.	Identify strategies for effective communication with other professionals regarding client care and referrals.		
	II.	Describe the process used to identify the scope of practice of allied health professions.		
	III.	Describe the appropriate use of medical release and consent forms.		
Element 5.4	Professional relationships			

	I.	Discuss the process for establishing and maintaining professional relationships in the workplace.		
	II.	Discuss strategies for establishing and maintaining professional relations with peers and with other professionals.		
	III.	Identify strategies for conflict resolution with other professionals, including the need for documentation.		
COMPETENCY 6	IDENTIFY STRATEGIES FOR PROFESSIONAL DEVELOPMENT			
Element 6.1	History of the profession			
	I.	Describe the history of massage therapy and bodywork.		
	II.	Identify the role of professional associations for massage therapists and bodyworkers.		
Element 6.2	Ongoing education			
	I.	Discuss the value of ongoing education and skill development as a professional.		
	II.	Describe methods for identifying advanced training programs to enhance performance, knowledge and skills.		
Element 6.3	Research literacy			
	I.	Explain the value of research to the profession.		
	II.	Identify sources of published research literature on therapeutic massage and bodywork.		
	III.	Critically read and evaluate a published research article in the field of massage therapy and bodywork.		



Accreditation Standards

Effective January 1, 2015

Revised July 2017

REQUIRED BACKGROUND INFORMATION

Institutional Mission and Objectives

1. Institutional Mission

STATEMENT OF PURPOSE: A mission statement outlines the purpose of an institution or program and provides clear direction for the ongoing development and operation of the institution or program. In developing and revising a mission statement, an institution or program should consider the needs of society, the profession, and the students for whom the program is intended. The institution's or program's success will be evaluated in relation to its mission. Therefore, the institution must have a mission statement that is published, well communicated, and implemented throughout the organization's programs and daily operations.

2. Institutional Goals or Objectives

STATEMENT OF PURPOSE: In addition to a general mission statement, the institution has goals or objectives to measure its effectiveness. These goals or objectives are derived from the general mission statement and are stated in specific, measurable terms. They are then used to guide the development and evaluation of all educational programs and institutional services.

STANDARDS for BOTH PROGRAMMATIC and INSTITUTIONAL ACCREDITATION

I. Program Approvals

STATEMENT OF PURPOSE: Prior to accreditation, programs must receive state and/or any other applicable approvals to offer the certificate or degree. Standard I refers specifically to the approvals required for the massage/bodywork or esthetics programs. Any institutional approvals are considered in the Standard for Institutional Accreditation. Requirements vary based on the jurisdiction. In some states, programs must be approved by a state education agency and/or the specific professional licensing board. Institutions must demonstrate knowledge of and compliance with all applicable state regulations, as well as all applicable accreditation standards from COMTA or other institutional accrediting agencies.

- A. The programs under consideration for COMTA accreditation have current approval(s) as required by law and regulation in their jurisdictions, including state education agencies, state private postsecondary regulators, or massage or esthetics licensing boards.

- B. Individual programs are in compliance with all standards and policies of their institutional accrediting agency.
- C. Changes to accredited programs must be reported to COMTA in accordance with applicable policies.

II. Curriculum and Instruction

A. Programmatic Educational Objectives

STATEMENT OF PURPOSE: Specific, measurable objectives for each certificate or degree program are derived from the institutional mission/goals. These programmatic educational objectives should be published and should guide the development of the curriculum, course content, course objectives, and evaluation methods. If there are multiple massage or esthetics certificates/degree programs, there should be separate educational objectives for each program that clearly delineate their different purposes.

1. Each program has clearly stated educational objectives that are published and consistent with the institution's mission.
2. Program objectives are stated in measurable terms so they may be used to evaluate program effectiveness and outcomes.
3. Program objectives are integrated consistently throughout the curriculum, instruction, and evaluation methods.

B. Curriculum Design

The curriculum is designed comprehensively, is organized systematically for effective learning, and prepares students for professional practice.

STATEMENT OF PURPOSE: The curriculum is the plan for student learning and is where the institutional mission and programmatic objectives are realized. COMTA's curriculum standard includes three main components: organization, length, and content. The curriculum can be organized in a variety of ways, depending on the school's mission and educational philosophy. If an integrated curriculum model is used, schools should assure that course learning objectives are appropriately delineated and assessed between subjects. If a modular curriculum delivery method is used, specific steps should be taken to ensure that the needs of both beginning and more advanced students are met.

1. Programs are organized for optimal student learning, including the following considerations:
 - a. Programs are comprised of separate and discrete courses, which may be organized by content area, by term, or by a combination of content and term.
 - b. Each course has clearly identified learning objectives.
 - c. Programs are designed for systematic and sequential learning.
 - (i) All course prerequisites are clearly identified and enforced to ensure concept mastery prior to a student advancing.
2. The program length complies with the following:
 - a. The mission and objectives of the institution and program;

- b. Professional licensing/credentialing requirements for the applicable jurisdictions and/or commonly accepted national standards in the field;
 - c. A minimum of 600 hours of classroom and clinic/fieldwork that are directly supervised by qualified faculty members; and
 - d. Standard academic measures of course length as defined by the applicable regulatory agency (i.e., clock hour definitions, clock hour to academic credit conversions, term length).
 - (i) Schools seeking COMTA institutional accreditation use the COMTA Standard Academic Measurement Policy.
 - (ii) For programmatic accreditation, in the absence of other regulatory policies, the COMTA policy applies.
3. The program's curriculum content is coherent and demonstrates that it has been designed with the following in mind:
- a. The mission and objectives of the institution and program, as well as the principles and values that are being emphasized by the program;
 - b. Professional licensing and/or credentialing requirements for the jurisdictions in which the school operates, jurisdictions for which the school prepares graduates, and/or national professional standards;
 - c. Historical foundations in the field;
 - d. Recent developments in the field;
 - e. Sound educational models and current learning theories; and
 - f. COMTA Competencies (see next standard).
4. Curriculum Competencies

STATEMENT OF PURPOSE: Curriculum competencies set standards of professional knowledge and abilities. Evaluating a program in terms of student competency places the emphasis on student learning, as opposed to how much time is devoted to each topic. As a specialized accrediting agency, COMTA has created a comprehensive list of content competencies that describe what graduates should know and be able to perform. Schools/programs must demonstrate how these competencies are being taught and assessed. The Commission's six general competency areas are as follows:

1. *Plan and organize an effective massage and bodywork session or esthetic treatment.*
2. *Perform massage therapy and bodywork or esthetic treatments for therapeutic benefit.*
3. *Develop and implement a self-care strategy.*
4. *Develop successful and ethical therapeutic relationships with clients.*
5. *Develop a strategy for a successful practice, business, or employment situation.*
6. *Identify strategies for professional development.*

Programs should refer to COMTA Competency Charts for a complete list of the specific elements within each competency area.

- a. **Massage/Bodywork Curriculum Competencies**
Programs meet the minimum competencies found in COMTA's Competency Chart, as demonstrated through teaching and student assessment.
- b. **Esthetic Curriculum Competencies**
Programs meet the minimum competencies found in COMTA's Competency Chart, as demonstrated through teaching and student assessment.

C. Syllabi

Programs ensure documentation and consistent implementation of curriculum through the use of clear syllabi distributed to students at the beginning of each course. These syllabi comply with the COMTA Syllabi Checklist.

STATEMENT OF PURPOSE: The syllabus is the documentation and implementation tool for the course curriculum. It also serves as a written contract between school and student, serves as an archival record of student learning, and clarifies expectations to increase student success. Syllabi should be developed for each course and distributed at the beginning of each course, and followed consistently throughout the course. This does not require that all instructors use identical syllabi, as long as consistency in learning outcomes is maintained.

D. Methods of instruction and evaluation

STATEMENT OF PURPOSE: The written curriculum is realized by in-class instruction and evaluation. Quality instruction may be delivered in a variety of ways according to student need and instructor judgment. Instruction should encourage active participation by students and a direct focus on meeting diverse student needs. Sound adult learning theories should guide instructional choices and be evident in lesson plans and classroom observation. In addition, quality evaluation methods are essential for confidence in students' proficiency. Practical (hands-on) exams should be used routinely. These should be documented and employed consistently with predetermined rubrics or checklists.

1. Teaching methods are appropriate to course content, meet the needs of diverse learners, and are designed to encourage and enhance learner participation and involvement.
 - a. The teacher to student ratio reasonably ensures effective teaching and learning in both lecture and lab courses. This ratio is clearly published.
2. Evaluation methods (such as written and practical tests, papers, assignments, classroom observation, etc.) are used appropriately to assess student knowledge and skills.
 - a. Measurable performance standards are clearly outlined for students on syllabi.
 - b. Students are assessed using both written and practical (hands-on) assessments based on a predetermined set of skills (i.e., checklists or rubrics for practical exams) that reflect the key educational objectives of the course.
 - c. Faculty members use assessment methods and grading consistently in determining whether performance standards are met.
 - d. Students receive timely and regular feedback on their performance during the course.

E. Clinic/Fieldwork

STATEMENT OF PURPOSE: The clinic/fieldwork experience is a vital component of student learning. Clinic/fieldwork should be considered an integral part of the instructional process, with appropriate learning objectives and evaluation tools. Clinics may be either permanent health centers in which students operate or temporary clinics in classrooms, as long as the program can substantiate that the experience models professional procedures and involves members of the general public. Off-site, supervised fieldwork may also be included, but hands-on practice in other classes may not be considered part of the clinic hours.

Programs include clinic/fieldwork instruction as an integrated part of the curriculum according to the following requirements:

1. The clinic/fieldwork component is a distinct course with its own course learning objectives and evaluation methods (as evidenced by a written syllabus).
2. Students practice on members of the general public.
3. Clinics are designed to model professional procedures.
4. Students are supervised and evaluated by qualified faculty members.
5. Clinic/fieldwork hours are appropriate to the length of the program and adhere to the following:
 - a. Hours do not exceed 25 percent of the required hours of the program.
 - b. A minimum number of hours/client sessions on the general public must be performed and documented. (See COMTA Clinic Guidelines.)
6. Clinics are operated in compliance with all applicable laws.

F. Externship (if applicable)

If clock hours or academic credit are awarded for an externship experience, it must meet the following standards:

STATEMENT OF PURPOSE: Externships involve experiential learning done away from the school. Schools may plan and coordinate these experiences to allow students to work with the general public while being supervised by a qualified professional who is not associated with the school. Externships are not a requirement for COMTA-accredited programs. However, if students are allowed to complete externships (as either a requirement or an elective), the experience must meet the COMTA definition of externship (see Definition of Terms and the following standards.

1. The externship is a distinct course with its own course learning objectives and evaluation methods (as evidenced by a written syllabus).
2. Externship hours are appropriate to the length of the program and adhere to the following:
 - a. Hours are over and above the minimum 600 hours required for accreditation.
 - b. Hours do not exceed 20 percent of total program hours.
3. There is a written agreement signed by the program faculty and externship site personnel that clearly defines the obligations of the onsite supervisors, the faculty coordinator, and the student.
4. Student performance is supervised by an onsite supervisor who is legally qualified to do so.
5. Student performance is evaluated by a qualified faculty coordinator (employee of the school), and students are provided with planned opportunities to discuss the experience and their performance with the faculty coordinator.

G. Learning/Library Resources

Students have reasonable access to library and learning resources, including electronic resources, which support the program objectives.

STATEMENT OF PURPOSE: It is essential that postsecondary institutions have a library and/or learning resource center. The library should be more than just a physical location and should contain learning resources that are incorporated into the curriculum, support the research competency, and serve as reference materials for practical work in the clinic.

1. Learning resources are accessible to all students during and beyond classroom hours and may be provided via hard copy and/or virtually.
2. Learning resources are integrated into the curriculum and instruction, and students and faculty are trained on their use.
3. Students are guaranteed access to library and learning resources if the library is off site.

III. Program Administration and Faculty

STATEMENT OF PURPOSE: The individuals involved in a program's execution are key to its success. Therefore, the program should be properly managed by a qualified individual with time and resources dedicated for administration beyond teaching obligations. Further, faculty members should have the educational background, field experience, and proper credentials to competently teach their assigned courses. In addition to expertise in professional technique, schools must ensure that instructors are qualified in teaching skills, and/or receive proper training and ongoing development in this area.

A. Program Administration

Programs are adequately managed by qualified individuals who maintain currency in the field.

1. There is at least one full-time employee of the institution designated as program director (or equivalent title) with responsibility for the supervision, management, and administration of the program.
 - a. If the program director is also a faculty member, non-instructional time is scheduled to effectively fulfill administrative and compliance duties.
2. Individuals with specific responsibilities for curriculum design, curriculum assessment, instructional supervision, and instructional evaluation have appropriate education or experience to perform their functions effectively.
3. The employee designated with primary responsibility for the program maintains current awareness of the field through professional development specific to the program.
4. Methods are in place to ensure the integrity of the program during changes in administrative staff.
5. For programmatic accreditation, there is a realistic program budget demonstrating adequate resources and institutional support of the program.

B. Faculty Qualifications

All instructors are academically and professionally qualified, based upon the following:

1. Instructors are qualified and/or trained in instructional methods and classroom management.
2. Instructors of theory and technique have a minimum of two (2) years of practical experience and are able to demonstrate the appropriate knowledge or expertise as required by the course learning objectives.
3. Instructors of anatomy physiology, and pathology have advanced proficiency in these sciences which is broader and more advanced than the material being taught. (See Faculty Qualifications, Development and Evaluation Guidelines.)
4. Instructors of theory and technique hold a current professional license, certification or other credential as required by applicable laws.
 - a. This requirement is waived for nonresidents of the jurisdiction if the credential is not available to nonresidents, or if the nonresident instructor provides no more than 20 hours of instruction over the length of the program.
 - b. If there are no professional licensing requirements, instructors of theory and technique must be eligible to sit for an appropriate licensing/certification exam or provide evidence of equivalent training or experience in lieu of eligibility.
5. Current evidence of instructor qualifications is maintained in faculty files.

C. Faculty Supervision

1. The institution or program uses standards of instructional performance and professionalism to guide hiring, periodic reviews of performance, and professional development of its faculty.
2. New instructors receive adequate orientation and training on job expectations.
3. Faculty members routinely participate in ongoing professional development in both technical knowledge and instructional skills.
 - a. Documentation of such training is maintained by the institution.
4. All instructors receive written evaluations on a regular and routine basis from their supervisor. These evaluations follow COMTA's Faculty Qualifications, Development and Evaluation Guidelines.
5. Methods are in place to ensure the quality of instruction through reasonable continuity of the faculty.

IV. Instructional Facilities and Professional Environment

STATEMENT OF PURPOSE: A professional environment includes adequate and well-maintained facilities, equipment, and supplies. Teaching and modeling the standards of practice also create a professional and optimal learning environment. Programs should

have in place clear codes of conduct for professional behavior, including appropriate boundaries and draping, as well as sexual harassment policies and professional liability insurance.

- A. Instructional facilities (classrooms and clinic/laboratory spaces) support professionalism, are adequate to meet the program objectives and student needs, and are in compliance with all applicable laws.
 - 1. There is adequate access to sanitation (e.g., restrooms, sinks, hand sanitizer) to support “standard precautions.” (See Definition of Terms.)
- B. Programs use industry-current instructional equipment and materials that are adequate and maintained to meet the program objectives and student needs.
- C. To support professionalism in the school environment:
 - 1. There is a published student code of conduct that models professional industry standards (including hygiene and draping) and is implemented in classroom activities.
 - 2. The institution or program has a published policy and procedure for preventing sexual harassment and handling complaints in the learning environment that is compliant with all applicable laws. The published policy includes a definition of “sexual harassment” and clear procedures for addressing complaints.
 - 3. Adequate professional liability insurance is maintained for the institution, faculty, and all students.

V. Program Admissions

STATEMENT OF PURPOSE: This standard refers only to those admissions processes and procedures that are specific to the massage/bodywork or esthetics program. Admission requirements, policies, and procedures may be set by the institution to be the same for all programs, or they may be program-specific. All such admission policies and procedures should comply with federal requirements, be consistent with the mission and program objectives, and ensure that only those students who can reasonably be expected to benefit are admitted. The criteria by which students are selected for admission should be consistently applied and documented in student files. Additional standards regarding advertising and recruiting are included in the Standards for Institutional Accreditation.

- A. Admissions Policies and Procedures

Institutions or programs have published admissions requirements and procedures that are adhered to consistently.

 - 1. Admissions policies and procedures are consistent with the institutional mission and program objectives.
 - 2. The admissions requirements are designed to ensure that programs only admit those students who can reasonably be expected to benefit from the instruction. The requirements include but are not limited to the following:
 - a. Applicants must possess evidence of high school graduation or a recognized equivalency (See Definition of Terms).

- b. If applicants do not possess evidence of high school graduation or the equivalent, they must demonstrate their ability to benefit from the training by passing an approved exam.
 - c. Applicants without high school graduation or equivalent must be beyond the compulsory age of attendance as defined by state law.
3. All admissions decisions are based on clearly published admissions criteria.
- a. The institution or program maintains admission documentation in student files as evidence confirming an applicant's eligibility.
 - b. Institutions or programs maintain documentation of the reasons for the denial of admission to any applicant.
- B. Program Advertisement, Recruitment and Disclosures
1. Programs are accurately represented in all the institution's marketing and promotional materials, as well as in all verbal representations.
2. Disclosures
- a. Costs
Total program costs are clearly disclosed for prospective students.
 - (i) Total program costs are available in program information even if the institution itself does not publish total cost.
 - b. Accreditation status
Institutions and programs accurately represent their accreditation status.
 - (i) No institution or program may use the term "accredited" unless it indicates by what agency or organization it is accredited.
 - (ii) Institutions having branch locations clearly identify the accreditation status of each of the branch locations.
 - (iii) Institutions or programs accredited by COMTA must name "COMTA" or "Commission on Massage Therapy Accreditation" when referring to its accreditation. This language may be used with or without the COMTA logo.
 - (iv) The COMTA logo may only be used in the form provided by COMTA.
 - c. Licensing requirements
Institutions or programs must publish in the catalog or student handbook current licensing requirements, including:
 - (i) A brief description of regulations in the state of training, as well as contact information in the state of training, with a statement that requirements in other states may differ;
 - (ii) Reference to a reputable resource that lists the names, addresses, and licensing requirements for all the appropriate regulatory agencies in all states that regulate the practice of massage therapy and bodywork and/or esthetics/skin care (e.g., AMTA, ABMP, or similar resource that is updated regularly with information for ALL states);
 - (iii) The understanding that local municipal ordinances may apply in the absence of state law;
 - (iv) A written disclosure of any circumstance that would adversely impact an applicant's ability to gain a license and/or employment in the field after graduation (e.g., criminal record, failure to pass exams, failure to gain other credentialing requirements).

- d. Salary and Employment Expectations
 - (i) If institutions or program provide information about salary or employment opportunities to prospective students, either in written or verbal form, such information must be accurate and identify the source and date.

VI. Student Experience and Support

STATEMENT OF PURPOSE: Open communication channels, responsive complaint procedures, and adequate support services are part of a student-centered culture. Institutions and/or programs should take measures to ensure student needs are addressed and student feedback is honored. These services may be provided at the institutional or programmatic level, but they should consider the specific needs of the massage/bodywork or esthetics student.

A. Student Communication and Feedback

The institution and/or program representatives are proactive in initiating and responding to communications with students, both formally and informally.

1. Effective mechanisms exist for consistent and systematic communication between students, administration, and faculty.
2. Student feedback/evaluation is solicited and responded to on a regular basis.
 - a. Institutions and/or programs use written anonymous student evaluations as part of gathering input (e.g. routine class evaluations, student feedback on programmatic effectiveness).
 - b. There is a system in place for the analysis of such evaluations.
 - c. Institutions and/or programs take appropriate action based on feedback as necessary.

B. Complaint Procedure

The institution and/or program provides a written complaint policy to all students upon admission that describes the procedure to be followed, an objective third party school official to whom the complaint should be addressed, a specific and reasonable time frame for response, and the contact information for all applicable regulatory agencies.

1. The institution or program maintains written records of all formal student complaints and their resolution.
2. COMTA-accredited institutions and programs include the COMTA complaint policy and procedures for situations when the school procedure has been exhausted without resolution.

C. Placement Services

1. Graduate placement assistance consistent with the mission and objectives is provided as needed to ensure employment outcomes adequate to meet COMTA benchmarks. The extent and nature of placement services are clearly published for students.
2. The institution or program keeps verifiable records of each graduate's initial employment on file for five years. Any statement regarding the percentage of graduate employment (i.e., annual employment rates of graduates) must be based upon these verifiable records.

- D. For programmatic accreditation only: Students have access to all student services provided to other students within the institution, as well as to program-specific student services.
1. The institution or program maintains academic advising and support that meets the specific needs of massage/bodywork or esthetics students, including program-specific advising, tutoring, and/or placement services (e.g. tutoring is provided in hands-on technique, not just general education courses; placement services are specific to the field).

VII. Student Performance and Transcripts

STATEMENT OF PURPOSE: Institutions and programs should monitor and maintain records of students' progress throughout the program. Students should be informed of expected performance standards and receive regular reports of their progress in the program. Further, due to the essential role transcripts play in industry licensing requirements, transcript authenticity is critical and should be protected. Additional standards regarding student records are included in the Standards for Institutional Accreditation.

A. Attendance, Grading Policies, and Procedures

1. Attendance policies comply with all applicable laws and/or accreditation regulations.
2. Faculty and staff consistently enforce institution or program attendance, academic performance, and grading policies.
3. Students regularly receive progress and/or attendance reports throughout the program.
4. Students are informed when attendance or academic performance standards are not being met

B. Transcript Verification and Authentication

Institutions and programs develop, publish, and consistently follow policies for student transcripts that conform to all applicable laws and regulations.

1. Transcripts are released only in response to student or graduate request.
2. Institutions use appropriate measures to ensure transcript authenticity (e.g., watermark paper, embossed seal).
3. All transcript information is accurate and verifiable via other student records.
4. Transcripts are maintained securely, backed up regularly, and kept on file by the school indefinitely.

VIII. Program Effectiveness

STATEMENT OF PURPOSE: Accrediting agencies are required to assess institutions and programs based on success in achieving their stated objectives and continual efforts to improve educational quality. Program objectives then serve as a guide and a measure

for program effectiveness. Therefore, program administration should engage in ongoing self-assessment. Programs should collect and analyze feedback from a variety of sources, including students, graduates, employers and other interested parties. A Program Advisory Committee should be created to assist in formalizing this process. A Program Advisory Committee increases the perspective and broadens the input for review, so it is essential that it include members who are not directly affiliated with the school. The collection of feedback from all parties should then be analyzed and used in reviewing and/or revising all aspects of the program. The curriculum itself should be regularly reviewed and revised as needed to ensure that it is current and effective in meeting its stated objectives.

A. Evaluation of Programmatic Objectives

The program has methods in place to measure its success in meeting its educational objectives.

B. Program Advisory Committee

To provide an objective analysis of effectiveness, the program maintains an active Program Advisory Committee that meets the following guidelines:

1. Includes diverse representation with a minimum of five members, at least 40 percent of whom are not directly affiliated with the institution.
 - a. Affiliated members may include staff, faculty, board members, students, graduates, and/or educators from other programs within the institution.
 - b. Unaffiliated members may include employers, respected practitioners, members of the public, regulators, and/or educators from other schools.
2. A minimum of one synchronous meeting is held per year, with additional interaction occurring regularly (e.g., emails, phone calls, meetings).
3. The institution or program must maintain detailed notes and evidence that the administration has considered the Program Advisory Committee comments.

C. Student Outcomes

To maintain and/or improve program effectiveness, institutions or programs monitor and report completion, placement, and licensure exam pass rates on an annual basis.

1. There is a process in place to ensure accuracy of the report which complies with COMTA Student Outcomes Tracking Policy.
2. Verifiable records of all completion and placement data for graduates are maintained by the institution.
3. Programs meet minimum benchmarks for completion and placement rates as established by the Commission, stipulated in the Student Outcomes Tracking Policy.

D. Data Analysis

Programs have a process for collecting and analyzing data about the quality and effectiveness of educational programs and curriculum content. These data must include:

1. Student outcomes
2. Student evaluations and complaints

3. Graduate feedback
4. Employer feedback
5. Faculty feedback
6. Program Advisory Committee feedback
7. Industry trends, recent developments in the field and outside organizations (e.g., regulatory agencies and professional associations).

E. Program/Curriculum Review and Revision

1. Programs formally consider the results of assessment data collection and analysis in planning and implementing change in the educational programs.
2. The curriculum is regularly reviewed and revised as necessary.
3. This revision process is documented.

IX. Degree Programs

STATEMENT OF PURPOSE: In addition to complying with all other applicable standards, programs that offer degrees have additional responsibilities to ensure appropriate academic rigor and compliance with all applicable laws. The type of degree offered may be determined by the state, and institutional standards often govern the structure. Degrees are intended to develop practitioners for an academic path. Accordingly, the inclusion of general education courses supports a broader educational experience that should be reflected in the degree program objectives.

A. Standards Applicable to All Degree Programs

1. For academic purposes, degree programs are measured in credit hours according to the conversion outlined in the COMTA Standard Academic Measurement Policy.
2. Students admitted to degree programs have earned a high school diploma or recognized equivalency certificate before starting class, and proof of high school diploma or its equivalent is on file at the time of enrollment.
3. Transfer of credit may be applied toward the degree.
 - a. A minimum of 25 percent of the required curriculum must be completed at the school awarding the degree.
 - b. A maximum of 30 semester credits or the equivalent of the general education requirement may be provided by another degree-granting institution.
4. The institution may award appropriate credit to students in attendance at the time the institution becomes degree granting.
 - a. Former students must meet all equivalent course work and degree requirements and complete a minimum of 15 semester credits or the equivalent in the new degree program.

5. Faculty teaching in degree programs meet minimum requirements.
 - a. Instructors for technical courses have a minimum of three (3) years of practical work experience or equivalent training in the field being taught.
 - b. Instructors for general education courses shall hold, at a minimum, a baccalaureate degree, with appropriate education in the specific courses being taught.
 6. The institution maintains a library/resource center.
 - a. The library/resource center is supervised by a staff member who demonstrates competence to provide oversight and management.
 - b. The library/resource center includes holdings appropriate to the courses of study, standard works of reference, relevant current periodicals, and relevant reference materials in sufficient titles and numbers to adequately serve the students.
 - c. Study space appropriate for the number of students served is provided.
 - d. Appropriate assistance is available to the students from qualified staff personnel.
- B. Occupational Associate Degree Standards
1. Occupational Associate degrees are a minimum of 60 semester credits or 90 quarter credits.
 2. A minimum of 45 semester credits or 67.5 quarter credits are included in the occupational area for which the degree is offered.
 3. A minimum of six semester credits or nine quarter credits in applied/related education courses are also included.
 4. General education courses may be offered as desired, in which case the faculty requirements apply.
 5. The title of the degree program, the name of the degree, the credential issued, and all advertising, promotional materials and literature make clear that the degree is occupational.
- C. Academic Associate Degree Standards
1. Academic Associate degree programs are a minimum of two academic years.
 2. A minimum of 24 semester credits or 36 quarter credits are general education courses.
 3. A minimum of 30 semester credits or 45 quarter credits are in the technical field for which the degree is awarded.
 4. Full-time and adjunct faculty maintain teaching loads and schedules that allow time for student advising, adequate preparation, and continuing professional growth.
 5. A person with appropriate education or library work experience supervises the library.

X. Distance Education

STATEMENT OF PURPOSE: Distance education (both fully online and hybrid courses) utilizes technology to create enriching virtual classroom experiences. Distance education must meet the criteria of supporting regular and substantive interaction between the students and the instructor. (Independent study or correspondence courses do not meet

that criterion.) The Commission acknowledges that there are some competencies within a massage/bodywork or esthetics program that may be taught through distance education. These competencies typically do not involve hands-on work or require instant oversight or feedback. Programs using distance education must demonstrate continued compliance with these and other applicable standards. (See COMTA's Distance Education Guidelines for additional information.)

A. Basic Approvals

1. Courses that utilize distance education are reviewed and approved by COMTA before being offered (not for initial applicants).
2. Hours awarded for distance education constitute no more than 49 percent of the program clock hours or credits (whichever is less). This includes any general education hours that may be included in a degree program.
3. Institutions and programs must be approved to offer distance education for both in-state and out-of-state students where applicable.

B. Curriculum and Instruction

1. Course content does not require on-site, hands-on, or immediate monitoring of student work.
 - a. If any COMTA Competencies are taught or assessed via distance education, methods appropriate to the language of the Competency are used.
2. Hours or credits awarded for distance education courses are comparable to those offered for similar amount of content in classroom courses.
3. Distance education courses are designed to provide regular, meaningful, effective, and timely interaction between students and faculty.
4. The program maintains control over the curriculum within the distance education courses and can make revisions as needed. The program must be able to adjust course delivery as needed to meet student needs.
5. Faculty teaching distance education courses are experienced and/or trained in distance education methods.

C. Security and Assessment

1. Distance education course information for students and faculty is private and secure via log-in username and password.
2. Distance education courses are designed to provide effective assessment of student learning.
3. Programs and distance education course faculty employ methods to assure student identity and academic integrity in coursework, including assessments.
 - a. Such methods may include, as appropriate, a secure log-in and password, proctored examinations, or other technologies and/or practices that are effective in verifying each student's identity.

D. Student Support (For Institutional Accreditation Only)

1. Admissions and marketing materials inform prospective students of courses only offered via the distance education format.
 2. Students are oriented to the process of distance education teaching and learning, and/or are assessed to determine preparedness for success in distance learning environments.
 3. Student support services are available for students while taking online courses.
 4. Courses that utilize distance education formats must meet ADA standards.
- E. Distance Education Infrastructure and Support (For Institutional Accreditation Only)
1. Distance education courses use a learning management system (LMS) or similar platform to facilitate interaction and accountability that is appropriate to the scale of the distance education program.
 2. The institution has personnel capable of supporting the distance education hardware/software onsite infrastructure or interface with outside hosts
 3. The institution ensures effective and timely support for hardware and software needs of faculty and students.
 4. The institution ensures sufficient bandwidth to provide distance education courses.
 5. Distance education course content and activity are backed up daily.

STANDARDS for INSTITUTIONAL ACCREDITATION ONLY

XI. Institutional Management and Administration

STATEMENT OF PURPOSE: Management's primary role is to oversee the development, implementation, and evaluation of an effective institution and/or program. This includes upholding and promoting quality education, as well as maintaining government and accreditation compliance on an ongoing basis. An institution's management and administrative staff should be competent, with well-defined policies and procedures that promote consistency, communication, and regular review and planning.

A. Government Compliance

1. The institution is licensed as required by local, state, or federal law to offer educational services in all current locations.
2. The institution maintains compliance with all applicable laws, regulations, and accreditation standards.
3. Any expansion in programs by institutions already COMTA-accredited must be approved by COMTA prior to their being offered to students, including but not limited to, additional certifications or degrees, new programs, substantive changes, or distance education formats.

B. Management, Policies, and Procedures

1. Institutions have qualified and adequately staffed management in place.
2. The institution develops, publishes, and follows internal policies and procedures to ensure consistent operation.
3. Mechanisms exist for regular and effective communication between and among management and other staff.
4. Institutional management engages in regular review and planning.
 - a. The institution has a process for measuring success in meeting its mission and objectives.
 - b. Planning is in alignment with the mission and objectives of the institution.
 - c. A strategic plan includes both short-term and long-term goals that are linked to specific resources (e.g., timelines, finances, personnel, facilities).

C. Human Resources

Management uses human resource strategies to ensure effective staff performance.

1. Management recruits and hires staff with appropriate training and experience.
2. Management and staff are fully aware of their job descriptions and are provided adequate orientation, supervision, ongoing training, and routine evaluation to ensure proficiency in their positions.
3. Management has in place reasonable measures to ensure the continuity of staff knowledge regarding school policies, regulation, and accreditation standards.

D. Employment Policies

1. Non-discrimination
The institution practices are non-discriminatory with respect to race, gender, religion, nationality, age, disability, sexual orientation or other status protected by law.
2. Sexual harassment
The institution develops, publishes and strictly adheres to a sexual harassment policy that is in compliance with federal and state government requirements and includes a definition of sexual harassment.
3. Grievance Policy
Management develops, publishes, and adheres to a grievance procedure for all employees.
 - a. Records of staff and faculty grievances are maintained and are available for inspection by the accrediting agency.

E. Institutional Facilities

Non-instructional facilities (administrative facilities and “common areas”) support the continuation of the school and programs, are adequate to meet the mission and objectives, and are in compliance with all applicable laws, building codes and health and safety regulations.

1. Non-instructional facilities (e.g., lobbies, offices, restrooms, lounges, and campus grounds) are safe, accessible, clean, well lit, suitably furnished, and adequate to meet the purpose of the area.
2. If the institution provides student housing, the facilities meet fire, safety, and sanitation standards as required by the applicable regulatory authorities.

XII. Institutional Financial Practices

STATEMENT OF PURPOSE: Institutions should be financially sound, show adequate financial planning and management, and be in compliance with all regulatory agency requirements. Verification of financial stability requires annual independently audited, reviewed, or compiled financial reports that follow Generally Accepted Accounting Principles (GAAP) and COMTA’s Financial Reporting Guidelines. An independent Compilation with Disclosures will also be considered for schools generating less than \$400,000 in gross revenue. In addition, fairness and consistency are required with regard to tuition and refund policies.

A. Financial Stability

Institutions are adequately financed, and finances are administered competently and legally to ensure long-term stability.

1. A responsible financial management system ensures the continuance of the institution.
 - a. Financial books and bank accounts are separate from any other finances not connected to the institution.
 - b. Written policies and procedures exist to assure the safety, accountability, and effective use of financial resources.

2. The institution demonstrates a commitment to the financial resources for the education of all currently enrolled students in a program consistent with the standards.
 - a. Financial reports provide clear evidence of financial stability and sound fiscal practices (e.g., budget, tuition bond, letter of credit, audited, reviewed or compiled statements, history of income and reserves, current ratio of assets and liabilities).
 - b. Financial statements are prepared in accordance with generally acceptable accounting principles, the COMTA Financial Reporting Guidelines, and all applicable federal, state, and local requirements.
3. Institutions carry adequate general liability insurance for all properties to address extraordinary events that could disrupt business operations (e.g., fire, water, theft, or tampering).

B. Student Finance and Tuition Policies

Tuition policies are reasonable, clear and uniformly applied.

1. All program costs, including extra costs, are clearly published and fully disclosed to prospective students.
2. Tuition and fees are charged consistently for students admitted under similar circumstances e.g., employee discounts, early payments or registration, special cohorts).
3. The tuition and refund policies are published, easy to understand, applied equitably, and comply with the COMTA Cancellation and Refund Policy.
4. Written records are maintained for all student transactions, and there is a process for ensuring accuracy of records.
5. Institutions participating in state or federal student tuition assistance programs (non-Title IV) comply with all applicable laws and regulations of the sponsoring agency.
6. Institutions that offer scholarships publish the terms, including the basis for selection, deadline dates for applications, the number of scholarships to be awarded, and any other applicable terms and conditions.

XIII. Advertising, Recruiting, and Enrollment Practices

STATEMENT OF PURPOSE: Institutions must use ethical recruitment and enrollment practices and ensure that all recruitment and enrollment practices comply with applicable regulations. "Recruiting practices" include all activities designed to attract students and lead to student enrollment. These include but are not limited to advertising, public outreach and promotion, correspondence with prospective students, and completing enrollment documents. "Recruiting personnel" refers to anyone whose primary responsibility is recruiting, contacting, or responding to prospective students. These staff positions may have different titles at different institutions, but all must comply with the following standards. All activities should provide prospective students with complete and accurate information about the institution so that students can make informed enrollment decisions.

A. Advertising

1. All advertising and promotional materials (including the institution's website) are clear, factually accurate and current, and avoid leaving any false or unsupported impressions of the institution or program, including location name, educational programs, services, policies, and accreditation status.
2. All advertising and promotional materials (including the institution's website) comply with all applicable laws and regulations, including the COMTA Advertising and Recruiting Policy.

B. Recruiting Practices and Personnel

Institutions employ ethical and legal recruitment practices.

1. Institutions conform to all recruitment laws and regulations of the jurisdiction(s) in which they operate, including any applicable regulatory requirements for recruitment personnel.
2. Institutions have policies and procedures in place to ensure that ethical recruitment practices are followed and information provided to prospective students is accurate. These policies must also comply with the COMTA Advertising and Recruiting Policy.
3. An institution's recruitment efforts focus on attracting only students who are qualified and likely to complete and/or benefit from the education provided.
4. Institutions may not promise prospective students that program completion will guarantee employment, licensure, or certification.
5. Personnel are trained and qualified to engage in recruiting activities and may only use a title that accurately represents the individual's primary duties.
6. An institution does not provide a commission, bonus, or other financial incentive or payment to employees involved in the recruitment or admission of students, nor does it provide financial aid based directly or indirectly on the success in securing enrollment.

C. Catalog

1. A catalog and/or student handbook accurately portrays the institution and program, facilities, resources, and all policies and procedures and is readily available to all prospective students prior to signing an enrollment agreement.
2. A catalog and/or program student handbook contains (at minimum) all items in the COMTA Catalog Checklist.
3. The catalog and/or student handbook may be in either a printed or an electronic format, but all versions must be consistent and easily accessible to prospective and current students.

D. Enrollment Agreements

The institution ensures that the applicant is fully informed of the rights, responsibilities, and obligations of both the institution and the student under an enrollment agreement or other documentation before enrollment into the institution.

1. Enrollment agreements are completed with all students prior to enrollment and must include, at a minimum, all required items listed on the Enrollment Agreement Checklist.
2. No enrollment agreement is binding until it has been signed by the applicant and accepted and signed by the appropriate school official.
3. A copy of the enrollment agreement is signed by all appropriate parties and furnished to the student before any payment is made.

E. Non-discrimination

Admission requirements and procedures must comply with all local, state, and federal regulations.

1. Admissions policies may not discriminate on the basis of race, gender, religion, nationality, age, disability, sexual orientation, or other status protected by law.
2. Institutions or programs reasonably accommodate applicants with disabilities to the extent required by applicable law.

F. Transfer Credit

Institutions develop, publish, and consistently implement clear policies regarding transfer of credit into the institution.

1. The transfer credit policy specifies the educational criteria guiding the acceptance of transfer credits, specifies the maximum number of transfer credits that can be accepted toward completion of an accredited program, and outlines the procedure for determining whether transfer credit will be granted.
2. Records of transfer credit and any supporting documentation remain in the student's file.

XIV. Student Records and Student Services

STATEMENT OF PURPOSE: Institutions should monitor and maintain complete records of student progress throughout the program. This includes a clear definition of what constitutes satisfactory academic progress and provisions for ensuring student adherence to the institution's policy. There is a connection between student success and the support services provided. Therefore, institutions are expected to consider the students' academic and non-academic needs to encourage student success. The institution should provide a variety of student services in accordance with its mission and any applicable laws and regulations, and such services should reflect the highest ethical standards.

A. Student Record Management

For all currently enrolled students, institutions maintain educational records, which include all admissions, academic, and financial records.

STATEMENT OF PURPOSE: Institutions have a responsibility to maintain student records in compliance with all laws, including federal and state regulations (e.g., FERPA). Laws and standard practices for the content, confidentiality, security, and access of records should be followed consistently by all school personnel.

1. Educational records may be maintained electronically and/or in hard copy and both are accurate, organized, confidentially maintained, and secured from damage or loss (e.g., fire, water, theft, or tampering).
2. Institutions have and follow policies and procedures that comply with all applicable laws, including rights to access and confidentiality.

B. Satisfactory Academic Progress

STATEMENT OF PURPOSE: The institution should take measures to ensure students are making steady progress toward graduation through Satisfactory Academic Progress policies, including regular monitoring and assistance for students not succeeding. The school can determine its own requirements for the policy as long as the following criteria are met. NOTE: For schools participating in Title IV financial aid, there are more specifics that must be met within this policy. (See Title IV Compliance Standard.)

1. Institutions offering any COMTA-accredited program have a policy for determining what constitutes satisfactory academic progress throughout that program.
2. The school's Satisfactory Academic Progress (SAP) Policy includes consideration of the following:
 - a. Quality of a student's academic work (i.e., grade percentage or grade point average).
 - b. Quantity or amount of time a student has been in the program (i.e., maximum time frame in which students must complete program requirements).
 - c. Clear increments of time when SAP will be assessed, not to exceed the program's midpoint or one year.
 - d. The official actions to be taken as a result of failure to meet SAP (e.g., warning letter, academic assistance, probation, termination).
 - e. An appeal process for those students who are terminated from the program and/or lose funding based on failure to meet SAP.
3. Student progress throughout the program is monitored and fairly applied to all students.
4. Those students failing to meet the policy should be duly informed and assisted prior to any adverse action.
5. Additional requirements apply for those institutions wishing to establish or maintain eligibility to administer federal student aid programs under Title IV of the Higher Education Act. (See Title IV Compliance Standard.)

C. Student Services

STATEMENT OF PURPOSE: The services that an institution provides its students have a direct impact on the students' academic success. Specifics of the services provided may be at the discretion of the institution, based on its size and the demographics of its students.

1. The institution provides adequate student services and resources to support its students in maintaining satisfactory progress, achieving educational outcomes, and making informed decisions concerning training and employment. These services include but are not limited to:
 - a. Academic advising
 - b. Tutoring or other academic support

- c. Placement services
 - d. Non-academic support (e.g., counseling and/or referrals)
 - e. Any other services as required by law
2. Student services are delivered and/or are accessible at the main campus and all branch campuses.
 3. Institutions reasonably accommodate students with disabilities to the extent required by applicable law and regulation.
 - a. The institution has a process in place for determining and providing reasonable accommodations for students in accordance with law and regulation.

D. Student Code of Conduct

The institution has a published Student Code of Conduct/Academic Integrity Policy that includes clear expectations and disciplinary action for violations of the policy.

STATEMENT OF PURPOSE: The Student Code of Conduct should be specific to student behavior while enrolled in the institution (e.g., no cheating), and thus in addition to encouraging a professional code of conduct in the field.

XV. Title IV Compliance

Institutions participating in United States Title IV Financial Student Aid (FSA) programs comply with all applicable laws and regulations.

STATEMENT OF PURPOSE: Participating in Title IV is a responsibility beyond accreditation. Many accreditation standards are intended to help a school be proactive in maintaining compliance with Title IV requirements.

A. Administration

Institutions demonstrate the administrative capability to participate in these financial aid programs through satisfactory results of financial or compliance audits, program reviews, and other information provided.

B. Loan repayment

Institutions participating in federal loan programs have in place appropriate measures designed to encourage students to repay their loans, and the institutions maintain an official student loan default rate that is below the federal threshold.

C. Required Disclosures

1. Institutions clearly publish all disclosures required by federal regulation.
2. The catalog of the institution accurately describes the financial aid programs in which it participates and includes the requirements students must meet to maintain eligibility for continued participation in these programs.
3. The institution's cancellation and refund policy clearly stipulates procedures for the return of Title IV funds in compliance with federal regulations.

D. Clock Hour to Credit Conversion

Institutions participating in Title IV must comply with Title IV regulations regarding the calculation of aid. Institutions may use the COMTA clock hour-to-credit conversion for academic purposes. (See COMTA Standard Academic Measurement Policy if applicable.)

E. Satisfactory Academic Progress (SAP)

Those institutions wishing to establish or maintain eligibility to administer United States Title IV financial aid programs are required to use more specific criteria for their SAP policy. These institutions use the COMTA SAP Guidelines and Title IV regulations to develop their SAP requirements.

ELAP



The Core

Entry-Level Massage Education Blueprint

The Core: Entry-Level Massage Education Blueprint

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December 18, 2013

Statement of Coalition of National Massage Therapy Organizations

“We believe that the efforts of work group members have resulted in an extraordinary, ground-breaking body of work. Their Blueprint, and the underlying process described in the report, gains strength from its intellectual integrity and independence.”

The “Coalition of National Massage Therapy Organizations” comprises seven organizations listed at the end of this statement. Our organizations play different roles, each contributing to the betterment of the massage therapy profession while also educating the public about benefits of professional massage therapy. We share a national focus: each of the seven organizations has members or constituents throughout the United States. Each of us seeks a thriving massage therapy profession that enhances the health and well-being of clients throughout the United States. We also share a desire to help our profession beyond serving each organization’s self-interest.

Our Coalition initially convened in 2011 to identify and address opportunities to advance the massage therapy profession. Two senior leaders from each organization participated in that initial meeting and three subsequent meetings.

Consistency and Portability

In a healthy profession, effective improvement requires candor in acknowledging current imperfections. When our group of organizations initially assembled, we began by naming and prioritizing profession challenges that required attention. Emerging at the top of the list were two concerns:

- inconsistent quality, depth and focus of entry-level massage therapy education; and
- lack of licensure portability (professional mobility).

Why these two? Numerous participants referenced observed knowledge and skill deficits among many recent school graduates and expressed concern that a resulting potential increase in inconsistent quality massage experiences could dull public enthusiasm for seeking massage therapy. Uncertainty about education quality and how to evaluate transcripts from unfamiliar schools, combined with inconsistent entry-level examinations utilized by different states, impairs state massage board confidence about approving licenses for practitioners moving to a new residence state.

Identifying Entry-Level Skills and Knowledge

A preliminary proposal advanced at that meeting was refined by participating organizations over the following six months. The objective: identify and gain agreement on what should be core elements of entry-level massage therapy instructional programs – the

knowledge and skills an entrant to the profession should possess to be ready to work safely and competently with clients.

The proposal recommended formation of a seven-person work group composed of massage content experts and two individuals holding credentials in education and instructional design. Each Coalition member had an opportunity to recommend participants and to listen and offer comments during the March 2012 selection process. The aim was to bring together a group possessing objectivity and judgment alongside specific classroom instruction, curriculum development, instructional design, and assessment expertise. A clear instruction to the group was to approach their work with impartiality and integrity, to arrive at sound, research-informed conclusions unconstrained by precedent or political acceptability.

The project was initially estimated to require slightly over one year. As it evolved, participants quickly realized that more time would be required to do the job thoroughly. In the end, it proved to be a 21-month endeavor.

It is our belief that the resulting work product, combined with engagement and courage by leaders throughout the profession, can assist substantially over the next several years in alleviating both entry-level education quality and professional mobility concerns.

The project was titled *Entry-Level Analysis Project (ELAP)*. If that title fails to sing, it does accurately identify the project focus. The ELAP process illuminated some predictable strengths in massage education, but also some wide-ranging knowledge and skill gaps. We can't be certain how these skill gaps formed, but we can speculate that educational programs leave out certain subjects, address others in inadequate depth, fail to reinforce particular desirable behaviors, or dilute essential learning with too much focus on other topics.

With such gaps and inconsistencies, exacerbated by frequently vague state education requirements and equally vague education content descriptions on school transcripts, further compounded by diverse profession entry testing options, it is no wonder that some state licensing boards are cautious about licensure portability.

Such education inconsistency frankly also causes some other health care professions to look at massage therapy with a skeptical eye, and to be hesitant about referring patients to massage therapists. Getting to a place where every newly trained massage therapist has completed education in agreed-upon core knowledge and skill development, thereby being positioned to be able to reliably deliver a quality basic massage, can potentially increase confidence among other health care providers. Our profession thrives when primary care

providers recognize the power of evidence-informed massage therapy for the treatment of pain, stress, and other common problems.

The ELAP Work Group

The Core: Entry-Level Massage Education Blueprint is the product of the seven work group members – Pat Archer, Clint Chandler, Rick Garbowski, Tom Lochhaas, Jim O’Hara, Cynthia Ribeiro, and Anne Williams. While other individuals potentially could also have been constructive work group contributors, we are confident the final group of seven chosen individuals has superbly represented the interests of the massage profession.

The work group was asked to consider a multitude of previously completed massage and bodywork studies and reports, but to aim at constructing from the ground up what they believe should be the fundamental building blocks within every entry-level massage therapy instructional program. Existing studies did contain useful nuggets, however, what is known about learning and delivery means has changed in the interim and, equally important, the kinds of learners populating massage classrooms have changed.

Work group members also reached out to all interested members of the profession for input. They commissioned fresh research to learn practitioner, instructor and employer perspectives. Then, about two-thirds of the way through the project, they provided an opportunity for public comment about which learning objectives and activities should be embraced within core education. That public commentary significantly informed the final product. Where the work group judgment differed from majority perspectives, the work group has clearly articulated those differences and provided a compelling rationale for their choices in the *Project Report* document.

Integrating all this input into the group’s work proved a massive undertaking.

Coalition Support

The group’s work was funded by several of the Coalition organizations, but the work group worked independently and arrived at its conclusions independently, with no steering from Coalition organizations. The final report contains a highly comprehensive, detailed education blueprint that provides guidance on essential knowledge and skill components and the depth to which they should be taught. With so much detail, opportunities for divergent views certainly arise. Representatives from our seven organizations indeed may differ on several particulars. As such, neither the Coalition nor its constituent organizations, endorse every specific recommended sub-topic, activity, or proposed weighting in the report.

Those differences aside, we all heartily support the message of *The Core: Entry-Level Massage Education Blueprint* and its companion document *The Core: Entry-Level Analysis Project Report*. We believe the work group processes have been thorough, inclusive, intellectually honest, and defensible. Their instructional design approaches are solidly grounded. Their development of a tailored, innovative learning taxonomy is potentially an important gift to vocational education.

The work group agreed to clear parameters to guide their work. Following initial Coalition guidance, they put aside attachment to any particular philosophies or products to focus on outputs that reflected data findings, feedback from the profession, and the best interests of massage clients.

The Coalition specifically supports important work group choices to include in basic instruction for all massage therapists not only assessment protocols, but also the development of skills necessary to “choose appropriate massage and bodywork application methods to benefit [each] client’s unique health picture.”

The Coalition also commends the work group for its inclusive bridging approach, in response to profession feedback on the initial draft, to long-standing profession differences about techniques, approaches and language with reference to application methods. Rather than choose between Western and Eastern approaches and vocabulary, or among diverse styles and forms, the work group usefully has organized its recommended content around approaching “application methods and techniques based on ways in which the hands and other anatomical tools ... manipulate ... soft tissue structures.”

We believe that the efforts of work group members have resulted in an extraordinary, ground-breaking body of work. Their *Blueprint*, and the underlying process described in the report, gains strength from its intellectual integrity and independence.

Core Outcomes and Instructional Hours Recommendations

One key focus of the project is to recommend the minimum number of instructional hours schools and proficient educators need to prepare their students for entry into the profession. Instead of attaching a relatively arbitrary number of hours to subjects and topics, the work group approached this task by using data and feedback to define core content first – differentiating foundational learning from advanced theory and practice. It was only in the final month of its endeavors, when the blueprint was complete, that the work group tabulated hours for subjects, topics, and sub-topics by translating learning objectives into recognizable classroom learning experiences as a means to determine timeframes.

That said, the work group's eventual recommendation that approximately 625 classroom hours of capable instruction would be required for students to acquire just core skills and abilities is invigorating. For context, a majority of states with massage regulation (28 of the 45 states including D.C.) now require 500 total education hours; another 7 require between 570 and 600 hours, and 10 require more than 625 hours. Still, the typical distance to be bridged may not be so daunting: a 2012 survey of massage programs revealed that average program length was 697 hours.

The hour estimate is what it is – an honest, objective best estimate by seven instructional design and curriculum experts who thoroughly examined the profession's body of past work in this realm. The elements making up *The Core* were built piece by piece. The 625 hour total represents simply the summing of the instructional hours associated with each of the pieces.

We encourage interested parties to focus less upon the total hours and more on recommended subject matter and subtopics. Indeed, many massage therapy instructional programs already provide more than 625 total education hours. The Coalition recommends that, in addition to meeting the total education hours mandated by individual states, every massage school curriculum include *Core* report recommended subjects, topics and weighting.

This report will require each of the constituent organizations to assess our perspectives on the subject of appropriate education hours. What we do clearly agree upon is that the work group endeavors represent real progress in that its findings are based upon substantive assessment. That is far superior to arbitrary bases and biases that all too frequently have animated past decisions by licensing boards, cities, accrediting bodies, professional associations and others.

Education Costs: Career Impacts

One other constituency – prospective massage school students – will be impacted should *The Core* gain the breadth of influence we seek. As previously noted, most states now require a minimum of 500 hours of massage instruction to qualify for a license. Adoption of *The Core* would entail a 25% increase in minimum required instructional hours, which will likely translate into more tuition dollars for students.

It is important to note that today 40% - 50% of massage school graduates exit the field within 24 months after graduation. Many factors contribute to this result, including unrealistic expectations about the physical demands of massage work, compensation realities, and evolving life circumstances for 20-somethings. Implementing *The Core* won't cause all attrition from the field to cease, but, by providing a sound knowledge and skill

foundation, a more functional curriculum should materially help to lessen the proportion of massage school graduates having to write off the cost of their massage education just a year or two out from graduation. We believe that use of *The Core* has the potential to lengthen and strengthen the careers of new massage school graduates; that is a cost benefit that will outweigh any increase in tuition from a 500-hour program.

The Importance of Diversity

It is vital to understand what *The Core* is **not** – it is not a complete massage school curriculum. The contents of this report are seen as the core – the foundational knowledge and skills every beginning massage therapist should possess – that should be *part* of every entry-level massage instructional program, but not the *entirety*. The massage and bodywork profession benefits from diversity in program points of emphasis and features. Diversity and innovation are profession strengths. While we believe that a student completing an instructional program containing just the recommended core elements would be ready to begin practice, we encourage individual schools to add program elements that reflect each school’s expertise and philosophy, or to provide greater instructional depth in selected subject areas.

Indeed, the recommended hours allocated to the practice of essential massage and bodywork application methods are independent of any specific modality. The work group listened to profession feedback that insisted that one form of hands-on work is not superior to others. Instead, the defining feature of massage and bodywork is therapeutic, structured touch, regardless of the system through which it is applied. This is a significant departure from previous thinking in our profession, one that builds on valuable diversity and exploration in education.

What’s Next?

The Coalition believes use of *The Core* will elevate instruction, because it presents clear learning objectives and guidelines. Relatively inexperienced instructors will especially benefit from an improved road map. However, it is important to understand that the ELAP blueprint and the hours allocated to topics define *minimum* classroom hours. The blueprint places an emphasis on practical, real-world learning appropriate for adult education. It assumes that teachers are competent, that learners have average learning ability, that only the defined content is taught, and that class time is well structured and used efficiently.

Clearly, with these caveats, instructor training needs greater focus. Next steps in our profession should focus on helping massage content experts transition into classrooms with effective strategies to support adult learning.

Our desire is that *The Core: Entry-Level Massage Education Blueprint* will have a positive, transforming impact on the massage therapy profession. Our organizations do not have the power to force the re-modeling of massage therapy instructional programs, but we believe that a movement toward adopting the ELAP standards would be beneficial for both massage therapists and massage therapy consumers.

We aspire to have this report influence several profession audiences:

- the Federation of State Massage Therapy Boards, which can use *The Core* as it builds guidelines for a model practice act;
- state licensing boards, which can use *The Core* in setting education requirements for licensees;
- the Alliance for Massage Therapy Education, which can refer to *The Core* in creating teacher-training standards and curricula;
- the National Certification Board for Therapeutic Massage & Bodywork, which can use *The Core* as it identifies beginning vs. advanced knowledge and skills for its Board Certification credential;
- professional membership organizations, which can use *The Core* in shaping membership criteria;
- the Commission on Massage Therapy Accreditation, which can use *the Core* in evaluating massage and bodywork curricula for programmatic accreditation;
- other accrediting organizations, which can use *The Core* in shaping their accreditation criteria;
- school owners, administrators and faculty, who can use *The Core* to strengthen or validate curricula and to adopt consistent learning outcomes;
- and, potential massage therapy students, as they consider where to enroll.

The Core may also influence publishers and writers in the development of new textbooks and teaching materials; continuing education providers who can develop offerings that build onto *Core* principles; employers, who will be able to rely on graduates of programs that use *The Core* to have dependable skills; health care providers, who want to make referrals to consistently well-educated massage therapists, and finally the end-users: massage therapy consumers, who will more reliably be able to get the therapeutic massage they are looking for.

The single most powerful lever for change would be a decision by every state massage therapy licensing board to require license applicants to have completed an education program that includes *The Core*. Pragmatically, such a requirement could neither be retroactive nor immediate. Time would be required for schools to implement the new recommendations, for teaching materials to be developed and for creation of a method to identify which programs have implemented *The Core*.

The heavy lifting – identifying and prioritizing the key needed knowledge and skills – is done. However, *The Core* relies upon other stakeholders in the profession to take important next steps.

Experience matters. Committed massage therapy professionals develop advanced skills from working with diverse clients, but this is only possible with a good start in the profession – and that requires a fundamentally sound core education. *The Core* provides a persuasive, comprehensive road map, available for all to use: a gift to the profession. Let us individually and collectively seize this profession improvement opportunity.

Coalition of National Massage Therapy Organizations:

- Alliance for Massage Therapy Education
- American Massage Therapy Association
- Associated Bodywork & Massage Professionals
- Commission on Massage Therapy Accreditation
- Federation of State Massage Therapy Boards
- Massage Therapy Foundation
- National Certification Board for Therapeutic Massage & Bodywork

Entry-Level Massage Education Blueprint

Total Hours: 625

Please note that the hours tabulated for each topic and subject are based on minimum classroom learning hours. The addition of 10 minutes of break time for every hour of lecture time has been added to all lecture hours. The addition of time for set-up, change-over, and cleanup has also been added to activities, demonstrations, and exchanges. Please use Appendix C (Hours Rationale) in the Entry-Level Analysis Project Report for additional information.

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Sub-Topic: Integrating Methods into a Form and Session Plan

Sub-Topic: Customization of the Session to Meet Client Wants and Needs

Sub-Topic: Suggesting Client Self-Care

Note: Schools can choose to integrate application methods using a Western or Eastern approach or an approach based on their philosophy of massage or bodywork (50 hours total). The ELAP Work Group recommends Swedish massage, myofascial approaches, and neuromuscular approaches because profession stakeholder survey results indicate that these forms are those most widely practiced and valued by professional massage therapists. Swedish massage and “deep tissue” (which incorporates methods from myofascial and neuromuscular approaches) are the forms most widely requested by consumers.

Sample Forms: 50 hours total

Topic: Sample Form: Western Integration of Application Methods

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- Sub-Topic: Muscles and their Actions

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- Sub-Topic: Bones and Bony Landmarks
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- Sub-Topic: Muscles and their Actions

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- Sub-Topic: Bones and Bony Landmarks
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- Sub-Topic: Muscles and their Actions

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- Sub-Topic: Bones and Bony Landmarks
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- Sub-Topic: Muscles and their Actions

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- Sub-Topic: Bones and Bony Landmarks
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- Sub-Topic: Muscles and their Actions

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- Sub-Topic: Bones and Bony Landmarks
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Sub-Topic: Sessions for Clients with Bursitis

Sub-Topic: Sessions for Clients with Cancer

Sub-Topic: Sessions for Clients with Diabetes

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Sub-Topic: Sessions for Clients with Headaches

Sub-Topic: Sessions for Clients with Nerve Compression Syndromes

Sub-Topic: Sessions for Clients with Osteoporosis

Sub-Topic: Sessions for Clients with Skin Cancer

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Sub-Topic: Sessions for Clients Who Are Over 55

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Sub-Topic: Sessions for Clients Who Are Children

Sub-Topic: Sessions for Clients Who Are Pregnant

Sub-Topic: Sessions for Clients Who Are Athletes or Fitness Oriented

Sub-Topic: Sessions for Clients Who Are at the End of Life

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11. Subject: Career Development (82.0)

Topic: Interpersonal Skills (7.0)

Sub-Topic: Communication

Sub-Topic: Conflict Resolution

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Sub-Topic: Professionalism

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Conclusions

The Entry-Level Analysis Project (ELAP) Entry-Level Massage Education Blueprint (Blueprint) outlines the suggested learning outcomes and learning objectives all people becoming professional massage therapists should achieve, regardless of specialization, to ensure they can work safely and competently in their careers. Created by the ELAP Work Group, the Blueprint also informs the Work Group's recommended total number of minimum hours of entry-level education.

The Blueprint may prove a useful starting place for schools that wish to evaluate and evolve their curricula. The strong instructional design that underlies the Blueprint illuminates how people learn to support instructor best practices in the development of classroom activities, written materials, and educational experiences. The data-informed recommendations for key terms and concepts, hands-on skills, and effective and appropriate language and behaviors; the proper educational scaffolding illuminated by progressive learning objectives; the examples of educational experiences used to tabulate hours; and the organization of information based on increasing levels of knowledge and skill complexity support exceptional curriculum design, content development, and teaching.

Nevertheless, the Blueprint is not meant to mandate specific classroom activities. Rather, it is a model of the essential foundations of massage and bodywork learning. Each school has a unique philosophy that allows it to differentiate itself for prospective learners in the marketplace. Schools are encouraged to teach additional hours and learning objectives in topics outlined by the Blueprint or in other topics based on their individual goals for their graduates.

This introduction explains the terminology and instructional design that underlies the Blueprint's structure and the organization of subjects, topics, and sub-topics to support stakeholder use of the document.

Terminology

- **Affective (Feeling) Domain:** Learning related to attitudes, values, and motivations established through self-awareness, self-exploration, opportunities to develop new ways to respond, effective role modeling, and classroom experiences.
- **Cognitive (Knowledge) Domain:** Learning related to the acquisition of information, understanding, and mental skills from participation in educational experiences.
- **Competent:** A therapist who performs his or her job properly.
- **Education theory:** Ideas about how to structure learning experiences to facilitate learning.
- **Entry-level education:** Education that prepares a person to enter a profession and continue to develop knowledge and skill through experience.
- **Entry-Level Massage Education Blueprint:** An outline of suggested learning outcomes and learning objectives all massage therapist students should achieve, regardless of specialization, to ensure they can work safely and competently in their careers.
- **Instructional design:** The process of planning learning experiences to make the acquisition of knowledge and skills more efficient, effective, and appealing.
- **Interpersonal (Relating) Domain:** Learning related to the development of skills necessary to initiate, maintain, and manage positive relationships with a range of people in a variety of contexts.
- **Learner:** A person who is learning; a student, pupil, apprentice, or trainee.
- **Learning domain:** A defined area or category of learning (cognitive, psychomotor, affective, and interpersonal).
- **Learning experiences:** Planned educational events or activities in which a learner experiences something that results in a change in his or her thinking, understanding, skills, values, or behaviors.
- **Learning objective:** A focused statement in specific and measurable terms that describes what a learner will know or be able to do as a result of a learning experience.
- **Learning outcome:** A broad statement in specific and measurable terms that describes expected learner integration of knowledge and skills resulting from multiple learning experiences or classes.
- **Learning theory:** Ideas about how people take in, process, store, recall, and apply information.
- **Lesson plan:** An instructor's detailed description of content and instructional strategies for one class.
- **Psychomotor (Skills) Domain:** Learning related to the development of well-coordinated physical activity, including the use of effective and professional language and behaviors as a result of training, hands-on learning experiences, and practice.
- **Safe Therapist:** In this document, a safe therapist is one who participates in behaviors that protect the health and well-being of clients and self.

Instructional Design Basics

Instructional design (also called instructional systems design) is the process of planning learning experiences that make the acquisition of knowledge and skills more efficient, effective, and appealing. A number of models exist based on various learning and education theories, including Merrill's First Principles of Instruction, the ADDIE Model, the Dick and Carey Systems Approach Model, Kemp's Instructional Design Model, and many more. Usually models outline the steps in a design process based on the learning or education theory undergirding the model. For example, the commonly used ADDIE Model uses these phases:

1. **Analyze:** The instructional designer analyzes the environments in which learning occurs (e.g., brick and mortar classrooms deliver content differently from online environments, etc.), the characteristics of the learners (e.g., generation Y learners learn differently from baby boomer learners, etc.), and the desired outcomes of the learning process (e.g., if the learning is used to prepare a person for a particular career, what knowledge, skills, and attitudes does the learner need to be successful?).
2. **Design:** In the design phase, point A and point B of the class, unit, module, course, or program are described. For example, the ELAP group defined point A as a person with a desire to become a massage or bodywork therapist who enrolls in a massage or bodywork training program. Point B is a massage therapist ready to enter the profession and work safely and competently. With points A and B defined, the instructional design team outlines the subjects, topics, and sub-topics that comprise the learning areas and writes learning outcomes and objectives to show the step-by-step progression of the learner through the educational process.
3. **Develop:** In the development phase, the instructional design team plans learner assessments and outlines learning experiences such as lectures, demonstrations, discussions, projects, and homework assignments. Sometimes these take the form of lesson plans, and materials are developed (e.g., lecture notes) and provided to instructors. Sometimes, instructors are given a lesson plan but develop their own teaching materials. Classroom activities should lead to learner acquisition of the defined learning objectives and outcomes.
4. **Implement:** Using developed materials such as a lesson plan, instructors employ a variety of teaching methods to teach the learners the identified knowledge and skills.
5. **Evaluate:** The progress of learners and their ability to demonstrate achievement of the defined outcomes is assessed to measure the effectiveness of the learning experience and the instructional design. The class, unit, model, course, or program is revised when weakness is detected.

The ELAP Work Group selected best practices and methods from a number of instructional design models, learning theories, and current strategies for adult education. They conducted an extensive process to gather information from consumers, employers, educators, and professionals in order to

identify essential knowledge and skill components for safe and competent entry-level education (review the ELAP Final Report for details). They outlined the subjects, topics, and sub-topics that comprise core learning in massage therapy, and wrote learning outcomes and objectives at progressively complex levels to move learners effectively from point A to point B in a model educational blueprint. Finally, they translated learning objectives into learning experiences with defined timeframes. The most significant instructional design elements of the ELAP Blueprint are the ELAP Learning Taxonomy, the use of formal learning outcomes and objectives, and the descriptions of learning experiences and timeframes in the ELAP Hours Rationale document (Appendix C in the Report).

The ELAP Learning Taxonomy

A learning taxonomy is a model that classifies learning in progressively complex levels. The structure of the Blueprint is based on the ELAP Learning Taxonomy. Most educators are familiar with Bloom's Taxonomy, which outlines six levels of cognitive learning. A number of other education researchers have also developed learning taxonomies in one or more of the four learning domains:

- **The Cognitive (Knowledge) Domain:** The cognitive domain describes the levels of learning in the acquisition of information, understanding, and mental skills that come from participation in educational experiences.
- **The Psychomotor (Skills) Domain:** The psychomotor domain describes the levels of learning in the development of well-coordinated physical activity, including the use of effective and professional language and behaviors, as a result of training, hands-on learning experiences, and practice.
- **The Affective (Feeling) Domain:** The affective domain describes the levels of learning related to attitudes, values, and motivations established through self-awareness, self-exploration, opportunities to develop new ways to respond, effective role-modeling, and classroom experiences.
- **The Interpersonal (Relating) Domain:** The interpersonal domain describes the levels of learning skills that are necessary to initiate, maintain, and manage positive social relationships with a range of people in a variety of contexts.

Research conducted by the ELAP instructional designers to choose among the most widely accepted forms of each of these different learning taxonomies identified a significant problem. Each taxonomy outlines learning in slightly differing levels, and in numbers of levels, making it impossible for the four taxonomies to be integrated and aligned in a unified, effective instructional design model appropriate for massage therapy. For example, Bloom's Taxonomy has six levels in the cognitive domain, while popular psychomotor, affective, and interpersonal taxonomies consist of three to seven levels depending on the author. Furthermore, most taxonomies separate learning into small, fragmented steps, including some that do not apply in all teaching situations or in all disciplines. While of some theoretical value, such taxonomies make it more difficult to match teaching methods to learning

objectives. The ELAP instructional designers took a bold step and built on the work of established educational research to develop a new, unified learning taxonomy that reflects standardized key levels of learning and teaching aligned across the four domains (Figure 1). Because of its coherence, simplicity, and practicality, this new learning taxonomy has the potential to positively influence education beyond massage and bodywork.

FIGURE 1: ELAP LEARNING TAXONOMY

Domains	Cognitive	Psychomotor	Affective	Interpersonal
Level 1 Receive and Respond	Attain and Comprehend	Observe and Imitate	Receive and Respond	Seek and Support
Level 2 Apply	Use and Connect	Practice and Refine	Value	Communicate and Negotiate
Level 3 Problem Solve	Choose and Plan	Naturalize and Adapt	Integrate and Internalize	Compromise and Resolve

Learners learn and master new knowledge and skills in all domains through a process that generally occurs at three levels:

1. **Level 1 – Receive and Respond:** In the initial stage of learning, learners receive information by attending to the words and actions of the instructor, reading written materials and/or watching or listening to material in other media formats, observing demonstrations of skills, noticing their own feelings and responses to new information, and listening to peer contributions, and then being able to respond in an initially simple way.
 - a. **Cognitive Domain:** In the cognitive domain, learners attain basic terms, facts, and key concepts. They demonstrate learning at this level by recalling information and showing their basic comprehension. Sample learning objectives:
 - i. Define the term *effleurage*.
 - ii. List three physiological effects of effleurage strokes.
 - b. **Psychomotor Domain:** In the psychomotor domain, learners observe the movements, language, and behaviors of instructors. They demonstrate learning at this level by imitating the skills they observe in a simple, mostly rote manner. Sample learning objectives:
 - i. Apply effleurage strokes at three speeds (slow, moderate, and fast).
 - ii. Imitate the language an instructor uses to minimize the power differential with a client during a client interview.

- c. **Affective Domain:** In the affective domain, learners begin to recognize attitudes, feelings, and values appropriate for a massage or bodywork professional. They demonstrate learning at this level by attending classes in a receptive state, being open to new thoughts and feelings, and attending to their own feelings and responses. Sample learning objectives:
 - i. Recognize components of dignity and respect.
 - ii. Outline the elements of trust in a therapeutic relationship.
 - d. **Interpersonal Domain:** In the interpersonal domain, learners seek improved relationships with others, are receptive to alternative viewpoints to enhance their understanding of people or situations, and begin to improve their relationship skills. They demonstrate learning at this level by actively listening to instructors and peers and by supporting the ideas and feeling of others. Sample learning objectives:
 - i. Listen carefully to others in order to understand their feelings and points of view.
 - ii. Express one’s own ideas willingly, openly, and honestly.
2. **Level 2 – Apply:** Following the initial stage of learning, learners start to use and apply received information in new ways, to practice and refine their new skills, to refine their values and attitudes in a professional manner, and to build stronger interpersonal relationships with peers and instructors through more effective communication and negotiation skills.
- a. **Cognitive Domain:** In the cognitive domain, learners now analyze and discuss information, compare and contrast concepts, place ideas into categories or broader contexts, and use the information they have gained in new ways. They demonstrate learning at this level by applying what they know in new situations. Sample learning objectives:
 - i. Compare and contrast the characteristics of therapeutic relationships, social relationships, and dual relationships.
 - ii. Analyze client-therapist scenarios to distinguish between therapist behaviors that demonstrate ethical professional touch and therapist behaviors that demonstrate unethical, unprofessional touch.
 - b. **Psychomotor Domain:** In the psychomotor domain, learners practice and refine their skills based on feedback from instructors and peers. They demonstrate their learning at this level by showing improving skills in practice situations. Sample learning objectives:
 - i. Practice making fluid transitions between different Swedish strokes.
 - ii. Refine one’s language skills to determine if deep work is being applied at a comfortable depth for the client.
 - c. **Affective Domain:** In the affective domain, learners personalize values and attitudes appropriate for the profession; their motivation is enhanced, and they are setting personal goals. They demonstrate their learning at this level by showing willingness to challenge their own assumptions and to personally adopt professional ethics and values. Sample learning objectives:
 - i. Attend to and control one’s own emotional state in a challenging situation.
 - ii. Demonstrate respect for all clients and their human dignity.
 - d. **Interpersonal Domain:** In the interpersonal domain, learners communicate honestly and assertively and calmly defend their opinions while being open to new ideas. They

demonstrate learning at this level by negotiating outcomes with others through effective communication and discussion. Sample learning objectives:

- i. Seek feedback from peers and instructors to work through problems.
- ii. Disagree respectfully and openly when one's own views differ from those held by peers and instructors.

3. **Level 3 – Problem Solve:** At the highest level, learners are progressing with self-confidence to synthesize information and use it to solve problems, develop a personal style, adapt techniques in unique situations, integrate their feelings and understanding to grow on a personal level, and develop an ability to lead and teach others.

a. **Cognitive Domain:** In the cognitive domain, learners evaluate choices, make decisions, plan strategies, defend their choices, self-evaluate, and respectfully comment on the choices of others. They demonstrate learning at this level by identifying or creating solutions, evaluating best practices, and beginning to contribute to new knowledge. Sample learning objectives:

- i. Hypothesize about one way a client's attitudes, beliefs, and expectations might influence the results of a massage session.
- ii. Present the results of a 1-hour full-body massage session including findings from the client's health intake process and interview, session planning to sequence body areas, palpation findings during the massage, and client feedback from the session.

b. **Psychomotor Domain:** In the psychomotor domain, physical skills now feel natural and learners are developing their own style for techniques. They adapt techniques based on each client's needs and responses. They may develop unique massage strokes or sequencing ideas. They demonstrate their learning at this level by confidently showing professional skills in practice situations. Sample learning objectives:

- i. Modify massage methods to meet the needs of each client.
- ii. Coordinate one's body mechanics for effective and efficient application of massage methods.

c. **Affective Domain:** In the affective domain, learners internalize their feelings and attitudes about learning and massage therapy such that an integrated positive value system guides their professional behavior. They demonstrate their learning at this level by speaking and behaving in a manner suggesting they have aligned their personality with professional values. Sample learning objectives:

- i. Respect all individuals and the inherent worth of all clients.
- ii. Weigh cause-effect outcomes to determine how to act in any situation.

d. **Interpersonal Domain:** In the interpersonal domain, learners are willing to compromise with others, resolve issues or conflicts, and facilitate positive interactions with others. They demonstrate their learning at this level with an ability to effectively lead or teach others, including peers and clients. Sample learning objectives:

- i. Work through differences with another to arrive at an agreement.
- ii. Effectively lead a client to an understanding of how lifestyle habits may support the benefits of massage.

One of the goals of all learning taxonomies is to guide the structuring of educational experiences in a manner appropriate for how people actually learn. The ELAP Learning Taxonomy helped the Work Group develop learning objectives at progressively complex levels to suggest appropriate learning experiences taught in an effective sequence to improve learner comprehension and skill.

Learning Objectives and Learning Outcomes

Appropriate use of the Blueprint depends on understanding the purpose and educational use of learning objectives and outcomes. Learning objectives and outcomes are the primary way that educators state and communicate to others the knowledge and skills they expect their learners to acquire. Well-constructed learning objectives and outcomes leave little doubt about what a successful learner should know and be able to do at the conclusion of a classroom activity, class, course, or program. They help educators plan effective and meaningful teaching strategies and learning experiences, teach topics to the appropriate depth, develop fair assessments, and organize classes, courses, and programs that provide effective continuity and sequencing for learners.

Learning outcomes and objectives both have three parts:

1. **Conditions:** Condition statements describe the circumstances in which learning occurs. They can be general (e.g., *Having completed 20 hours of instruction, or having read assigned materials, etc.*) or very specific (e.g., *Having analyzed three client scenarios depicting behaviors that cross therapists' boundaries, etc.*), depending on the particular objective.
2. **Behaviors:** The verb in the objective or outcome specifies what measurable action the learner must take to demonstrate the acquired knowledge, skill, or behavior. Verbs like *know, understand, grasp, and appreciate* are not used in objectives because they are difficult to measure. For example, how would an educator know if a learner “appreciates” a concept? What *exactly* does it mean for a learner to “understand” the lymphatic system? Instead, verbs like *list, identify, imitate, discuss, analyze, compare, practice, refine, choose, plan* and *integrate* help instructional designers clarify measurable learning.
3. **Criteria:** Criteria phrasing in an objective specifies how well the learner must perform the behavior. For example: *Having participated in practice sessions, the learner will demonstrate proper draping methods that are neat, secure, and modest*. In some cases, criteria are implied or it is assumed that the learner will perform a skill *correctly* or following a prescribed protocol.

In the Blueprint, learning outcomes are defined for each topic. Outcomes describe broad aspects of knowledge, skills, and behaviors expected to be attained over several learning experiences or classes. Outcomes are usually formally assessed, such as through a written examination, practical evaluation, verbal examination, or graded activity. For example: *Having completed 80 hours of instruction and practice in Swedish massage techniques, the learner will effectively perform a full-body Swedish massage*

demonstrating proper draping, correct application of strokes, smooth transitions, professional client communication, and good body mechanics on a practical evaluation.

Learning objectives are more highly focused statements of intent that describe specific units of knowledge or of a particular skill, rather than broader outcomes. Objectives can typically be accomplished in short time periods, and most can be informally assessed (e.g., instructor observation and feedback rather than a graded activity). For example: *The learner will apply petrissage strokes to the posterior leg.* Many different specific learning objectives add up to the knowledge or skill integrated into a learning outcome.

Well-written learning objectives clarify the extent or depth necessary for acceptable knowledge and skill acquisition. A poorly written learning objective might state, “Know the nerve plexuses of the body.” In a massage educational program, such a learning objective might lead an instructor to teach more depth than is reasonable and needed for assuring safe and competent massage practice. Instead, specific learning objectives would be written as “Define the term *nerve plexus*” and “List the four spinal nerve plexuses from memory.” Now the instructor better understands how much teaching is required. In class, the instructor will likely define the term, review each of the spinal nerve plexuses briefly, and provide one or two examples that are relevant for massage therapists. For instance, learners might be directed to pay special attention to the brachial plexus because it can be damaged in areas of caution if strokes are applied too forcefully.

Learning objectives in the Blueprint are written at progressively complex levels within the ELAP Learning Taxonomy, again to expedite the most efficient learning. For example, we’ll show what progressively complex levels look like in the concept of professionalism. In level 1, learners might participate in a lecture/discussion where behaviors related to professionalism are described one by one so that learners gain a full picture of professional standards. The instructor might check learners’ knowledge by asking them to list four behaviors that demonstrate professionalism. Learners who can complete this task have attained the level 1 learning they need to continue progressing. In level 2, learners begin to personalize, explore, apply, use, and connect the terms and concepts from level 1. For example, learners might be asked to discuss how they embody and practice professional behaviors in their own life, or they might be asked to analyze client-therapist scenarios to identify professional or unprofessional behaviors in a massage practice context. Finally, in level 3, learners might be asked to self-evaluate by comparing their own behaviors with established standards of professionalism and identifying their weaknesses in order to set goals for self-improvement. This “scaffolding” of learning objectives is essential for good instructional design and effective teaching. In contrast, if learners were asked to jump right in and evaluate their own behaviors by comparing themselves to standards they have not yet learned and explored, they might rightly feel confused and irritated and disengage from the learning experience.

Learning Experiences

Learning experiences are events or activities in which learners experience something that results in a change in their thinking, understanding, skills, values, or behaviors. Learning experiences are sometimes designed based on the education theory adopted by a school. For example, brain-based learning theory advocates three primary instructional techniques to facilitate learning:

- **Relaxed alertness** – the classroom and learning experiences should be nonthreatening because learner stress is believed to be counterproductive to learning.
- **Orchestrated immersion** – learners should actively participate in realistic, interactive, and multifaceted educational experiences that cover the same information from many vantage points.
- **Active processing** – learners should regularly share their feelings and ideas about learning by processing classroom activities in discussion groups.

Learning experiences in a brain-based learning environment might include stress-reducing warm-up activities, the opportunity to work in peer groups to solve problems, and lots of discussion time. Compare those experiences to the types of learning experiences in a program based on the Lewinian Experiential Learning Model:

- **Here-and-now experience** – Immediate, concrete personal experience is the focal point for learning. Learners explore concepts and skills on their own before any formal teaching takes place, or instead of formal teaching.
- **Observation and reflection** – Learners observe their experiences and reflect on their learning. They share data about their experiences with peers.
- **Testing implications of concepts** – Learners make conclusions based on their observations and test the implications of concepts in new situations. They plan modifications of their behavior to improve subsequent experiences or outcomes.

Learning experiences in this model are more learner directed, flowing, and exploratory. For example, learners might be asked to explore how to keep a client covered for modesty while exposing the necessary areas for massage. Over time, they would learn draping skills through trial and error experiences. This would not likely involve the “relaxed alertness” of the first model (especially for the classmates acting as clients), but learning objectives could be met in this manner over time.

No single theory fully explains the diversity of human learning or adult learning, so instructional designers draw on many models when planning learning experiences. The Blueprint design suggests learning experiences at each of the three levels of the ELAP Learning Taxonomy to ensure learners are exposed to the right level of challenge as they progress from lower-order to higher-order thinking and skills.

Cognitive Learning Experiences

As mentioned previously, at level 1 of the ELAP Learning Taxonomy, learners receive information and respond to it in a relatively simple way. Cognitive learning experiences focus on terms, facts, and concepts. Learners might participate in a lecture and ask questions, read assigned material, take notes, and/or complete a basic written activity such as matching terms to their written descriptions, labeling a diagram of a bone, recalling a fact, giving an example, or making a list of items.

A look at the list of terms at the beginning of each topic section in the Blueprint makes it clear that massage therapy students must memorize an enormous number of new words during their training program. Terminology therefore should probably be taught systematically and explicitly. The ability to define key terms or restate information in their own words supports learners as they move into level 2 learning.

In level 2 of the cognitive domain, learning experiences are designed to help learners apply concepts, make connections, anticipate the consequences of particular actions, and approach problems effectively. Discussion is an important activity because it helps learners personalize content and think about its particular relevance and immediate real-life applications. When people discuss issues and concepts, they pay attention and absorb information, process it internally, connect it to previous experience, predict outcomes, and express their ideas to peers. Peer reaction to sharing provides important input that helps shape individual thinking and behaviors.

Written activities and peer work support learners as they identify relevant information, utilize outside data sources, break down complex concepts or models to examine their component parts, and/or brainstorm possible solutions to problems. Learners might analyze client-therapist scenarios to determine effective or ineffective therapist behaviors, or contrast alternative methods or procedures to predict therapeutic outcomes. These activities help prepare learners to move into level 3 learning where they use their knowledge to solve problems.

Level 3 learning experiences support learners as they think critically to choose safe and appropriate massage and bodywork methods and plan sessions with clients. Activities might include simulations in which learners rule out contraindications or plan session adaptations based on analysis of mock client health forms. They might write up session plans to think through the adaptations they might make based on a client's pathology. Sharing plans with peers and receiving feedback, and giving good feedback to peers, supports lateral thinking, self-evaluation, goal setting, and growth.

Note that some material is taught only to level 1, some to level 2, and some up to level 3 depending on the level of learning necessary to ensure safe and competent practice at the entry-level. Level 3 involves moving into a level of mastery that sometimes goes beyond the entry-level as noted in the Blueprint by

the phrase; *there are no relevant learning objectives for level 3 of this sub-topic*. The learning taxonomy and structure of the Blueprint reflects the *whole* learning process, but for learners who are just entering practice they don't need to attain mastery in every sub-topic in a foundation program. Level 3 learning in some cases, will happen as the new graduate gains professional experience or takes continuing education classes. Schools teaching longer training programs or advanced programs can add to the Blueprint by writing additional learning objectives at level 3 in some content areas.

Interactive Lecture

The ELAP Blueprint often utilizes interactive lecture as a primary teaching strategy because it is a time-efficient method for level 1 and level 2 cognitive learning within an effective and meaningful learning experience. Interactive lecture is different from traditional lecture in that it follows a prescriptive formula to teach terms and concepts in a highly structured fashion. Lectures last no longer than 10 minutes and use strong visual aids to help learners create mental constructs of information. Short written activities and small group discussion opportunities are interspersed throughout and between short lectures to increase learner personalization, engagement, and recall.

Psychomotor Learning Experiences

In level 1 of the psychomotor domain of the ELAP Learning Taxonomy, learners observe instructor demonstrations and imitate client positioning methods, draping skills, massage and bodywork methods, body mechanics, and appropriate and effective professional language and behaviors.

In level 2, learning experiences involve structured practice time in which learners can safely explore variations in strokes, the use of language, and the use of professional behavior, with feedback from an instructor or peers. Role-playing activities help ensure that learners can handle challenging client situations on the fly and put their knowledge of ethics, boundaries, and professional communication to practical use.

At some points in the Blueprint, condition statements indicate that certain learning objectives, especially those related to ethics, be reinforced with “on-the-spot” practice. On-the-spot practice (described in the literature by various names such as “in-context learning,” “orchestrated immersion,” and “emotional-context learning”) is a teaching method that knowingly places learners under some pressure. In many traditional massage programs, it is common practice to keep learners safe and comfortable. They learn about things like dealing with a hostile coworker, responding to a client complaint, or dealing with a sexual boundary-crossing in the calm, supportive environment of their classroom. When they are actually confronted in later practice by a hostile coworker, angry client, or sexual boundary crosser, however, they are often unable to implement an effective protocol in the moment because of the stress created by the situation. On-the-spot practice provides opportunities for learners to decrease the

emotional charge of stressful situations and repeatedly practice effective responses. Following is an example of on-the-spot practice in a massage classroom.

Your learners have completed their training in ethics. They have created scenes demonstrating how to respond to challenging client situations, boundary-crossing behaviors, emotional release, sexual arousal responses, and other relevant scenarios, and all have passed a written examination on ethical terms and concepts. Now they are exploring massage and bodywork application methods in a hands-on practice class. You walk up to a pair of learners and say, “Sarah, I’m going to ask you to pause your practice for a moment and imagine that your exchange partner has just asked you out on a date. I’d like you to demonstrate appropriate and effective language and behavior to decline the date and reestablish the boundaries of a therapeutic relationship—go!” Sarah is now under pressure and may or may not respond appropriately and effectively this first time. However, over time, if you continue to give learners on-the-spot practice situations, she will likely learn to cope with the emotional pressure of the moment and develop automatic and effective methods for dealing with such challenging situations.

As learners continue to practice their skills, strokes, professional language, and appropriate and effective behaviors, they start to feel natural. In level 3, learning experiences provide opportunities for learners to integrate numerous individual skills into fluid wholes. They can now manage a client throughout a session from the greeting, to the health intake process, through the session, to the session close and collection of the payment. Massage and bodywork is now fluid and delivered with a variety of methods that have been chosen or adapted to match the requests of the individual client. Learners are flexible and can modify a plan moment-by-moment during application to address unforeseen client needs. Learners are now ready to participate in the school’s student clinic and work with members of the public.

Learning Experiences and Hours

The ELAP Work Group has outlined learning experiences in Appendix C of the Entry-Level Analysis Report titled, “Hours Rationale”. The primary goal was to tabulate the amount of time it takes an average adult learner to achieve the learning objectives and outcomes defined for that topic. Hour recommendations at the topic level, and summed at the subject level, inform the Work Group’s final recommendation of minimum education hours.

The ELAP Blueprint suggests the use of interactive lectures, written activities, discussions, peer work, demonstrations, structured hands-on practice time, role-playing, written session planning, and simulations of massage and bodywork sessions as primary methods to move learners from point A to point B. However, other types of learning experiences could easily be substituted for those in the Blueprint in roughly the same time periods. It is important to point out that the ELAP Work Group chose

familiar learning experiences in order to tabulate time and that creative alternatives are encouraged as long as they are practical and appropriate for adult learners.

The ELAP Work Group recognizes that educators hold varying philosophies of education and encourage progressive teaching strategies and unique ways to approach information whenever it makes sense to do so. In the experiential learning example described earlier, an instructor chose to have learners explore safe and modest draping through trial and error rather than by providing a formal demonstration and structured practice. As long as learners have enough practice time to adapt their methods based on previous errors and feedback from peers, it is likely that this instructional strategy would eventually produce safe and competent draping skills. On the other hand, this method of instruction might prove more time consuming than teaching draping more conventionally, and it might feel like a waste of time to adults who tend to be pragmatic learners. Sometimes exploration is useful, and sometimes learners just want to know the best way to do something and then move on.

While progressive and experimental approaches to learning are often valuable, especially as our understanding of adult education evolves, educators must remain practical. We are preparing graduates for a profession, and clients and employers have established expectations. This type of education, and therefore its instructional design, thus tends to be more pragmatic than many broad education models used in K-12 programs. A good rule of thumb is that any learning experience should feel meaningful and relevant to adult learners and meet defined learning objectives in a reasonable timeframe.

Homework

Homework is not indicated in the ELAP Blueprint, nor are instructional hours assigned to tasks that might happen outside of the classroom. The ELAP Work Group recommends that schools teach the defined learning objectives during classroom hours and follow the guidelines for homework outlined by Raymond J. Wlodkowski in *Enhancing Adult Motivation to Learn*. In summary, Wlodkowski points out that adult learners in vocational education programs are different from adult learners in university programs and should not be exposed to the same levels of academic rigor related to homework as their university counterparts. Adult learners in vocational programs often work full- or part-time jobs, have children at home, and/or have other family obligations. Research shows that requiring these learners to do more than 1 hour of homework per night leads to higher program attrition levels and lower academic scores. Instead of out-of-class assignments that teach learners new concepts, homework should be used to reinforce classroom learning through review of important terms and concepts and to prepare for written examinations.

Abilities in Massage Education

Abilities is the term used in postsecondary education to refer to learners' preparedness for learning. In the ELAP Blueprint, abilities are defined as natural or acquired information, understanding, and mental and physical skills that enable a person to participate effectively in a massage and bodywork training program, obtain the knowledge and skills presented in the program, and successfully meet the school's requirements for graduation. It is expected that learners' abilities will develop and strengthen over the course of the education program through regular use. Following is an outline of key abilities related to massage therapy and bodywork education.

1. **Basic academic abilities:** A person with the basic academic abilities necessary for success in a massage and bodywork training program is able to:
 - a. Read English at a basic 12th grade level as defined by the National Assessment of Educational Progress (NAEP). Note that reading levels at each grade are described as basic, proficient, or advanced. Reading aptitude research conducted in 2009 on 12th grade students nationally by NAEP reports that only 38% of 12th grade students actually achieve reading proficiency for their grade. Descriptions of reading level abilities are described in reading resources available at the NAEP website (www.nces.ed.gov).
 - b. Write English to a basic 9th grade level as defined by the NAEP. Note that writing aptitude research conducted in 2009 by the NAEP nationally reports that only 21% of 12th grade students achieve writing proficiency for their grade. Descriptions of writing level abilities are described in writing resources available at the NAEP website (www.nces.ed.gov).
 - c. Complete math computations to a basic 7th grade level as defined by the NAEP.
 - d. Use technology at a basic level for postsecondary students as defined by the (NETS). Descriptions of technology abilities are described in various resources at www.iste.org.

2. **Goal setting:** A person with the goal-setting abilities necessary for success in a massage and bodywork training program is able to:
 - a. Determine his or her personal goals related to school, career, health, family and friends, and finances.
 - b. Write long-term, intermediate, and short-term goals based on a goal-writing method (e.g., SMART).
 - c. Identify and list in sequential order the tasks and actions required to achieve goals.
 - d. Troubleshoot obstacles and challenges to goal achievement.
 - e. Track progress in achieving goals.
 - f. Evaluate success or failure and determine next steps.
 - g. Modify goals as interests and understanding changes.

3. **Time management:** A person with the time-management abilities necessary for success in a massage and bodywork training program is able to:
 - a. Write monthly, weekly, and daily schedules (e.g., use an appointment book or app).
 - b. Use a syllabus and look ahead to schedule study sessions.
 - c. Write detailed study plans (what the learner intends to study during a study session).
 - d. Plan time to accomplish tasks and activities related to goals.
 - e. Make weekly and daily to-do lists.
 - f. Prioritize tasks to meet deadlines.
 - g. Make effective use of downtime (walking, driving, or other “dead” time) for study.
 - h. Recognize procrastination and use personal motivation methods to avoid it.

4. **Study abilities:** A person with the study abilities necessary for success in a massage and bodywork training program is able to:
 - a. Use effective methods to identify and learn new words:
 - i. Identify unknown words (highlight in reading assignments, ask for definitions during lectures, etc.).
 - ii. Keep vocabulary lists of new words with definitions.
 - iii. Use a glossary or dictionary to look up words.
 - iv. Ask for correct pronunciation of words and practice pronouncing new words aloud.
 - v. Create flash cards or use picture cards to associate new words to pictures or to known words.
 - vi. Regularly attempt to integrate words into communications with teachers and peers.
 - b. Take effective notes from reading assignments:
 - i. Understand textbook features and how to use them (e.g., learning objectives, key words, chapter outlines, tables, charts, graphs, and figures, summaries, review questions, etc.).
 - ii. Regularly utilize an effective reading system (i.e., a systematic method for accomplishing reading assignments that usually includes a preview component, an active reading component, and a review component).
 - iii. Identify key words and concepts and capture them in written notes.
 - iv. Utilize an effective note format (use of note forms, graphic organizer, etc.).
 - c. Take effective notes from lectures, demonstrations, discussions, and classroom activities:
 - i. Listen actively.
 - ii. Share ideas.
 - iii. Ask questions and follow-up questions to clarify understanding.

- iv. Use a consistent note-taking format (e.g., outline method, block form, use of note forms, use of graphic organizer, etc.).
 - d. Complete homework on or before homework deadlines:
 - i. Write down homework deadlines.
 - ii. Clarify expectations by reading directions carefully and asking follow-up questions to instructor.
 - iii. Schedule adequate time to complete homework assignments.
 - e. Prepare for written quizzes, exams, and verbal practical examinations effectively:
 - i. Use effective memorization strategies to move information into long-term memory.
 - ii. Schedule adequate time to learn material.
 - f. Use effective test-taking strategies to achieve good evaluation scores:
 - i. Demonstrate methods to reduce test anxiety.
 - ii. Approach test taking strategically (e.g., answer every question even with a best guess, underline key words, cross out wrong answers, etc.).
 - iii. Learn from graded tests (e.g., identify where test content is sourced, identify flaws in vocabulary, etc.).
5. **Critical and creative thinking abilities:** A person with the basic critical and creative thinking abilities necessary for success in a massage and bodywork training program is able to (based on the Tricia Armstrong Model):
- a. Observe: The ability to use the senses analytically to gather information.
 - b. Generate ideas: The ability to focus attention, enliven prior knowledge, and generate new thoughts.
 - c. Ask questions: The ability to identify what information is useful and needed and elicit it from instructors or resource materials.
 - d. Connect: The ability to see and make connections by linking objects, ideas, processes, and concepts.
 - e. Make analogies: The ability to compare two dissimilar objects, ideas, or processes by focusing on qualities they have in common.
 - f. Recognize patterns: The ability to identify arrangements of qualities, forms, styles, shapes, colors, and designs to explore the interrelationship of parts in a whole.
 - g. Solve problems: The ability to identify and define problems, generate possible solutions, make decisions, select the best solution, and test new solutions to make adaptations or refinements.
 - h. Transform: The ability to internalize information and present it in a different way.
 - i. Synthesize: The ability to put parts together to form wholes.

6. **Interpersonal and relating abilities:** A person with the basic interpersonal and relating abilities necessary for success in a massage and bodywork training program is able to:
 - a. Establish healthy, mutually beneficial relationships with others.
 - b. Treat others with respect and listen to their points of view.
 - c. Manage interpersonal conflicts effectively.
 - d. Demonstrate appropriately assertive behavior.
 - e. Seek help from others when needed.
 - f. Offer assistance to others.
 - g. Share goals with others or with groups and work cooperatively with others, including people with different points of view.

7. **Personal development abilities:** A person with the basic personal development abilities necessary for success in massage and bodywork training programs is able to:
 - a. Assess, articulate, and acknowledge personal skills, abilities, and growth areas.
 - b. Use self-knowledge to make decisions.
 - c. Articulate the rationale for personal behavior and explore the values and principles involved in personal decision making.
 - d. Seek and consider feedback from others.
 - e. Reflect to gain insight and learn from past experiences.
 - f. Act in congruence with professional values and beliefs.
 - g. Function without the need for reassurance from others.
 - h. Balance the needs of self with the needs of others.
 - i. Accept personal accountability for choices, actions, and outcomes.

8. **Personal health and self-care:** A person with the basic personal health and self-care abilities necessary for success in massage and bodywork training programs is able to:
 - a. Practice regular personal hygiene.
 - b. Understand how choices related to food selection and exercise influence health.
 - c. Commit to getting enough sleep.
 - d. Identify responsible health behaviors and demonstrate strategies to improve or maintain personal health.
 - e. Set personal health goals and track progress.
 - f. Use self-determined methods to reduce stress.

While abilities are understood in the ELAP Blueprint as the skills learners have ideally acquired *before* enrolling in the massage and bodywork training program, schools regularly report that enrolled learners

often do not possess the requisite abilities to achieve the academic level necessary for graduation from their program. It is suggested therefore that schools recognizing incoming learning ability gaps in their student population provide a preparatory course of study to develop these abilities in learners before they begin their massage and bodywork training. Abilities can and should be systematically and regularly reinforced at predetermined points during the program.

The Entry-Level Massage Education Blueprint Structure

The Blueprint is divided into the subjects, topics, and sub-topics that data analysis suggests belong in entry-level massage education. For a detailed look at hours tabulations based on learning experiences developed from the Blueprint learning objectives, please review Appendix C in the Entry-Level Analysis Project Report, “Hours Rationale.”

- **Subjects:** Subject sections provide an overview of topics and sub-topics and a recommendation for the education hours allotted to the subject. At the subject level, instructional time is rounded to the nearest hour.
- **Topics:** Topic sections of the Blueprint state the time necessary to teach the learning objectives in all sub-topics, as part of the condition statement for the topic’s learning outcomes. This section also includes a list of key terms and concepts and clarifies the use here of any terms that are not used consistently within the profession.
- **Sub-Topics:** Sub-topic sections provide the conditions for learning and define specific learning objectives in the cognitive (knowledge) and psychomotor (skills) domains at each of the three levels of the ELAP Learning Taxonomy, as appropriate. (As noted previously, some information is covered only to level 1, such as when learners need only recognize a term, while some is covered through level 2 or level 3.) Note that sub-topics do not correspond to class periods or other specific time periods. Rather, they include all the key learning objectives for closely related knowledge or skills, which might be covered in just a portion of one class or in multiple classes.

Massage and Bodywork Learning in the Affective Domain

As detailed earlier, the affective domain describes the levels of learning related to attitudes, values, and motivations established through self-awareness, self-exploration, opportunities to develop new ways to respond, effective role modeling, and classroom experiences. To date, we know of no published statement of attitudes and values that all massage and bodywork professionals hold and agree are essential for the profession. While we can point to shared values in some areas, such as professional ethics, the profession is diverse, as reflected by our varied belief systems and preferences. Educators are encouraged to review these learning objectives in the Blueprint and add their own based on the school

philosophy. Affective domain learning objectives are not assigned separate instructional hours but are reinforced throughout a training program to develop and reinforce positive attitudes and values that enhance professional motivation, life-long learning, and career success in the massage and bodywork profession.

Massage and Bodywork Learning in the Interpersonal Domain

The interpersonal domain involves skills that are necessary to initiate, maintain, and manage positive social relationships with a range of people in a range of contexts. Learners learn interpersonal skills by modeling the effective behaviors of peers and instructors, developing enhanced communication skills, practicing relating skills in various contexts (e.g., group projects), and receiving feedback via instructor coaching. The Work Group decided to separate general interpersonal domain learning objectives from the primary ELAP Blueprint to prevent redundancy, since many interpersonal skills coexist with other cognitive and psychomotor learning. Those interpersonal skills are taught in the Career Development subject of the ELAP Map. General learning objectives related to interpersonal skills are not assigned separate instructional hours but can be reinforced throughout the training program to support efforts to develop learner professionalism and communication for entry-level practice.

Conclusions

The primary purpose of the ELAP Blueprint is to precisely define what a person must know and be able to do to work safely and competently at the entry level and to provide a means to tabulate minimum classroom hours based on the time it takes an average student to learn the defined content through competent instruction. The ELAP Work Group hopes, however, that this document will prove more than a simple rationale for hours requirements.

In all, we reviewed survey information related to entry-level education from 21,814 unique respondents self-identified as students, school administrators, instructors, professional therapists, employers of massage therapists, and other massage industry professionals. We consulted over 100 books and articles written by the profession's most notable authors and researchers, we analyzed important work already done by other work groups in past projects, and we used best practices in modern instructional design to produce this Blueprint.

We have no illusion that successful completion of this project will by itself transform massage education and the quality of massage being provided to clients. Other important work, such as strengthening the teaching abilities of all instructional personnel, and using these evidence-informed recommendations for minimum education standards in regulation commands parallel attention if the Entry-Level Analysis Project and this Blueprint are to have meaningful impact.

With these caveats, and acknowledging both the need and opportunity for improvement throughout the massage profession, we believe this project comprises one important foundational step upon which additional curriculum, teacher preparation, and regulatory standards can build. We hope this document supports your efforts and goals, whether you are a school administrator, teacher, student, massage therapist, textbook author, employer, continuing education provider, regulator, organization, or other massage industry professional.

The animating spirit of this project is not to criticize the past but to contribute to the construction of a more solid and consistent educational foundation that will help those entering the massage therapy and bodywork profession to thrive in their careers while ensuring their practice is safe and beneficial for all clients.

Summary of Learning Outcomes

Point A:

A person with a desire to become a massage or bodywork therapist who enrolls in a massage or bodywork training program.

Conditions: Having completed 1.5 hours of instruction on the evolution of massage and bodywork, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the evolution of massage and bodywork including historical events, knowledge of the current structure of the massage and bodywork profession including massage as part of health care, relevant organizations, work environments, client types, and their needs and wants, on a written examination.

Conditions: Having completed 3 hours of instruction on research literacy, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to research literacy on a written examination.
- Work with a peer group to analyze two research articles, discriminate between reliable and unreliable research, and determine two massage forms or session adaptations that demonstrate efficacy based on research, and share findings with classmates on a graded activity.

Conditions: Having completed 7 hours of instruction on massage benefits and effects, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to massage benefits and effects including differentiation of the types of benefits and effects; physiological, psychological, and energetic benefits and effects; and massage indications on a written examination.
- Demonstrate knowledge of the physiological and psychological mechanisms underpinning massage as an effective stress reduction and stress management strategy on a written examination.
- Demonstrate knowledge of the physiological and psychological mechanisms underpinning massage as an effective pain reduction and pain management strategy on a written examination.

Conditions: Having completed 15.5 hours of instruction on massage cautions and contraindications, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to massage cautions and contraindications including endangerment areas, medications and side effects, and contraindications on a written examination.
- Demonstrate the use of a clinical reasoning process to identify contraindications, an understanding of when there is a need for increased therapist caution, and the capacity to choose appropriate adaptive measures for session planning on a written examination.
- Demonstrate the integration of knowledge and skills from other topics with this topic including the use of health intake forms, pathology reference books, drug reference books, and research literacy when determining if conditions are contraindicated or require caution, a physician's release, or adaptations on a graded assignment.
- Correctly adapt massage strokes and techniques in endangerment areas or based on client feedback on a practical evaluation.
- Obtain training and certification from the American Red Cross in adult first aid, cardiopulmonary resuscitation (CPR), and use of an automated external defibrillator (AED).

Conditions: Having completed 2.5 hours of instruction on equipment and session environments, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage equipment and session environments, including types of equipment and features, lubricants, supplies, and factors for creating a comfortable, inviting, and safe session space, on a graded assignment.
- Correctly set up, organize, adjust for comfort and safety, sanitize, and properly use massage equipment, lubricants, and supplies related to the practice of massage therapy on a practical evaluation.

Conditions: Having completed 5.5 hours of instruction on preventing disease transmission, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to preventing disease transmission, including methods by which infectious diseases are spread, therapist hygiene, sanitation of the facility and equipment, good housekeeping practices, and standard precautions, on a written examination.
- Demonstrate proper therapist hygiene, correct hand-washing procedure, proper use of gloves, the sanitation of massage equipment, proper cleanliness and management of massage linens, and proper cleanliness and management of lubricants and supplies on a practical evaluation.

Conditions: Having completed 4 hours of instruction on massage laws and regulations, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to massage laws and regulations including requirements to obtain and maintain credentials, state laws and regulations, scope of practice, limits to scope of practice, and supervision of therapists in the state in which one intends to practice, on a written examination.

Conditions: Having completed 8 hours of instruction on personal health, body mechanics, and self-care, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to personal health, body mechanics, and self-care on a written examination.
- Demonstrate a useful self-care warm--up, and adjust personal body mechanics in response to instructor feedback during a practical evaluation.

Conditions: Having completed 20 hours of hands-on practice in massage and bodywork application methods classes (these hours are counted elsewhere in the Blueprint), the learner is expected to:

- Demonstrate the integration of body mechanics principles into hands-on work, including the regular use of a self-care warm-up, and correct body mechanics during the application of massage methods, on practical evaluations.

Conditions: Having completed 4.0 hours of instruction on the relationship of therapist and client, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to characteristics of positive therapeutic relationships and preventing transference and countertransference on a written examination.
- Use effective and appropriate therapist language and behaviors to redirect client behaviors related to transference on a graded classroom activity.

Conditions: Having completed 18.0 hours of instruction on ethics and the therapeutic relationship, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to ethics and the therapeutic relationship, including the purpose of ethics, use of an ethical decision-making model, ethical principles commonly adopted by the massage profession, behaviors that lead to ethical violations, and adherence to a defined code of ethics, on a written examination.
- Use effective and appropriate therapist language and behaviors to uphold standards of ethical practice, including declining a client massage treatment when appropriate, representing massage qualifications and the limits of massage honestly, referring clients to other health care providers when appropriate, obtaining the client's informed consent, responding appropriately to client sexual innuendo, on a practical evaluation.

Conditions: Having completed learning in other classes (these hours are tabulated elsewhere in the blueprint), the learner is expected to:

- Demonstrate effective language and behaviors to deal professionally and appropriately with ethical dilemmas, and to uphold ethical principles in therapist/client situations when presented with on-the-spot scenarios by instructors in graded activities.

Conditions: Having completed 18.0 hours of instruction on boundaries in a therapeutic relationship, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to boundaries in a therapeutic relationship, including establishing and maintaining boundaries, responding to boundary violations, avoidance of behaviors that violate the boundaries of clients, managing personal and client emotions during sessions, and managing issues related to touch, intimacy, and sexual arousal responses effectively and professionally, on a written examination.
- Demonstrate effective and appropriate language and behaviors to establish boundaries, respond to boundary violations, manage a client's emotional release process, respond professionally to clients experiencing unwanted sexual arousal responses, and respond professionally to clients seeking sexual gratification from the massage session, on a practical evaluation.

Conditions: Having completed learning in other classes (these hours are tabulated elsewhere in the blueprint), the learner is expected to:

- Demonstrate effective language and behaviors to deal professionally and appropriately with boundary crossings, client emotional release, or client situations that require a therapist to manage intimacy, touch, and sexual arousal responses, when presented with on-the-spot scenarios by instructors in graded activities.

Conditions: Having completed 13 hours of instruction on an orientation to the human body, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to using health care terminology, including the ability to break down unknown words into word elements, use a medical dictionary, positional and directional terms, body planes and movements, body regions, cavities, and abdominal quadrants, on a written examination.
- Demonstrate knowledge of the terms and concepts related to basic anatomy and physiology, including the structural levels of the body and the structure and function of cells, tissues, and membranes, on one or more written examinations.
- Demonstrate knowledge of the terms and concepts related to health, well-being, and disease, including aspects of well-being and predisposing causes of disease, on a written examination.

Conditions: Having completed 5 hours of instruction on the integumentary system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the integumentary system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for an integumentary pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Conditions: Having completed 10 hours of instruction on the skeletal system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure and function of the skeletal system, including bones, bony landmarks, and joints and pathologies of the skeletal system, including fractures, dislocations, and subluxations, on one or more written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session actions for a skeletal system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Conditions: Having completed 6 hours of instruction on the fascial system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure and function of the fascial system, on a written examination.
- Demonstrate knowledge of the terms and concepts related to myofascial dysfunction on a written examination.

Conditions: Having completed 13 hours of instruction on the muscular system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the muscular system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a skeletal system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Conditions: Having completed 16 hours of instruction on the nervous system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure and function of the nervous system, including the central nervous system, peripheral nervous system, autonomic nervous system, somatic nervous system, the anatomy of pain, and nervous system pathologies, on written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a nervous system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Conditions: Having completed 4 hours of instruction on the cardiovascular system, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the cardiovascular system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a cardiovascular pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Conditions: Having completed 13.0 hours of instruction on the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the structure, function, and pathologies of the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems, on written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for selected pathologies of the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activities.

Conditions: Having completed 43.5 hours of instruction on client assessment, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to health forms, client interviews, general observation, palpation assessment, posture assessment, range of motion assessment, pain assessment and functional limitations assessment, on written examinations.
- Correctly administer a health form and conduct a client interview to rule out contraindications and plan a safe massage session, on a graded activity or practical evaluation.
- Conduct a competent palpation assessment and make four defensible observations about the quality of skin, fascia, muscles, tendons, and joint movements to inform session planning, on a graded activity or practical evaluation.
- Correctly perform a posture assessment and make two defensible observations about muscular imbalance to inform session planning, on a graded activity or practical evaluation.
- Correctly perform active and passive range of motion assessments on two joints and make two defensible observations about movement quality to inform session planning, on a graded activity or practical evaluation.
- Correctly administer a pain assessment asking effective follow-up questions to inform session planning, on a graded activity.
- Correctly administer a functional limitations assessment and set two defensible short-term and two defensible long-term functional goals with a client, on a graded activity.

Conditions: Having completed 6.5 hours of instruction on documentation and client files, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to key principles in documentation, maintenance of client files, and SOAP charting and other documentation formats as determined by the school, on a written examination.
- Demonstrate knowledgeable use of SOAP charting by documenting five practice massage sessions on SOAP forms and correctly completing each section of the form using proper abbreviations and symbols, on a graded homework assignment or during practical evaluations in hands-on classes.
- If appropriate, demonstrate knowledgeable use of an alternative method of charting (as determined by the school) by documenting five practice massage sessions correctly on the appropriate form, as part of a graded homework assignment or during practical evaluations in hands-on classes.

Conditions: Having completed 13 hours of instruction in foundation principles and skills, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to an overview of massage/bodywork forms and styles, positioning, and draping, on a written examination.
- Correctly bolster clients safely and comfortably in the prone, supine, side-lying, and semi-reclined positions, on a practical evaluation.
- Correctly drape clients modestly and comfortably while exposing appropriate body areas for massage/bodywork, on a practical evaluation.
- Correctly assist a client on and off a massage table while keeping the client draped, on a practical evaluation.

Conditions: Having completed 82 hours of instruction in the application of massage and bodywork methods, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage and bodywork application, forces and soft-tissue deformation, gliding, torsion, shearing, elongation, oscillating, percussive, static, joint movements, and hot and cold methods, on written examinations.
- Demonstrate the correct application of gliding, torsion, shearing, elongation, oscillating, percussive, static, joint movement, and hot and cold methods, including variations in methods, the use of appropriate pace, depth, rhythm, therapeutic intent, proper body mechanics, correct client positioning methods, modest draping, and effective client communication, on practical evaluations.

Conditions: Having completed 30 hours of instruction in the massage or bodywork session, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to an overview of a massage session, session planning, customization of a session, and suggesting client self-care activities, on a written examination.
- Demonstrate a fluid and enjoyable 1-hour session including effective methods for opening the session, sequencing body regions, sequencing strokes, and using an enjoyable 10-minute face routine and 20-minute foot routine, on a practical evaluation.
- Effectively negotiate a customized session and deliver the agreed session via a massage integrating an effective opening, sequencing of body regions to meet the client's specifications, techniques and depth of work to meet the client's specifications, an effective closing, and the suggestion of one appropriate client self-care activity, on a practical evaluation.

Note: Schools can choose to integrate application methods using a Western or Eastern approach or an approach based on their philosophy of massage or bodywork (50 hours total). The ELAP Work Group recommends Swedish massage, myofascial approaches, and neuromuscular approaches because profession stakeholder survey results indicate that these forms are those most widely

practiced and valued by professional massage therapists. Swedish massage and “deep tissue” (which incorporates methods from myofascial and neuromuscular approaches) are the forms most widely requested by consumers.

Conditions: Having completed 50 hours of instruction and practice integrating application methods from a Western paradigm, including Swedish massage, myofascial approaches, and neuromuscular approaches, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to Swedish massage, myofascial approaches, and neuromuscular approaches, their therapeutic paradigms, their specific strokes, their physiological effects, their variations, conditions that require cautious work or session adaptations and contraindications, on a written examination.
- Work from a Swedish massage therapeutic paradigm to integrate application methods in a fluid 1-hour general Swedish massage session with an effective opening, with the traditional sequencing of Swedish strokes, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from a myofascial therapeutic paradigm to integrate application methods in a fluid 1-hour general myofascial massage session with an effective opening, with the correct application and sequencing of myofascial methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from a neuromuscular therapeutic paradigm to integrate application methods in a 1-hour general neuromuscular session using an effective opening, appropriate warm up of the tissue, the correct application and sequencing of neuromuscular methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.

Or:

Conditions: Having completed 50 hours of instruction and practice integrating application methods from an Eastern paradigm, including shiatsu, tuina, and Thai massage, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to Traditional Chinese/Japanese Medicine concepts that underlie many Asian bodywork therapies and basic concepts related to shiatsu, tuina, and Thai massage, their therapeutic paradigms, their specific strokes or methods, their physiological effects, their variations, conditions that require cautious work or session adaptations and contraindications, on a written examination.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general shiatsu session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.

- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general tuina session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general Thai massage session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.

Conditions: Having completed 4 hours of instruction on an orientation to palpation and movement, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the development of palpation skills and the basics of human movement on a written examination.

Conditions: Having completed 9.5 hours of instruction on the shoulder and arm, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the shoulder and arm, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions, on a practical evaluation.

Conditions: Having completed 9.5 hours of instruction on the elbow, forearm, wrist, and hand, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the elbow, forearm, wrist, and hand, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction, and muscle actions, on a practical evaluation.

Conditions: Having completed 9.5 hours of instruction on the spine and thorax, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the spine and thorax, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions, on a practical evaluation.

Conditions: Having completed 9.5 hours of instruction on the head, neck, and jaw, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the head, neck, and jaw on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the head, neck, and jaw, on a practical evaluation.

Conditions: Having completed 9.5 hours of instruction on the pelvis and hip, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the pelvis and hip, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the pelvis and hip, on a practical evaluation.

Conditions: Having completed 9.5 hours of instruction on the thigh and knee, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the thigh and knee, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the thigh and knee, on a practical evaluation.

Conditions: Having completed 9.5 hours of instruction on the leg, ankle, and foot, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the leg, ankle, and foot on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions of the leg, ankle, and foot, on a practical evaluation.

Conditions: Having completed 11 hours of instruction on adapting sessions for the stages of healing, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to the acute stage, subacute stage, and maturation stage of healing, on a written examination.
- Plan and conduct one-hour sessions for clients with different injuries in the acute stage, subacute stage, and maturation stage of healing, demonstrating the ability to adapt sessions appropriately, choose effective application methods, and address compensating structures on graded activities or practical evaluations.

Conditions: Having completed 40 hours of instruction on adapting sessions for clients with common pathologies, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to common pathologies including arthritis, bursitis, cancer, diabetes, fibromyalgia, fasciitis, tendinopathies, headaches, nerve compression syndromes, osteoporosis, skin cancer, stress, sprains, and strains, on graded activities, or written examinations.
- Plan and conduct one-hour sessions for clients with instructor-selected pathologies, demonstrating the ability to adapt sessions appropriately and choose effective application methods, on graded activities or practical evaluations.

Conditions: Having completed 29 hours of instruction on adapting sessions for special populations, the learner is expected to:

- Demonstrate knowledge of the terms and concepts related to special populations including clients over 55 years of age, clients who are obese, clients who are children, clients who are pregnant, clients who are athletes or fitness oriented, clients who are at the end of life, and clients with disabilities, on graded activities or written examinations.
- Plan and conduct 1-hour sessions for instructor-selected special populations, demonstrating the ability to adapt sessions appropriately and choose effective application methods, on graded activities or practical evaluations.

Conditions: Having completed 7 hours of instruction on interpersonal skills, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to interpersonal skills, including assertive communication and conflict resolution, on a written examination.
- Demonstrate effective assertive communication skills during a role-playing activity in response to client-therapist scenarios assigned by the instructor, on a graded activity.
- Demonstrate the steps in a conflict resolution process using assertive communication skills and appropriate therapist behaviors during a role-playing activity in response to a client-therapist scenario assigned by the instructor, on a graded activity.

Conditions: Having completed 50 hours of instruction in the student clinic, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to working in the school's student clinic, including professionalism, session management, and clinic management, on a written examination.
- Demonstrate effective and professional therapist language and behaviors to interact with student clinic clients, peers, and instructors during participation in the school's student clinic as evidenced by client, peer, and instructor feedback forms.
- Follow student clinic policies and procedures and represent the school in a professional manner during participation in the school's student clinic, as evidenced by a graded student clinic evaluation conducted by a supervisor.
- Plan sessions in accordance with client's goals, wants, and needs while integrating session adaptations based on cautions or contraindications as evidenced by client feedback forms.
- Integrate skills including draping, bolstering, use of equipment and sanitation practices, application of strokes and methods, professionalism, and communication, in safe, effective, and enjoyable sessions, as evidenced by client feedback forms.

Conditions: Having completed 25 hours of instruction on career planning, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to career planning, including envisioning a massage career, working as an employee, and the basics of starting a private practice, on a written examination.
- Write a personal 1-year career plan on a graded assignment.
- Demonstrate principles of good interviewing skills and effectively answer sample interview questions, in a graded activity.

Point B:

A massage or bodywork therapist ready to enter the profession and work safely and competently.

Entry-Level Massage Education Blueprint

Massage Theory and Principles

Topic Evolution of Massage and Bodywork

- Sub-Topics
- Historical Roots of Massage
 - Massage and Bodywork Today

Topic Research Literacy

- Sub-Topics
- Evidence-Based Practice
 - Basics of Research

Topic Massage Benefits and Effects

- Sub-Topics
- Types of Benefits and Effects
 - Physiological Benefits and Effects
 - Psychological and Other Benefits and Effects
 - Massage Indications

Topic Massage Cautions and Contraindications

- Sub-Topics
- Endangerment Areas
 - Contraindications
 - Medications and Massage
 - American Red Cross Adult First Aid/CPR/AED Certification

Topic: Evolution of Massage and Bodywork

Learning Outcomes

Conditions: Having completed 1.5 hours of instruction on the evolution of massage and bodywork, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the evolution of massage including historical events, knowledge of the current structure of the massage profession including massage as part of health care, relevant organizations, work environments, client types, and their needs and wants, on a written examination.

Key Terminology and Concepts

- Alliance for Massage Therapy Education
- Alternative medicine
- American Massage Therapy Association
- Associated Bodywork & Massage Professionals
- Bodywork*
- Client
- Commission on Massage Therapy Accreditation
- Complementary medicine
- Conventional medicine
- Federation of State Massage Therapy Boards
- Galen
- Health-care-oriented massage*
- Hippocrates
- Holistic health care
- Human potential movement
- Integrative medicine
- Johan Mezger
- Massage*
- Massage Therapy Foundation
- Medicine person (witchdoctor, medicine man, shaman, etc.)
- National Center for Complementary and Alternative Medicine
- National Certification Board for Therapeutic Massage & Bodywork
- Pehr Henrik Ling
- Special population
- Swedish gymnastics
- Touch Research Institute
- Wellness-oriented massage*

Use of Terms

*These terms are not used consistently in the massage profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Bodywork: A broad term that refers to many forms, methods, and styles including massage, that positively influence the body through various methods that may or may not include soft-tissue deformation, energy manipulation, movement reeducation, and postural reeducation.

Health-care-oriented massage: Massage performed in medical or health-care-oriented environments to facilitate therapeutic change, condition management, or symptom management.

Massage: The ethical and professional application of structured, therapeutic touch to benefit soft-tissue health, movement, posture, and neurological patterns.

Wellness-oriented massage: Massage performed in wellness- or relaxation-oriented environments to facilitate stress reduction, relaxation, or wellness.

Sub-Topics

- Historical Roots of Massage
- Massage and Bodywork Today

Sub-Topic: Historical Roots of Massage

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • If appropriate based on school philosophy, give one example of massage associated with medicine or magic in ancient times (e.g., many cultures had a medicine person, shaman, witch, priest, midwife, etc.). • If appropriate based on school philosophy, give one example of how massage was used by the Greeks, Romans, or Arabs in classical times. • List four events that occurred before 2000 that promoted the evolution of the massage profession (e.g., Swedish gymnastics, massage in nursing, the human potential movement, the decline of massage in the 1950s, the influence of Eastern bodywork, influence of new systems/forms, etc.). • If appropriate based on school philosophy, match the names of these people to written descriptions of their contributions to the field of massage: Galen, Hippocrates, Pehr Henrik Ling, Johan Mezger (note, other important names that a program may want to discuss are Andreas Vesalius, Charles Fayette Taylor, Florence Nightingale, George Henry Taylor, Ibn Sina, John Harvey Kellogg, Mondino de Luzzi). • List two practices from Eastern cultures that influenced the evolution of massage in the west. • If appropriate based on school philosophy, in one's own words, outline the key events in the development of Swedish massage. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • If appropriate based on school philosophy, discuss briefly massage in ancient times, in classical times, and in the East. • Discuss instructor-selected events that promoted the evolution of the massage profession. • Analyze factors that led to the decline of massage due to public skepticism after World War II (e.g., massage associated with prostitution in the late 1950s and early 1960s). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Massage and Bodywork Today

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Match these terms to their written descriptions: <i>complementary medicine, integrative medicine, alternative medicine, holistic health care, conventional medicine, massage, bodywork, wellness-oriented massage, health-care-oriented massage.</i> • Explain in one’s own words the difference between massage and bodywork. • Match these organizations to written descriptions of their roles in the massage profession: Alliance for Massage Therapy Education, American Massage Therapy Association, Associated Bodywork & Massage Professionals, Commission on Massage Therapy Accreditation, Federation of State Massage Therapy Boards, Massage Therapy Foundation, National Certification Board for Therapeutic Massage & Bodywork. • List three reasons people seek massage therapy. • List four environments where massage is practiced (e.g., spa, clinic, etc.). • Describe one special population that might use massage therapy. • Identify two reasons some people do not get massage or bodywork. • Name five forms of massage or bodywork commonly practiced in the US today. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast wellness-oriented massage with health-care-oriented massage. • Discuss the role of massage in complementary medicine. • Share one’s ideas about desirable massage work situations and career hopes. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: Research Literacy

Learning Outcomes

Conditions: Having completed 3 hours of instruction on research literacy, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to research literacy on a written examination.
- Work with a peer group to analyze two research articles, discriminate between reliable and unreliable research, and determine two massage forms or session adaptations that demonstrate efficacy based on research, and share findings with classmates on a graded activity.

Key Terminology and Concepts

- Abstract
- Case report/study
- Case series
- Case-control study
- Clinical trial
- Correlation study
- Empirical evidence
- Evidence-informed massage practice
- Massage Therapy Foundation
- Meta-analysis
- Methods/methodology
- National Center for Complementary and Alternative Medicine
- Placebo effect
- PubMed
- References
- Reliability
- Research
- Research literacy
- Results/findings
- Systematic review
- Touch Research Institute

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Evidence-Informed Practice
- Basics of Research

Sub-Topic: Evidence-Informed Practice

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Learning objectives for reinforcing the importance of an evidence-based practice are integrated in other subjects, topics, and sub-topics of the ELAP Blueprint where appropriate.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *evidence-informed massage practice*.
- Describe three reasons why developing an evidence-informed practice is important.
- Outline the skills a massage therapist needs to build an evidence-informed practice (e.g., ability to find, understand, and critically evaluate research to apply it to session planning with clients).
- List one traditional source of knowledge in the massage profession (e.g., empirical evidence, textbook authors, well-known teachers).
- List one modern source of knowledge in the massage profession (e.g., research articles).
- Outline the steps one would take to locate information about a particular condition.
- Outline the steps one would take to locate information about the efficacy of a particular massage technique.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the concept of an evidence-informed practice including what it is, why it is important, and what skills a therapist needs. • Discuss methods for locating information when a therapist is faced with an unknown pathological condition. • Discuss methods for locating information when a therapist wants to find out about the efficacy of a particular massage technique. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Basics of Research

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Learning objectives for reinforcing research literacy are integrated in other subjects, topics, and sub-topics of the ELAP Blueprint where appropriate.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *research*.
- Match these research study types to their written descriptions: *case report/case study, case series, correlation study, case-control study, clinical trial, systematic review, meta-analysis*.
- Match these sections of a research article to their written descriptions: abstract, introduction, methods/methodology, results/findings, discussion, references.
- List two places to obtain research information (e.g., Massage Therapy Foundation, PubMed, Touch Research Institute, National Center for Complementary and Alternative Medicine website, etc.).
- List two indicators that a research study is reliable.
- List two indicators that a research study is not reliable.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the ways massage therapy research affects the massage profession. • Discuss the placebo effect and its implications for research. • Work with peers to determine the reliability of two research articles. • Work with peers to review the results of a reliable instructor-selected research study and share findings with classmates. • Speculate about the types of techniques used or adaptations made in a massage session based on the results of the reviewed research study. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: Massage Benefits and Effects

Learning Outcomes

Conditions: Having completed 7 hours of instruction on massage benefits and effects, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage benefits and effects including differentiation of the types of benefits and effects; physiological, psychological, and energetic benefits and effects; and massage indications on a written examination.
- Demonstrate knowledge of the physiological and psychological mechanisms underpinning massage as an effective stress reduction and stress management strategy on a written examination.
- Demonstrate knowledge of the physiological and psychological mechanisms underpinning massage as an effective pain reduction and pain management strategy on a written examination.

Key Terminology and Concepts

- Anxiety
- Benefit
- Body-mind effect*
- Combined effect
- Cumulative effect*
- Depression
- Energetic effect
- Gate control theory
- Indication
- Insomnia
- Long-term effect
- Mechanical effect
- Mental clarity
- Pain
- Pain management
- Pain-spasm-pain cycle theory
- Parasympathetic nervous system response
- Physiological effect
- Primary effect
- Psychological effect
- Reflexive effect
- Secondary effect
- Short-term effect
- Somatic reflexes
- Stress
- Stress management
- Stretch reflex

- Structural effect
- Systemic effect
- Tendon reflex

Use of Terms

*These terms are not consistently used or consistently defined in the massage profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Body-mind effect: Body-mind effect is also described in some textbooks as a whole-body effect and refers to the belief that massage affects the body physiologically and psychologically at the same time.

Cumulative effect: Cumulative effect is also described in some textbooks as a multiple-dose effect and refers to the belief that regular massage leads to improved health over time.

Sub-Topics

- Types of Benefits and Effects
- Physiological Benefits and Effects
- Psychological and Other Benefits and Effects
- Massage Indications

Sub-Topic: Types of Benefits and Effects

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Note: Learning objectives for reinforcing massage benefits and effects are integrated in other subjects, topics, and sub-topics of the ELAP Blueprint where appropriate.</p> <p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Match these terms to their written descriptions: <i>benefit, effect, mechanical effect, reflexive effect, primary effect, secondary effect, short-term effect, long-term effect, structural effect, systemic effect, cumulative effect, combined effect, physiological effect, psychological effect, body-mind effect, energetic effect.</i> • Label five different types of effects based on their written descriptions (e.g., range of motion is increased post massage is labeled as a mechanical effect, while the client experiencing feelings of well-being is labeled a psychological effect, etc.). • Explain in one’s own words two ways massage is beneficial for clients. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss different types of benefits and effects brought about by massage and bodywork. • Contrast a mechanical effect with a reflexive effect. • Contrast a physiological effect with a psychological effect. • Contrast a primary effect with a secondary effect. • Contrast a systemic effect with a structural effect. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject – Massage Theory and Principles, Topic – Massage Benefits and Effects

Sub-Topic: Physiological Benefits and Effects

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Review the term <i>physiological effect</i>. • Review the term <i>benefit</i>. • Give two general examples of physiological effects of massage application methods. • Give two general examples of massage benefits for clients. • List two effects of massage for each body system: integumentary system, muscular system, nervous system, endocrine system, cardiovascular system, lymphatic system and immunity, respiratory system, digestive system, reproductive system, and urinary system. • Explain in one's own words how massage supports the body at the cellular and tissue level. • List two ways massage might decrease sensations of pain. • Define the term <i>parasympathetic nervous system response</i>. • List two physiological effects of massage that support stress reduction and management. • Define the term <i>somatic reflexes</i>. • Give one example of a somatic reflex that can be manipulated by massage application methods to positively affect the body (e.g., stretch reflex). 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the general effects of stress on the body. • Discuss the tendon reflex, stretch reflex, and two instructor-selected massage techniques that manipulate somatic reflexes to produce an effect on soft-tissue. • Discuss historical pain models that have influenced the massage profession (e.g., pain-spasm-pain cycle may not exist according to Travel, gate control theory which has been superseded by more modern theories of pain, etc.). • Discuss current hypotheses of an instructor-selected pain model and pain control model (e.g., central sensitization: nociceptor inputs can trigger a prolonged but reversible increase in the excitability of neurons in the central nociceptive pathways that will respond to treatments that produce analgesia by normalizing hyperexcitable central neural activity). • Discuss one instructor-selected research article that concludes that massage has a positive effect on the muscular system. • Discuss one instructor-selected research article that concludes that massage has a positive effect on stress. • Discuss one instructor-selected research article that concludes that massage reduces pain. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Psychological and Other Benefits and Effects		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>psychological effect</i>. • List one psychological effect of massage. • Define the term <i>benefit</i>. • List one psychological benefit of massage. • Match these terms to their written descriptions: <i>psychological effect, psychological benefit, anxiety, depression, mental clarity, energetic effect</i>. • Describe one general effect of stress on mental and emotional health. • Define these terms: <i>anxiety, depression, mental clarity</i>. • List three psychological effects of massage for anxiety, depression, or mental clarity. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss one way the psychological effects of massage influence client stress reduction and management. • Discuss one way the psychological effects of massage influence pain reduction and pain management. • Discuss the ways that the physiological effects of massage influence a client’s psychological response to massage (e.g., people are likely to experience positive emotions to massage because massage tends to increase dopamine levels, which is a physiological effect). • Discuss two instructor-selected research articles that conclude that massage has a positive effect on anxiety, depression, hyperactivity, or insomnia. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> • Discuss components of a massage session that would support a client with anxiety, depression, or insomnia. • Discuss the controversy surrounding a belief or disbelief in energetic effects of massage. • Discuss the ethical violations that occur when therapists practice energetic bodywork methods without a client's informed consent (e.g., if the client seeks massage they are unlikely to expect energetic bodywork methods instead; a therapist should not practice energetic bodywork without asking the client's permission; chanting over a client, praying over a client, channeling energy to a client or away from a client, balancing chakras or energy fields, etc. without a client's permission is unethical, etc.). 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Massage Indications

Level 1		
	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>indication</i> as it relates to the practice of massage. • Identify three conditions that benefit from massage. • Recognize three special populations that benefit from massage. 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.
Level 2		
	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss stress reduction as a way to positively influence many symptoms related to specific medical conditions. • Discuss two instructor-selected research articles that conclude that massage has a positive effect on one of these conditions: Alzheimer’s disease, attention deficit hyperactivity disorder (ADHD), cancer, chronic fatigue syndrome, eating disorders, or high blood pressure. • Discuss two instructor-selected research articles that conclude that massage has benefits for two of these special populations: athletes, older adults, pregnant women, or infants. • Compare and contrast massage indications with massage contraindications. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3		
	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: Massage Cautions and Contraindications

Learning Outcomes

Conditions: Having completed 15.5 hours of instruction on massage cautions and contraindications, including American Red Cross Adult First Aid/CPR/AED training, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage cautions and contraindications including endangerment areas, medications, and side effects, and contraindications on a written examination.
- Demonstrate the use of a clinical reasoning process to identify contraindications, an understanding of when there is a need for increased therapist caution, and the capacity to choose appropriate adaptive measures for session planning on a written examination.
- Demonstrate the integration of knowledge and skills from other topics with this topic including the use of health intake forms, pathology reference books, drug reference books, and research literacy when determining if conditions are contraindicated or require caution, a physician's release, or adaptations on a graded assignment.
- Correctly adapt massage strokes and techniques in endangerment areas or based on client feedback on a practical evaluation.
- Obtain training and certification from the American Red Cross in adult first aid, cardiopulmonary resuscitation (CPR), and use of an automated external defibrillator (AED).

Key Terminology and Concepts

- Absolute contraindication
- Acute inflammation
- Adaptive measures
- Advanced understanding/special training
- American Red Cross
- Analgesic
- Anticoagulant
- Antidepressant
- Antidiabetic medication
- Anti-inflammatory
- Automated external defibrillator (AED)
- Blood vessel
- Bony prominence
- Cancer
- Cardiopulmonary resuscitation (CPR)
- Caution
- Clinical reasoning
- Clinical reasoning model*
- Fever
- First aid
- General contraindication
- Health form
- High blood pressure
- Local contraindication
- Low blood pressure
- Lymph nodes
- Muscle relaxants
- Nausea
- Nerves
- Older adults
- Osteoporosis
- Over-the-counter medication
- Pharmacology
- Physician's release
- Prescription medication
- Rescue breath
- Severe bleeding

- Conscious choking
- Contraindication
- Critical thinking model
- Diabetes
- Drug
- Drug reference
- Edema
- Endangerment area*
- Side effect
- Skin conditions
- Steroids
- Stroke
- Supplement
- Surgery
- Unconscious choking
- Vein

Use of Terms

*These terms are not consistently used or consistently defined in the massage profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Clinical reasoning model: Clinical reasoning model or critical thinking models are both used to describe a step-by-step process of working through client information in order to plan a safe and competent massage for the client.

Endangerment area: *Endangerment area, endangerment site, area of caution, and cautionary site* are terms used by different authors to describe regions of the body where delicate structures like nerves, bony prominences, arteries, veins, and organs are superficial and unprotected. These are areas where lighter massage strokes and careful technique application are needed to ensure client comfort and safety.

Sub-Topics

- Endangerment Areas
- Contraindications
- Medications and Massage
- American Red Cross Adult First Aid/CPR/AED Certification

Sub-Topic: Endangerment Areas

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Match these terms to their written descriptions: <i>endangerment area, blood vessel, vein, bony prominence, nerves, lymph node, clinical reasoning, clinical reasoning model (also called critical thinking model).</i> • List five types of structures that might be damaged if strokes are applied too forcefully in endangerment areas (e.g., blood vessels, veins, bony prominences, nerves, organs). • Recall two structures in each of these endangerment areas that require caution: face, neck, trunk, upper extremity, lower extremity. • Outline the borders of these endangerment areas: anterior triangle of the neck, posterior triangle of the neck, femoral triangle, and popliteal region. 	<p>Conditions: Having viewed an instructor demonstration of massage over endangerment areas and participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the adaptations the instructor makes to massage strokes when working in each of these endangerment areas: anterior triangle of the neck, posterior triangle of the neck, femoral triangle, popliteal region. • Imitate instructor methods for how to lighten a stroke without loss of fluidity while working in endangerment areas. • Respond to client feedback and adapt strokes for client comfort during massage practice.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss one way each of these structures might be damaged by strokes applied too forcefully in endangerment areas: blood vessels, veins, bony prominences, nerves, organs. • Discuss four general principles for working safely in endangerment areas. • Describe one adaptation appropriate for a client whose feedback suggests that a stroke is uncomfortable. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate safe and fluid massage in each endangerment area. • Demonstrate how to lighten a stroke without loss of fluidity while working in endangerment areas.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Create a diagram outlining each endangerment area and its delicate structures. 	<p>Conditions: Having completed practice sessions in other classes, and when asked by an instructor, the learner will be able to:</p> <ul style="list-style-type: none"> • Modify strokes without loss of fluidity based on client feedback. • Coordinate stroke application so that adaptations in stroke depth over endangerment areas feels fluid and enjoyable to clients.

Sub-Topic: Contraindications

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Learning objectives for reinforcing knowledge related to contraindications are integrated in other subjects, topics, and sub-topics of the ELAP Blueprint where appropriate.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *contraindication*.
- Match these common symptoms/conditions to their written definitions: acute inflammation, recent surgery, high blood pressure, low blood pressure, stroke, fever, nausea, edema, skin conditions, osteoporosis, cancer, diabetes.
- Match these terms to their written descriptions: *absolute contraindication (also called general contraindication)*, *local contraindication*, *physician’s release*, *caution*, *adaptive measures*.
- Explain how each of these resources might help identify contraindications or the need for caution: health form, drug reference books, pathology reference books, research articles, Internet resources.
- List five conditions that absolutely contraindicate the application of massage.
- List three conditions that contraindicate the application of massage in a local region.
- List three conditions that require a therapist to have advanced understanding or specialized training to provide massage or bodywork.
- List three conditions for which a physician’s release is required to provide massage.
- Describe three adaptive measures a therapist might make to ensure a client’s safety during a massage session.
- Outline the steps to take when a health intake form lists a condition that is unfamiliar to the therapist.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

	<ul style="list-style-type: none"> Outline the process for acquiring a release for a client from a physician. Review the steps in the school-selected clinical reasoning process. 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss cautions and contraindications related to working with older adults. Discuss cautions and contraindications related to working with clients with diabetes. Analyze a list of conditions and correctly categorize each as an absolute contraindication, local contraindication, need for physician release, or caution. Analyze a list of skin conditions and correctly categorize each as an absolute or local contraindication. Determine if an unfamiliar condition is a contraindication by using reference books or the Internet for research. Work in a peer group to apply a clinical reasoning process to five client conditions to determine if they are contraindications, require a physician's release, or require adaptive measures during the session. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Working on one's own, without help from peers or instructors, the learner will be able to:</p> <ul style="list-style-type: none"> Use a clinical reasoning process to analyze two mock client health forms and determine if the client has a condition that contraindicates massage, requires a physician's release, or requires adaptive measures during the session. 	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Medications and Massage

Level 1 Knowledge: Attain and Comprehend Skills: Observe and Imitate

Receive Respond

Note: Learning objectives for reinforcing knowledge related to medications and massage are integrated in other subjects, topics, and sub-topics of the ELAP Blueprint where appropriate.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Match these terms to their written descriptions: *pharmacology, drug, prescription medication, over-the-counter medication, supplement.*
- Explain in one’s own words the meaning of the term *side effect.*
- List two ways massage could potentially increase the severity of side effects caused by medications.
- List two ways massage could potentially soothe the severity of side effects caused by medications.
- Match these classifications of drugs to their written descriptions: analgesic, anti-inflammatory, anticoagulant, antidepressant, antidiabetic medication, muscle relaxants, steroids.
- Explain in one’s own words the importance of having a drug reference available in the massage practice.
- Recall two medication types that indicate that the client’s condition may be very complex or serious and therefore requires a physician’s release (e.g., narcotic analgesics, antipsychotic medications, cancer medications).
- Review the steps in the school-selected clinical reasoning process.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss measures that ensure client safety when clients are using over-the-counter or prescription analgesics (narcotic, non-narcotic, over-the-counter, etc.), • Discuss measures that ensure client safety when clients are using over-the-counter or prescription anti-inflammatories. • Discuss measures that ensure client safety when clients are using prescription anticoagulant medications. • Discuss measures that ensure client safety when clients are using prescription antidepressant medications. • Discuss measures that ensure client safety when clients are using prescription antidiabetic medications. • Discuss measures that ensure client safety when clients are using prescription muscle relaxants. • Discuss measures that ensure client safety when clients are using prescription steroids. • Discuss measures that ensure client safety for clients reporting these common side effects: reduced sensitivity to physical sensations, drowsiness, fainting, dizziness, low blood pressure, anxiety, and compromised tissue (e.g., bone density issues, soft-tissue integrity loss as occurs with long-term use of corticosteroids, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having worked with a peer group and analyzed five client health forms listing different medications that are unfamiliar, the learner will be able to:</p> <ul style="list-style-type: none"> • Effectively research unknown medications and side effects (e.g., use appropriate resources, know how to search, etc.). • Choose one session adaptation to support the safety of each client. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Sub-Topic: Red Cross Adult First Aid/CPR/AED Certification

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: The American Red Cross does not publish learning objectives for the Adult First Aid/CPR/AED certification. The following learning objectives are based on the certification manual and meant to provide an overview of course components. They are not comprehensive and may not address all learning that takes place in a Red Cross course. Speak to an American Red Cross representative for details of courses at www.redcross.org.

Conditions: Having participated in an American Red Cross Adult First Aid/CPR/AED program, the learner will be able to:

- Define the term *first aid*.
- Define the term *severe bleeding*.
- List two indicators that an adult is injured, ill, apparently unconscious, and in need of assistance (e.g., a person is lying face down without moving in an unlikely place).
- List two items of as personal protective equipment (e.g., gloves).
- Outline response steps for giving care to an adult who is injured or ill or appears to be unconscious (e.g., check the scene for safety, use personal protective equipment if possible, check the person for responsiveness, call 911, etc.).
- List two methods used to open the airway of an adult (e.g., tilt the head, lift the chin).
- State how long a responder checks for breathing in an adult who is injured or ill or appears unconscious (e.g., no more than 10 seconds).
- Define the term *conscious choking* (e.g., the person is conscious but cannot cough, speak, or breathe).
- Outline the response steps when a responder encounters a person who is consciously choking (e.g., give five back blows, give five abdominal thrusts, if the person loses consciousness call 911, etc.).

Conditions: Having participated in an American Red Cross Adult First Aid/CPR/AED program, and viewed an instructor demonstration, the learner will be able to:

Imitate the steps and methods the instructor used to:

- Respond appropriately to a situation in which an adult appears to be unconscious.
- Use personal protective equipment correctly.
- Open the airway of an adult.
- Check for breathing.
- Respond to an adult who is consciously choking.
- Respond to an adult who is unconsciously choking.
- Provide CPR to a person who is not breathing.
- Use AED equipment properly to provide a shock to an adult and continue with CPR.
- Control external bleeding until medical personal can take over.
- Respond to a an adult with a burn until medical personal can take over.
- Respond to suspected poisoning until medical personal can take over.
- Respond to suspected stroke until medical personal can take over.

- Define the term *rescue breath*.
- Define the term *unconscious choking* (e.g., a person who is not conscious and the chest does not rise with rescue breaths).
- Outline response steps when a responder encounters a person who is unconsciously choking (e.g., give rescue breaths, give 30 chest compressions, look for and remove object, etc.).
- Define the term *cardiopulmonary resuscitation (CPR)*.
- Describe the proper method for giving chest compressions (e.g., push hard and fast in the middle of the chest at least 2 inches deep and at least 100 compressions per minute, with the person on a firm, flat surface).
- Outline response steps for using CPR (e.g., give 30 chest compressions, give 2 rescue breaths, do not stop until another trained responder takes over, etc.).
- Define the term *automated external defibrillator (AED)*.
- List two important guidelines for using an AED (e.g., don't use pediatric AED pads or equipment on adults and don't use adult AED equipment on children under 8 years of age or weighing less than 55 pounds, etc.).
- Outline response steps for using an AED (e.g., turn on the AED, follow voice and/or visual prompts, wipe a bare chest dry, attach pads, etc.).
- Outline the response steps for controlling external bleeding (e.g., cover the wound, apply direct pressure, etc.).
- Outline the response steps for dealing with burns until trained medical personnel take over (e.g., remove from the source of burn, cool the burn, cover loosely with sterile dressing, etc.).
- Outline response steps for suspected poisoning (e.g., call 911 or the poison control hotline, provide care based on conditions, etc.).
- Outline response steps for suspected head, neck or spinal injuries (e.g., call 911, minimize movement of the head, neck, or

	<p>spine, stabilize the head in the position it was found, etc.).</p> <ul style="list-style-type: none"> • Define the term <i>stroke</i>. • Outline response steps to suspected stroke using the acronym F.A.S.T. (e.g., Face, Arm, Speech, Time). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an American Red Cross Adult First Aid/CPR/AED program, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss response steps when adults are injured or ill or appear to be unconscious. • Discuss the use of personal protective equipment in emergency situations. • Discuss methods to open the airway of an adult or provide rescue breathing. • Discuss response steps for conscious choking and unconscious choking. • Discuss methods for performing cardiopulmonary resuscitation (CPR). • Discuss response steps for performing CPR. • Discuss guidelines for using automated external defibrillator (AED) equipment. • Discuss response steps for using an AED in emergency situations. • Discuss response steps for controlling external bleeding or managing burns until medical personal take over. • Discuss response steps for suspected poisoning. • Discuss response steps for suspected head, neck or spinal. • Discuss response steps for suspected stroke and the use of the acronym F.A.S.T. 	<p>Conditions: Having participated in an American Red Cross Adult First Aid/CPR/AED program, and viewed an instructor demonstration, the learner will be able to:</p> <p>Demonstrate the proper steps and correct methods to:</p> <ul style="list-style-type: none"> • Respond appropriately to a situation in which an adult appears to be unconscious. • Use personal protective equipment correctly. • Open the airway of an adult. • Check for breathing. • Respond to an adult who is consciously choking. • Respond to an adult who is unconsciously choking. • Provide CPR to a person who is not breathing. • Use AED equipment properly to provide a shock to an adult and continue with CPR. • Control external bleeding until medical personal can take over. • Respond to a an adult with a burn until medical personal can take over. • Respond to suspected poisoning until medical personal can take over. • Respond to suspected stroke until medical personal can take over.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Entry-Level Massage Education Blueprint

Massage Professional Practices

Topic Massage Equipment and Environment

- Sub-Topics
- Equipment and Supplies
 - Session Environments

Topic Preventing Disease Transmission

- Sub-Topics
- Understanding Disease
 - Therapist Hygiene
 - Infection Control
 - Standard Precautions

Topic Laws and Regulations

- Sub-Topics
- Obtaining and Maintaining Credentials
 - Adhering to Laws and Regulations
 - Supervision of Therapists

Topic Personal Health, Body Mechanics, and Self-Care

- Sub-Topics
- Personal Health and Self-Care
 - Body Mechanics Principles
 - Preventing Work-Related Injury

Topic: Massage Equipment and Environment

Learning Outcomes

Conditions: Having completed 2.5 hours of instruction on equipment and session environments, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage equipment and session environments, including types of equipment and features, lubricants, supplies, and factors for creating a comfortable, inviting, and safe session space, on a graded assignment.
- Correctly set up, organize, adjust for comfort and safety, sanitize, and properly use massage equipment, lubricants, and supplies related to the practice of massage therapy on a practical evaluation.

Key Terminology and Concepts

- Allergy
- Aromas
- Bolster
- Carrying case
- Cream
- Face cradle
- First aid kit
- Gel
- General liability
- Hydrocollator
- Linens
- Lotion
- Lubricant
- Massage table
- Massage table cart
- Massage tools
- Music
- Oil
- Reference library
- Skin sensitivities
- Stool
- Ventilation
- Warmth

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Equipment and Supplies
- Session Environments

Subject- Massage Professional Practices, Topic –Equipment and Environment

Sub-Topic: Equipment and Supplies

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Recognize this equipment: massage table, face cradle, carrying case, massage table cart, stool or Fitball used to sit, linens, bolsters.
- Match these lubricant types to their written descriptions: oil, lotion, cream, gel.
- Identify three causes of sensitivity or allergy to lubricants (e.g., synthetic fragrance, dyes, nut-based products, etc.).
- Describe one storage method for supplies, lubricants, and linens.
- List three key items that should be in a session room first aid kit.
- Identify key types of books therapists should have available in a professional reference library (e.g., medical dictionary, drug reference, pathology reference, etc.).
- Recognize two other pieces of equipment a massage therapist might use in a practice (e.g., hydrocollator, microwavable warm packs, tools to protect their hands, etc.).
- Define the term *general liability* (slip and fall).
- List two methods for reducing general liability in a massage practice (e.g., tighten leg bolts before each client).

Conditions: Having viewed an instructor demonstration of equipment set-up and break-down, the learner will be able to:

- Imitate the methods the instructor used to:
 - Set up a portable massage table and correctly adjust the table height for therapist comfort.
 - Sanitize the table and dress it with linens.
 - Check the table for safety (e.g., tighten leg bolts).
 - Adjust the face cradle properly for client safety and comfort.
 - Clean and break down massage equipment properly after sessions.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast the benefits and drawbacks of oils, lotions, creams, and gels used as massage lubricants. • Discuss the types of linens needed in a massage practice (e.g., sheets, blankets, face cradle covers, bolster covers, draping material, towels, etc.). • Discuss useful session supplies (e.g., clock, music system, wastebasket, gel hand sanitizer, hydrocollator, microwavable packs, etc.) • Discuss two different types and shapes of bolsters and their uses. • Discuss safety methods that reduce the occurrence of general liability claims in a massage practice (e.g., tighten bolts on table legs before each session). 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the correct set-up and break-down of massage session equipment: <ul style="list-style-type: none"> • Set up a portable massage table and correctly adjust the table height for therapist comfort. • Sanitize the table and dress it with linens. • Check the table for safety (e.g., tighten leg bolts). • Adjust the face cradle properly for client safety and comfort. • Clean and break down massage equipment properly after sessions. • Use oil, cream, lotion, and gel as massage lubricants based on client preferences. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having participated in ongoing massage practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate correct and consistent habits in the set-up and break-down of massage session equipment. • Choose specific lubricants based on personal preferences, massage style, and client preferences. 	

Sub-Topic: Session Environments		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • List three things that make a session space feel inviting and comfortable. • List three factors related to ventilation and aromas to consider when planning a session space. • Explain one method for keeping a client warm during a session. • Recognize elements of music that enhance sessions or cause client distraction/irritation. • Identify three safety issues to consider when planning a massage business space (e.g., lights shouldn't be too dim when client gets on and off table, remove lubricant from client's feet before getting up, no exposed extension cords or area rugs clients might trip over, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss elements that make a session space feel inviting and comfortable. • Discuss factors related to ventilation and aromas to consider when planning a session space. • Discuss methods for keeping a client warm during a session. • Discuss elements of music that enhance sessions or cause client distraction/irritation. • Discuss safety issues to consider when planning a massage business space. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Topic: Preventing Disease Transmission

Learning Outcomes

Conditions: Having completed 5.5 hours of instruction on preventing disease transmission, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to preventing disease transmission, including methods by which infectious diseases are spread, therapist hygiene, sanitation of the facility and equipment, good housekeeping practices, and standard precautions, on a written examination.
- Demonstrate proper therapist hygiene, correct hand-washing procedure, proper use of gloves, the sanitation of massage equipment, proper cleanliness and management of massage linens, and proper cleanliness and management of lubricants and supplies on a practical evaluation.

Key Terminology and Concepts

- Autoimmune
- Acute
- Antiseptic
- Bacteria
- Bleach solution
- Blood spill
- Body fluids
- Cancerous
- Center for Disease Control (CDC)
- Chronic
- Deficiency
- Direct contact
- Disease
- Disease transmission
- Disinfectant
- Fungus
- Genetic
- Hand washing
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV/AIDS
- Housekeeping
- Indirect contact
- Infection control
- Infectious disease
- Lice
- Metabolic
- Mites
- Pathogen
- Personal hygiene
- Phenols
- Protozoa
- Quats
- Sanitation
- Signs
- Standard precautions (formally universal precautions)
- Subacute
- Symptoms
- Tuberculosis
- Vector transmission
- Vehicle transmission
- Virus

Use of Terms

The terms used in this topic appear to be consistent and widely accepted. The term *standard precautions* replaces the term *universal precautions* in current CDC terminology (2011).

Sub-Topics

- Understanding Disease
- Therapist Hygiene
- Infection Control
- Standard Precautions

Subject- Massage Professional Practices, Topic – Preventing Disease Transmission

Sub-Topic: Understanding Disease

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *disease*.
- Match these disease terms to their written descriptions: *autoimmune, cancerous, deficiency, genetic, infectious, metabolic*.
- Match these pathogens to their written descriptions: bacteria, virus, fungus, protozoa, lice, mites.
- Define the term *disease transmission*.
- Match these modes of disease transmission to their written descriptions: direct contact, indirect contact, vehicle transmission, vector transmission.
- Match these disease-related terms to their written descriptions: *signs, symptoms, acute, subacute, chronic*.
- Identify one type of bacteria that causes disease and could be spread in a massage practice (e.g., staph infection, strep throat, etc.).
- Identify one type of virus that causes disease and could be spread in a massage practice (e.g., common cold, herpes simplex, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

	<ul style="list-style-type: none"> Identify one type of fungus that causes disease and could be spread in a massage practice (e.g., tinea group that causes ringworm, athlete's foot, jock itch, scalp conditions, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, the learner will be able to:</p> <ul style="list-style-type: none"> Explain in one's own words how infectious diseases are spread from one person to another person. Compare and contrast lice and mites, how they spread, and how they are prevented. Discuss the steps a therapist must take if lice or mites are discovered present in the massage practice. Compare and contrast direct contact transmission with indirect contact transmission. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Therapist Hygiene

Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having completed an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Recognize standards of personal hygiene appropriate for health care providers. • Outline the steps of a proper hand-washing procedure. • List two methods a smoker can use to ensure clients are not exposed to lingering smells of cigarette smoke. • Discuss two methods therapists with allergies can use to protect client safety during allergy season. 	<p>Conditions: Having viewed an instructor demonstration of hand-washing procedures following CDC guidelines, the learner will be able to:</p> <ul style="list-style-type: none"> • Duplicate the step-by-step hand-washing procedure following CDC guidelines shown by the instructor. 	
Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss health care standards of personal hygiene related to cleanliness of the body and hair, appropriate clothing, proper care of nails, and proper hand-washing procedures. • Discuss issues of personal hygiene for smokers. • Discuss issues of personal hygiene for therapists living with allergies. 	<p>Conditions: Having practiced proper hand-washing procedure as outlined by the CDC, the learner will be able to:</p> <ul style="list-style-type: none"> • Perform a hand-washing procedure before or after a massage session for an instructor. • Correct one's hand-washing procedure in response to instructor feedback based on CDC guidelines. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a self-assessment of personal hygiene practices in relationship to hygiene practices for professional therapists, the learner will be able to:</p> <ul style="list-style-type: none"> • Evaluate the gaps between one's personal hygiene practices and the practices of a professional health care provider. • Develop a plan for improving one's personal hygiene practices to match the hygiene practices of a professional health care provider. 	<p>Conditions: Having practiced proper hand-washing, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently demonstrate correct hand-washing habits before and after every massage session. 	

Sub-Topic: Infection Control

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>infection control</i>. • Match these cleaning terms to their written descriptions: <i>antiseptic, disinfectant, phenols, quats, bleach solution, sanitation, housekeeping</i>. • Identify two methods for protecting the eyes, skin, and respiratory system from cleaning products used in a health care setting. • Explain in one’s own words what a therapist should do if sick on a work day. • Describe two situations that require clean-up with a disinfectant (e.g., at the end of each workday for deep cleaning, if blood or body fluids are present, etc.). • Recognize the difference between general housekeeping activities and sanitation activities. 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate cleaning and sanitation tasks shown by the instructor: <ul style="list-style-type: none"> • Wipe down hard surfaces including massage equipment with an approved antiseptic before and after sessions. • Handle soiled massage linens properly. • Disinfect the lubricant container properly. • Disinfect massage tools properly (e.g., stone massage stones, foot soaking basins, etc.).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast antiseptic cleaning products with disinfectant cleaning products. • Discuss guidelines for the sanitation of the session room before and after sessions. • Discuss therapists who are sick and methods to protect clients for contagious diseases like the cold or flu. • Discuss the proper handling of linens, storage of linens, and management of laundry to prevent the spread of disease in a massage practice. • Discuss the proper handling of lubricants to prevent the spread of disease in a massage practice. • Outline weekly housekeeping activities that ensure the general cleanliness of the facility. 	<p>Conditions: Having participated in massage sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Perform cleaning and sanitation tasks correctly before and after massage sessions when asked by the instructor: <ul style="list-style-type: none"> • Wipe down hard surfaces including massage equipment with an approved antiseptic before and after sessions. • Handle soiled massage linens properly. • Disinfect the lubricant container properly. • Disinfect massage tools properly (e.g., stone massage stones, foot soaking basins, etc.). 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having participated in ongoing massage practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently demonstrate correct habits in the use of cleaning and sanitation tasks before and after massage sessions: <ul style="list-style-type: none"> • Wipe down hard surfaces including massage equipment with an approved antiseptic before and after sessions. • Handle soiled massage linens properly. • Disinfect the lubricant container properly. • Disinfect massage “tools” properly (e.g., stone massage stones, foot soaking basins, etc.). 	

Sub-Topic: Standard Precautions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture, the learner will be able to:

- Define the term *standard precautions*.
- Match these terms to their written descriptions: *HIV/AIDS, hepatitis A, hepatitis B, hepatitis C, tuberculosis, blood spill, body fluids*.
- In one's own words, describe the purpose of standard precautions for health care workers.
- Identify when standard precautions should be applied in a massage practice as defined by the CDC (e.g., broken skin on therapist's hands or on the client, client or therapist with an acknowledged bloodborne pathogen, etc.).
- Explain two instances when gloves should be worn during a massage session (based on CDC recommendations).
- Recognize important components of standard precautions (e.g., correctly using gloves, properly cleaning up linen soiled with blood or body fluid, properly cleaning hard surfaces soiled with blood or body fluid, etc.).

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the steps shown by the instructor to properly put on and take off gloves following standard precautions guidelines.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss how HIV/AIDS is spread from one person to another. • Compare and contrast the ways hepatitis B and hepatitis C are spread from one person to another. • Discuss issues for health care workers regarding tuberculosis. • Discuss the proper use of gloves during a massage session. • Discuss the steps to properly clean linens soiled with blood or body fluids. • Discuss the steps to properly clean blood or body fluids on hard surfaces. 	<p>Conditions: Having participated in a practice session for proper glove use, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the proper steps and methods for putting on and taking off gloves following standard precautions when requested by an instructor. • Adapt glove use procedures based on instructor feedback. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Appraise three massage session scenarios and decide when standard precautions are necessary, then outline the steps for safe practice related to each scenario. 	<p>Conditions: Having participated in ongoing massage practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently demonstrate good habits regarding glove use including use of gloves when required (e.g., anytime a student “client” has broken skin or anytime the therapist has broken skin or hangnails on the fingers, etc.), and correct methods for putting on and taking off gloves. 	

Topic: Laws and Regulations

Learning Outcomes

Conditions: Having completed 4 hours of instruction on massage laws and regulations, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to massage laws and regulations including requirements to obtain and maintain credentials, state laws and regulations, scope of practice, limits to scope of practice, and supervision of therapists in the state in which one intends to practice, on a written examination.

Key Terminology and Concepts

- Background check (required in some states)
- Board of Massage*
- Certification*
- Chiropractic adjustment
- Consumer complaint
- Continuing education
- CPR/FA training (required in some states)
- Diagnose
- Disciplinary action
- Education requirements
- Exemptions to the law
- Grandfathering provision
- Health Insurance Portability and Accountability Act (HIPAA)
- HIV/AIDS training (required in some states)
- Jurisprudence exam (required in some states)
- Law
- Liability insurance (required in some states)
- Licensing
- Limits to scope of practice
- Maintenance of credentials
- Massage & Bodywork Licensing Examination (MBLEx)
- Massage credentials
- Mental health counseling
- NCBTMB Board Certification Exam
- NCBTMB Entry-Level State Licensure Exam
- Prescribe
- Portability
- Public protection
- Practical examination (required in some states)
- Registration
- Regulation
- Revocation/suspension of credentials

- Scope of practice
- State-approved massage program

Use of Terms

*These terms are not consistently used or consistently defined in the massage profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Board of Massage: Most states have a board of massage that supervises the practice of massage by reviewing therapist applications, investigating complaints, and overseeing therapists in the state. Sometimes massage is supervised by another health care board, such as a nursing board or board of chiropractic examiners.

Certification: The term *certification* is used in a variety of ways in the massage profession. Schools should discuss the different types of certification therapists might obtain and use these terms specifically in their educational programs for clarity. For example, required state certification to practice massage (states that use the designation *Certified Massage Therapist* or CMT) is different from *National Certification* offered by NCBTMB.

Sub-Topics

- Obtaining and Maintaining Credentials
- Adhering to Laws and Regulations
- Supervision of Therapists

Sub-Topic: Obtaining and Maintaining Credentials

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *public protection*.
- Explain the education requirements for one’s own state.
- State the title of the state-approved exam taken to obtain massage credentials (e.g., Massage & Bodywork Licensing Examination [MBLEx], National Certification Examination for Therapeutic Massage [NCETM], National Certification Examination for Therapeutic Massage & Bodywork [NCTMB]).
- Describe other requirements to obtain massage credentials as required by the state (e.g., completion of a state-approved massage training program, jurisprudence exam, practical exam, background check, proof of CPR/FA training, proof of HIV/AIDS training, proof of liability insurance, etc.).
- Identify the correct massage credential designation or title used for massage in the state of practice (e.g., Licensed Massage Therapist, Registered Massage Therapist, etc.).
- Define the term *maintaining credentials*.
- Define the term *continuing education*.
- List three ways a massage therapist can maintain credentials in the state of practice.
- Match these phrases that describe the many uses of the term *certification* in the massage profession to their written descriptions: required state certification to practice massage/bodywork, voluntary governmental certification, association certification, national certification, registered or trademarked continuing education certification.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Analyze the education requirements for a massage therapist in the state in which one intends to practice. Outline content areas tested on the state-approved examination. Outline in detail the massage credentialing process for the state in which one intends to practice (e.g., complete state education requirements, pass the state-approved test, pass jurisprudence exam, complete a background check, submit application to the state, etc.). Discuss requirements for maintaining massage credentials in one's state (e.g., continuing education, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Adhering to Laws and Regulations

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *law*.
- Define the term *regulation*.
- Define the term *scope of practice*.
- Match these common limits to scope of practice to their written descriptions: diagnose, prescribe, chiropractic adjustments (joint adjustments), mental health counseling, and others as described by the specific state.
- Identify three techniques included in the state scope of practice for massage.
- Identify three techniques that are outside the state scope of practice for massage.
- List two ramifications of not adhering to the state scope of practice for massage (e.g., liability insurance does not cover restricted activities, therapist could lose massage credentials, etc.).
- Define the term *exemptions to the law*.
- Define the term *portability*.
- Define the term *grandfathering provision*, if applicable to the state of practice.
- Define the term *Health Insurance Portability and Accountability Act (HIPAA)*.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Review the appropriate laws in one’s state of practice. • Review the appropriate regulations in one’s state of practice. • Discuss the state scope of practice for massage. • Review a list of methods, techniques, and applications and label each item as “in scope” or “out of scope” for massage in one’s state. • Discuss exemptions to the law, portability issues, and grandfathering provisions in one’s state. • Discuss HIPAA regulations and their application in one’s state. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Supervision of Therapists

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>Board of Massage</i> (or other as appropriate for the state). • List three activities conducted by the board of massage in one’s state. • Define the term <i>consumer complaint</i>. • List two reasons a consumer might file a complaint against a therapist. • List two reasons a therapist might file a complaint against a colleague. • Define the term <i>disciplinary action</i>. • List three reasons why a therapist’s credentials might be revoked or suspended by the state board of massage. • Look up and read the complaints page on the state board of massage website. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the activities conducted by the state board of massage in the state where one will work. • Discuss the disciplinary actions states might take against massage therapists when necessary. • Discuss methods consumers use to file complaints about massage therapists. • Discuss methods therapists use to file complaints reporting the misconduct of colleagues. • Discuss the disciplinary actions the state board of massage has taken against massage therapists in the past six months. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Report on one disciplinary action taken by the state board of massage toward a massage therapist in the last six months. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Topic: Personal Health, Body Mechanics, and Self-Care

Learning Outcomes	<p>Conditions: Having completed 8 hours of instruction on personal health, body mechanics, and self-care, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to personal health, body mechanics, and self-care on a written examination. • Demonstrate a useful self-care warm-up, and adjust personal body mechanics in response to instructor feedback during a practical evaluation. <p>Conditions: Having completed 20 hours of hands-on practice in massage and bodywork application methods classes (these hours are counted elsewhere in the Blueprint), the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate the integration of body mechanics principles into hands-on work, including the regular use of a self-care warm-up and correct body mechanics during the application of massage, on an additional practical evaluation.
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Key Terminology and Concepts

- Body awareness
- Body mechanics
- Bow stance*
- Burnout
- Cardiovascular fitness
- Centeredness*
- Flexibility
- Horse stance*
- Nutrition
- Personal health
- Physical fitness
- Range of motion
- Repetitive stress injury*
- Self-care
- Sleep schedule
- Stances*
- Strength
- Stress reduction
- Structural alignment*
- Use of body weight
- Use of breath
- Warm-up

Use of Terms

*These terms are not consistently used or consistently defined in the massage profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Bow stance: The terms *archer stance*, *lunge position*, and *asymmetrical stance* are also used to denote a position of the lower body in which one foot is positioned in front of the other with the body weight centered between the two feet.

Centeredness: The term *grounding* is also commonly used to denote a physical, mental, and emotional state in which the therapist is ready to perform a client-centered massage session while remaining attentive to sensations felt in one's own body related to body mechanics.

Horse stance: The terms *warrior stance* and *symmetrical stance* are also used to denote a position of the lower body in which the feet are positioned shoulder-width apart and facing the same direction.

Repetitive stress injury: The terms *repetitive motion injury* and *overuse injury* are also commonly used to describe injuries sustained by therapists during repeated massage application.

Stances: Refers to foot, knee, and hip positions assumed during the application of massage/bodywork. Some textbooks use this term while others avoid it.

Structural alignment: A general term used to describe the correct alignment of body parts with other parts during the application of massage (e.g., structural alignment of the back, neck, and head while seated and applying foot massage). The term *stacking the joints* is also used in some situations to suggest structural alignment, especially of the wrists and fingers.

Sub-Topics

- Personal Health and Self-Care
- Body Mechanics Principles
- Preventing Work-Related Injury

Sub-Topic: Personal Health and Self-Care

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *personal health*.
- Define the term *self-care*.
- List two reasons why personal health and self-care are important for massage therapists (e.g., massage is physical and demanding, therapists need good health and self-care to prevent burnout or injury, etc.).
- Define the term *nutrition*.
- List three principles or guidelines for nutritious eating.
- Define the term *physical fitness*.
- List two ways to improve one’s strength.
- List two ways to improve one’s cardiovascular fitness.
- List two ways to improve one’s flexibility.
- Define the term *body awareness*.
- List two ways to develop greater body awareness.
- Describe three benefits of a consistent sleep schedule.
- Describe two strategies therapists can use for stress reduction.
- Define the term *centeredness*.
- Explain one client-centered reason therapists become centered before sessions (e.g., to remain more client-focused, to stay more present to the client’s moment-by-moment needs, etc.).
- Explain one self-care reason therapists cultivate centeredness before sessions (e.g., to have greater body awareness so as to prevent injuries through greater mindfulness).
- Define the term *warm-up*.

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for becoming centered before a session.
- Imitate the instructor’s methods for warming up the hands, wrists, and body before a session.

	<ul style="list-style-type: none"> • Explain one reason to warm up the hands and body before providing massage. • Outline five ways to increase self-care related to one's own health. 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss methods for achieving: <ul style="list-style-type: none"> • Basic nutritional health to support the practice of massage. • Basic cardiovascular fitness to support the practice of massage. • Basic muscular strength to support the practice of massage. • Basic flexibility to support the practice of massage. • A consistent sleep schedule to support the practice of massage. • Discuss methods to become centered before a massage session. • Discuss methods to warm up before providing a massage session. • Share ones thoughts or goals related to personal health related to the practice of massage. 	<p>Conditions: Having explored options for grounding, centering, and warming up, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate personal methods for becoming centered before a session. • Demonstrate personal methods for warming up the hands, wrists, and body before a session.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a 5-minute warm-up routine that supports flexibility and centeredness and prepares the body to deliver massage methods during a session. 	<p>Conditions: Having participated in ongoing practice classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently use personal methods for becoming centered before a session. • Consistently use personal methods for warming up the hands, wrists, and body before a session.

Sub-Topic: Body Mechanics Principles

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *body mechanics*.
- Match these terms to their written descriptions: *structural alignment, stances, bow stance, horse stance, use of body weight, use of breath*.
- List four principles of good body mechanics (e.g., use proper table height, wear clothing that moves, warm up before providing massage, use movement, stretching, and a variety of techniques, pay attention to personal structural alignment, use body weight, breath, etc.).
- Describe one method to use body weight effectively during the application of massage methods.
- Identify one way that therapists can use their breath during application of methods to support good body mechanics.
- List two ways variety and movement during the application of techniques supports good body mechanics (e.g., reduces repetitive stress on the therapist's body, helps the therapist stay relaxed and breath, etc.).

Conditions: Having watched instructor demonstrations, the learner will be able to:

- Imitate the instructor's body mechanics in these areas:
 - Proper alignment of the feet, knees, and hips when using stances, moving around the treatment table, or sitting.
 - Proper alignment of the back, neck, and head when applying methods from a standing or seated position.
 - Proper alignment of the shoulders, arms, wrists, fingers, and thumbs when applying methods from a standing or seated position.
 - Proper alignment of the body while lifting client's extremities during range of motion or stretching techniques.
 - Effective use of body weight during the application of methods from a standing or seated position.
 - Effective use of breath during the application of methods.
 - Effectively use movement and variety during the application of methods.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss methods to maintain proper structural alignment during the application of massage methods for these areas of the therapist’s body: <ul style="list-style-type: none"> • The feet, knees, and hips including proper use of common stances. • The back, neck, and head. • The shoulders, arms, wrists, fingers, and thumbs. • Discuss proper body position during the application of massage methods from these therapist positions: standing, sitting, bending, lifting and moving the client’s extremities for range of motion techniques. • Discuss the use of body weight when seeking to get more pressure or engage the tissue more fully. • Discuss the use of breath to support therapist body mechanics. • Discuss the use of movement and variety to support good body mechanics. 	<p>Conditions: Having participated in massage practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice body mechanics during application of massage methods: <ul style="list-style-type: none"> • Proper alignment of the feet, knees, and hips when using stances, moving around the treatment table, or sitting. • Proper alignment of the back, neck, and head when applying methods from a standing or seated position. • Proper alignment of the shoulders, arms, wrists, fingers, and thumbs when applying methods from a standing or seated position. • Proper alignment of the body while lifting client’s extremities during range of motion or stretching techniques. • Effective use of body weight during the application of methods from a standing or seated position. • Effectively use breath during the application of methods. • Effectively use movement and variety during the application of methods. • Adapt body mechanics based on instructor or peer feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
<p>Problem Solve</p>	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having participated in ongoing massage practice sessions in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Perfect body mechanics during the application of massage methods: <ul style="list-style-type: none"> • Consistently demonstrate proper alignment of the feet, knees, and hips when using stances, moving around the treatment table, or sitting. • Consistently demonstrate proper alignment of the back, neck, and head when applying methods from a standing or seated position. • Consistently demonstrate proper alignment of the shoulders, arms, wrists, fingers, and thumbs when applying methods from a standing or seated position. • Consistently demonstrate proper alignment of the body while lifting client's extremities during range of motion or stretching techniques. • Consistently show effective use of body weight during the application of methods from a standing or seated position. • Consistently show effective use of breath during the application of methods. • Consistently show the effective use of movement and variety during the application of methods.

Sub-Topic: Preventing Work-Related Injury

Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>repetitive stress injury</i>. • List three types of repetitive stress injuries that occur in massage careers. • List two signs of therapist burnout. • Outline three ways to reduce the occurrence of repetitive stress injury through good self-care. 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.	
Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss reasons massage therapists are injured on the job (e.g., poor body mechanics, poor health, high stress levels, too many clients, too little time between sessions, too few days off, transporting equipment on site, etc.). • Discuss proactive self-care activities that prevent injury (e.g., always adjust the table height correctly, recognize pain and tension and adjust, plan self-care activities, work to improve one’s physical health and fitness levels, stretch before and after sessions, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Entry-Level Massage Education Blueprint

The Therapeutic Relationship

Topic The Relationship of Therapist and Client

- Sub-Topics
- Characteristics of Positive Therapeutic Relationships
 - Preventing Transference and Countertransference

Topic Ethics and the Therapeutic Relationship

- Sub-Topics
- Ethical Principles
 - Code of Ethics and Standards of Ethical Practice

Topic Boundaries in the Therapeutic Relationship

- Sub-Topics
- Establishing and Maintaining Professional Boundaries
 - Managing Emotions in a Therapeutic Relationship
 - Managing Intimacy, Touch, and Sexual Arousal Responses

Topic: The Relationship of Therapist and Client

Learning Outcomes	<p>Conditions: Having completed 4.0 hours of instruction on the relationship of therapist and client, the learner is expected to:</p> <ul style="list-style-type: none">• Demonstrate knowledge of the key terms and concepts related to characteristics of positive therapeutic relationships and preventing transference and countertransference on a written examination.• Demonstrate effective and appropriate therapist language and behaviors to redirect client behaviors related to transference on a graded classroom activity.
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Key Terminology and Concepts

- Client-centered session
- Countertransference
- Ethical professional touch
- Power differential
- Therapeutic intent
- Therapeutic relationship
- Transference

Use of Terms

The terms used in the topic appear to be consistent and widely accepted.

Sub-Topics

- Characteristics of Positive Therapeutic Relationships
- Preventing Transference and Countertransference

Sub-Topic: Characteristics of Positive Therapeutic Relationships

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *therapeutic relationship*.
- List five primary characteristics of a positive therapeutic relationships (e.g., the session is client-centered, the therapist seeks to decrease the power differential, the client and therapist agree to clear session goals, the therapist has clear positive therapeutic intent and provides ethical professional touch, etc.).
- Define the term *client-centered session*.
- List two therapist behaviors that are not client-centered (e.g., chatting about a personal issue during the session, not following the agreed session plan, etc.).
- Define the term *power differential*.
- List two reasons it is important to decrease the power differential with clients (e.g., because clients are then able to take an active role in planning sessions that match their needs, alert therapists if techniques are uncomfortable, maintain their boundaries and personal power, take greater responsibility for personal health, etc.).
- List three ways therapists decrease the power differential with clients (e.g., listening carefully to client needs and wants, giving clients choices such as type of lubricant, body regions treated, type of music, etc.).
- List two ways power differentials are unhealthy for clients (e.g., clients turn over healing power to the therapist, are less able to speak up when techniques feel uncomfortable, etc.).
- List two responsibilities of therapists in therapeutic relationships (e.g., keep sessions client-centered, set and maintain boundaries, responsible for all interactions, etc.).

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the language an instructor uses to decrease the power differential with a client.
- Imitate the language and behaviors an instructor uses to set session goals with a client.
- Pay attention to one's own thoughts and feelings that indicate a clear and positive therapeutic intent when providing massage and bodywork.

- List two ways to involve the client in session goal setting.
- List three characteristics of ethical, professional touch (e.g., it is skilled, purposeful, respectful, holds positive therapeutic intent, etc.).
- List two types of touch that are unethical and unprofessional (e.g., touch with hostile intent, touch with sexual intent, etc.).
- Define the term *therapeutic intent* (e.g., refers to the state of the therapist's mind during the session - a therapist who intends to benefit the client with massage is more likely to benefit the client than a therapist who doesn't care or who is not actively working with positive intent, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast the characteristics of therapeutic relationships with social relationships. • Outline the responsibilities of the therapist in a therapeutic relationship. • Describe two methods a massage therapist might use to decrease the power differential during a session. • Contrast a client-centered session to a session where the therapist has not kept the client in focus. • Contrast therapist behaviors that demonstrate ethical professional touch from therapist behaviors that demonstrate unethical, unprofessional touch. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice using effective language to decrease the power differential. • Practice working with clear positive therapeutic intent while providing ethical professional touch. • Simulate behaviors that keep a session client-centered (e.g., treat the classmate acting as a client as if really a client, no gossiping or chatting during table time, etc.). • Refine language and behaviors based on instructor and peer feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having participated in ongoing practice sessions in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently use one’s own language for decreasing the power differential during massage exchange sessions. • Consistently demonstrate massage applied with attention to ethical, professional touch. • Manage massage exchanges so that sessions remain client-centered.

Subject- The Therapeutic Relationship, Topic – The Relationship of Therapist and Client

Sub-Topic: Preventing Transference and Countertransference

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>transference</i>. • List four client behaviors that signal transference (e.g., asking the therapist questions about personal life, bringing the therapist a gift or leaving large tips, giving the therapist too much credit for personal progress, trying to involve the therapist in a friendship or romantic relationship, etc.). • List three emotions clients might experience because of transference (e.g., disappointment, anger, shame, rejection, etc.). • List two factors that tend to increase client transference behaviors (e.g., state of mind of the client, level of personal self-awareness, level of client autonomy, amount of emotional or physical pain client is experiencing, etc.). • List two methods a therapist might use to manage a client experiencing transference. 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the language an instructor uses to support, reframe, or redirect clients when they demonstrate transference behaviors.

- Define the term *countertransference*.
- List four therapist behaviors that signal countertransference (e.g., any strong feelings or emotions towards clients that are excessively positive or negative, emotional anticipation of sessions with the client such as elation or anxiety, feelings of anger, depression, or disappointment if the client doesn't show up for a session, encouraging the client to share personal information, sharing personal information with the client, etc.).
- List two factors that tend to increase therapist countertransference behaviors (e.g., therapists perceive client as like oneself, therapist subconsciously working through emotions related to similar person from the past, therapist self-awareness levels, therapist degree of emotional or physical pain, etc.).
- List one self-management strategy for therapists suspecting that they are experiencing countertransference (e.g., talk to a supervisor or mentor, refer the client to another therapist, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss client behaviors that signal transference. • Discuss the factors that tend to increase client transference behaviors. • Discuss therapist behaviors that signal countertransference. • Discuss factors that tend to increase therapist countertransference behaviors. 	<p>Conditions: Having worked with a peer to develop a scene in which the learner acting as the client demonstrates transference and the learner acting as the therapist responds effectively and appropriately to support a positive therapeutic relationship, the learner will be able to:</p> <ul style="list-style-type: none"> • Act out language and behaviors appropriate to redirect a client demonstrating transference behaviors in order to support a positive therapeutic relationship. • Modify language and behaviors based on feedback or suggestions from peers and instructors.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having worked with a peer to develop a scene in which the learner acting as the client demonstrates transference and the learner acting as the therapist responds effectively and appropriately in order to support a positive therapeutic relationships, the learner will be able to:</p> <ul style="list-style-type: none"> • Plan behaviors that redirect a client demonstrating transference in order to support a positive therapeutic relationship. • Evaluate the scenes of peers and identify therapist behaviors that were effective and useful for maintaining positive therapeutic relationships. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Topic: Ethics and the Therapeutic Relationship

Learning Outcomes

Conditions: Having completed 18.0 hours of instruction on ethics and the therapeutic relationship, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to ethics and the therapeutic relationship, including the purpose of ethics, use of an ethical decision-making model, ethical principles commonly adopted by the massage profession, behaviors that lead to ethical violations, and adherence to a defined code of ethics, on a written examination.
- Use effective and appropriate therapist language and behaviors to uphold standards of ethical practice, including declining a client massage treatment when appropriate, representing massage qualifications and the limits of massage honestly, referring clients to other health care providers when appropriate, obtaining the client's informed consent, responding appropriately to client sexual innuendo, on a practical evaluation.

Conditions: Have completed learning in other classes, the learner is expected to:

- Demonstrate effective language and behaviors to deal professionally and appropriately with ethical dilemmas, and to uphold ethical principles in therapist-client situations when presented with on-the-spot scenarios by instructors in graded activities.

Key Terminology and Concepts

- Character traits
- Client rights
- Code of ethics
- Commitment to high-quality care
- Confidentiality
- Conflict of interest
- Desexualize massage
- Do no harm
- Ethical decision-making model*
- Ethical dilemmas*
- Ethical principles
- Ethical violation
- Ethics
- Honest representation of qualifications
- Honesty in business
- Informed consent
- Inherent worth of all people
- Kickback
- Law
- Limits of training

- Professional conduct
- Referral
- Respect dignity and rights of all
- Rights
- Sexual abuse
- Sexual impropriety
- Standards of ethical practice*
- Therapist Responsibilities
- Values

Use of Terms

*These terms are not consistently used or consistently defined in the massage profession at this time. Curriculum designers are encouraged to use the terminology consistent with their school's philosophy or the definitions of similar terminology used by their adopted textbooks. For the purposes of this document these terms are defined as:

Ethical decision-making model: Ethical decision-making models are also commonly referred to as *ethical decision-making guidelines* and are defined for the purposes of this document as a step-by-step method to work through ethical dilemmas.

Ethical dilemmas: Ethical dilemmas are also commonly referred to as *ethical conflicts* or *ethical questions* and are defined for the purposes of this document according to the definition provided by Benjamin and Sohnen-Moe: an occasion when two or more principles are in conflict, and regardless of the choice made, something of value is compromised.

Standards of ethical practice: Standards of ethical practice are also commonly referred to as *standards of practice* and are defined for the purposes of this document as professional guidelines based on ethical principles that describe the behaviors and language of ethical practice.

Sub-Topics

- Ethical Principles
- Code of Ethics and Standards of Ethical Practice

Sub-Topic: Ethical Principles

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>ethics</i>. • Outline the purpose of ethics in a massage practice (e.g., creates an environment where the client can feel safe, encourages excellent treatment, ensures the rights of clients and therapists are protected, provides structure for therapists in challenging situations, etc.). • Define the term <i>values</i>. • List two commonly held values of massage professionals (e.g., worth of all people, right to positive touch, etc.). • Define the term <i>character traits</i>. • List two character traits that might positively influence the practice of good ethics in a massage practice (e.g., autonomy, honesty, self-control, etc.). • List two character traits that might negatively influence the practice of good ethics in a massage practice (e.g., need to please others, lack of self-confidence, etc.). • Define the term <i>client rights</i>. • List two rights of clients in a therapeutic relationship (e.g., the right to determine what happens to one’s own body, the right to end the session if one feels uncomfortable, etc.). • Define the term <i>therapist responsibilities</i>. • List two therapist responsibilities in a therapeutic relationship (e.g., to set and maintain appropriate boundaries, to ensure sessions stay client-centered, etc.). • Review the definition of the term <i>law</i>. • List one difference between ethics and laws. • Define the term <i>ethical dilemma</i>. 	<p>Conditions: Having viewed an instructor demonstration depicting different appropriate responses to common ethical dilemmas, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the language and behaviors an instructor uses to: <ul style="list-style-type: none"> • Avoid counseling a client even when the client attempts to get counseling from the therapist. • Refuse a client massage due to a condition that contraindicates treatment. • Refuse a client massage because the therapist suspects the client is under the influence of an illegal drug or alcohol. • Require a parent or guardian to be present during massage of a minor when the parent or guardian seeks to drop the child off alone during the session. • Respond to a client’s request for a date.

	<ul style="list-style-type: none"> List two possible ethical dilemmas that might arise in a massage practice. Outline the steps in the school-selected ethical decision-making model. 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the purpose of ethics in massage practice. Discuss commonly held values of massage professionals. Discuss the influence of one's personal values and character traits on the ethical practice of massage. Discuss the rights of therapists and clients in therapeutic relationships. Discuss therapist responsibilities in therapeutic relationships. Brainstorm with peers about possible ethical dilemmas that might arise in a massage practice. Work with peers to examine four ethical dilemmas in a therapeutic relationship and work through the dilemmas using the school-selected ethical decision-making model. 	<p>Conditions: Having been presented with scenarios depicting different ethical dilemmas, the learner will be able to:</p> <ul style="list-style-type: none"> Practice responding with appropriate language and behaviors to each of these situations: <ul style="list-style-type: none"> Avoid counseling a client even when the client attempts to get counseling from the therapist. Refuse a client massage due to a condition that contraindicates treatment. Refuse a client's request for massage because the therapist suspects the client is under the influence of an illegal drug or alcohol. Require a parent or guardian to be present during massage of a minor when the parent or guardian seeks to drop the child off alone during the session. Respond to a client's request for a date.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a classroom activity in which the learner is presented with an ethical dilemma related to therapeutic relationships, the learner will be able to:</p> <ul style="list-style-type: none"> Problem solve using an ethical decision-making model and state one's intended course of action to instructors and peers. 	<p>Conditions: During hands-on practice sessions and at any time as requested by the instructor, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate effective language and behaviors to deal professionally and appropriately with ethical dilemmas, when presented with on-the-spot scenarios by an instructor.

Sub-Topic: Code of Ethics and Standards of Ethical Practice

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *code of ethics*.
- List two organizations that provide codes of ethics for the massage profession.
- Match these common ethical principles to their written descriptions: commitment to high-quality care, inherent worth of all people, honest representation of qualifications, practice within limits of training, do no harm, respect dignity and rights of all people, practice confidentiality, uphold appropriate boundaries, practice honesty in business and finances, maintain the highest standards of professional conduct.
- Define the term *standard of ethical practice*.
- Match each ethical principle to a written description of its standards of practice (e.g., the ethical principle to respect the inherent worth of all people might be matched to a written description that states, treat all clients with respect, regardless of personal beliefs related to ethnicity, politics, or religion and strive to understand and identify discriminatory or prejudicial thoughts or actions and eliminate them).
- List two therapist behaviors that desexualize massage (e.g., wear a uniform and name tag, cover the upper chest area, etc.).
- Define the term *ethical violation*.
- List three ethical violations therapists should avoid.
- List two behaviors of a therapist who fails to practice confidentially with clients.
- Define the term *conflict of interest* as it relates to a therapeutic relationship.
- Define the term *kickback*.

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the language and behaviors an instructor used to:
 - Decline a client massage when appropriate.
 - Represent therapist massage qualifications honestly and point out the limitations of massage treatment.
 - Refer clients to other health care providers when appropriate.
 - Obtain the client's informed consent to massage treatment.
 - Redirect a client who is talking heatedly about political or religious affiliations.
 - Redirect a client who calls the therapist by a nickname that may have a sexual connotation (e.g., sweetheart).

- List three therapist behaviors that demonstrate a lack of attention to sexual innuendo (e.g., making complimentary comments about a client's body or accepting client compliments about the face, body, or hair, having nude artwork anywhere in the massage practice, making sexual jokes or allowing clients to make sexual jokes, etc.).
- List four therapist behaviors that demonstrate sexual impropriety and lead to sexual harassment or sexual assault charges (e.g., any immodest behavior or behavior that encourages immodesty in clients, draping loosely or not using a drape, using nicknames of a sexual or romantic nature with clients or allowing clients to use a nickname for the therapist, telling or allowing sexual jokes, requests for a date or accepting a request for a date, etc.).
- Define the term *sexual abuse* as it relates to a therapeutic relationship (e.g., any sexual innuendo or impropriety on the part of a therapist is sexual abuse because of the power differential at play in a therapeutic relationship).
- List two possible outcomes of sexual abuse allegations by clients (e.g., jail, payment of damages, loss of massage credentials, etc.).
- Review the information in an informed consent form.
- Define the term *referral*.
- List two instances where referral to another health care provider demonstrates ethical practice (e.g., when the massage therapist does not believe massage can benefit the client or the client needs treatment beyond the ability of massage to benefit the condition, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss these concepts: do no harm, inherent worth of all people, honest representation of qualifications, client referral, client rights, informed consent, practice confidentiality, honesty in business, sexual impropriety, sexual abuse, conflict of interest, kickback, professional conduct. • Discuss when it is appropriate to decline massage to a client. • Review the elements that should appear on an informed consent document (e.g., description of massage, its limitations, description of scope of practice, description of specific business policies, etc.). • Analyze the codes of ethics from the American Massage Therapy Association (AMTA), Associated Bodywork & Massage Professionals (ABMP), and the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) and determine seven or more commonly held ethical principles. • For each ethical principle, describe three behaviors a therapist would undertake to uphold the principle in a massage practice. • For each ethical principle, determine two therapist behaviors that would violate the principle. • Examine the disciplinary actions of the board of massage in one's state on the board of massage website. • Fine one example of an ethical violation for each school-selected ethical principle or standard and identify the therapist behaviors that led to the violation. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate using effective language and behavior to: <ul style="list-style-type: none"> • Decline a client massage when appropriate. • Represent one's massage qualifications honestly and point out the limitations of massage treatment. • Refer clients to other health care providers when appropriate. • Obtain the client's informed consent to massage treatment. • Redirect a client who is talking heatedly about political or religious affiliations. • Redirect a client who calls the therapist by a nickname that may have a sexual connotation (e.g., sweetheart). • Refine skills and behaviors based on instructor and peer feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: During hands-on practice sessions and at any time as requested by the instructor, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective and appropriate language and behavior to: <ul style="list-style-type: none"> • Decline a client massage when appropriate. • Represent one’s massage qualifications honestly and point out the limitations of massage treatment. • Refer clients to other health care providers when appropriate. • Obtain the client’s informed consent to massage treatment. • Redirect a client who is talking heatedly about political or religious affiliations. • Redirect a client who calls the therapist by a nickname that may have a sexual connotation (e.g., sweetheart). • Consistently model ethical behavior in the massage classroom.

Topic: Boundaries In the Therapeutic Relationship

Learning Outcomes

Conditions: Having completed 18.0 hours of instruction on boundaries in the therapeutic relationship, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to boundaries in a therapeutic relationship, including establishing and maintaining boundaries, responding to boundary violations, avoidance of behaviors that violate the boundaries of clients, managing personal and client emotions during sessions, and managing issues related to touch, intimacy, and sexual arousal responses effectively and professionally, on a written examination.
- Demonstrate effective and appropriate language and behaviors to establish boundaries, respond to boundary violations, manage a client's emotional release process, respond professionally to clients experiencing unwanted sexual arousal responses, and respond professionally to clients seeking sexual gratification from the massage session, on a practical evaluation.

Conditions: Have completed learning in other classes, the learner is expected to:

- Demonstrate effective language and behaviors to deal professionally and appropriately with boundary crossings, client emotional release, or client situations that require a therapist to manage intimacy, touch, and sexual arousal responses, when presented with on-the-spot scenarios by instructors in graded activities.

Key Terminology and Concepts

- Boundaries
- Boundary form
- Boundary type
- Boundary violation
- Dual relationship
- Embodiment
- Emotion
- Emotional boundary
- Emotional intelligence
- Emotional release
- Emotional release process
- Impermeable boundary
- Intimacy
- Mental boundary
- Permeable boundary
- Personal space
- Physical boundary
- Semipermeable boundary
- Sexual arousal response
- Sexual boundary
- Spiritual boundary

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Establishing and Maintaining Professional Boundaries
- Managing Emotions in a Therapeutic Relationship
- Managing Intimacy, Touch, and Sexual Arousal Responses

Sub-Topic: Establishing and Maintaining Professional Boundaries

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *boundaries*.
- Explain in one’s own words the meaning of *personal space*.
- Match these types of boundaries to their written descriptions: permeable, semipermeable, impermeable.
- Give one example of when to use each of these types of boundaries: permeable, semipermeable, impermeable (e.g., use a permeable boundary with close friends and family, a semipermeable boundary with most clients, an impermeable boundary with a client who is crossing therapist boundaries, etc.).
- Match these boundary forms to their written descriptions: physical, emotional, mental, spiritual, sexual.
- Define the term *boundary violation* (or *boundary crossing*).
- Give one example of a way a therapist might cross each of these client boundaries: physical, emotional, mental, spiritual, sexual (e.g., a therapist might cross a client’s physical boundary by hugging the client without having enough history with the client to warrant that level of physical intimacy, a therapist might cross a client’s spiritual boundary by sharing personal views of religion or by practicing energetic bodywork on the client without informed consent, etc.).
- List four ways massage therapists can desexualize massage during client interactions.
- Explain one client behavior that might violate a therapist’s boundary during a massage session.
- State two methods that help clients establish healthy boundaries during a massage session.

Conditions: Having viewed an instructor demonstration on setting boundaries, the learner will be able to:

- Imitate the language and behaviors an instructor used when demonstrating methods to establish boundaries at the beginning of a massage session.
- Imitate the language and behaviors an instructor used when redirecting or managing a client attempting to violate the therapist’s boundaries in these situations (other situations may be substituted or added at the discretion of the instructor):
 - A client keeps reaching out during the massage session to touch the therapist on the arm, leg, or hand.
 - A client tells a therapist a story and becomes emotional, raising the voice and swearing excessively.
 - A client shares political views in opposition to the therapist’s views.
 - A client shares religious views in opposition to the therapist’s views.
 - A client states to a therapist, “I don’t know what I would do without you. You are the only good thing in my world. I would be devastated without you!”

- Recall three therapist behaviors that establish the boundaries of a therapeutic relationship during a massage session.
- Review the term *dual relationship*.
- List one type of dual relationship that is prohibited in the massage profession.
- Identify ways to obtain external guidance on issues related to therapeutic relationships (e.g., supervisors, mentors, peer groups, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss boundary types and boundary forms. • Discuss the types of boundary violations that might occur if a therapist’s boundaries are too permeable. • Discuss methods to desexualize massage sessions. • Discuss the types of boundary violations that might occur if the therapist is not respectful of these boundary forms: physical, mental, emotional, sexual. • Discuss methods for establishing boundaries in healthy therapeutic relationships. • Discuss methods for redirecting clients who are crossing a therapist’s boundary. • Discuss methods for establishing boundaries when a dual relationship exists (e.g., family member, colleague, or friend). • Outline the steps one would take to end a therapeutic relationship if a dual relationship forms. • Analyze five massage session scenarios in which a therapist violates a client’s boundaries, and correctly label each scenario with the boundary form (physical, emotional, spiritual, mental, and sexual) violated by the therapist. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective language and behaviors to establish boundaries at the beginning of a massage session. • Demonstrate effective language and behaviors to redirect or manage a client attempting to violate the therapist’s boundaries in these situations (other situations may be substituted or added at the discretion of the instructor): <ul style="list-style-type: none"> ○ A client keeps reaching out during the massage session to touch the therapist on the arm, leg, or hand. ○ A client tells a therapist a story and becomes emotional, raising the voice and swearing excessively. ○ A client shares political views in opposition to the therapist’s views. ○ A client shares her religious views in opposition to the therapist’s views. ○ A client states to a therapist, “I don’t know what I would do without you. You are the only good thing in my world. I would be devastated without you!” • Show a pre-developed role-playing scene in which the “client” attempts to violate the “therapist’s” boundaries and the “therapist” demonstrates effective methods to maintain boundaries given the situation.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Work with a peer to write a role play in which “the client” crosses “the therapist’s” boundaries and “the therapist” redirects the client effectively using appropriate language and behaviors. • Critique a peer on choices for establishing and maintaining the boundaries of a therapeutic relationship during a role-playing classroom activity in which “clients” attempt to violate “therapist” boundaries. 	<p>Conditions: Having practiced verbal and behavioral skills in ongoing massage sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective language and behaviors to redirect clients who attempt to cross therapist boundaries, when presented with on-the-spot scenarios by instructors.

Sub-Topic: Managing Emotions in a Therapeutic Relationship

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *emotion*.
- Explain in one's own words the meaning of *emotional release*.
- Match these emotional intelligence skills to their written descriptions: emotional intelligence, perception of emotion in self and others, use of emotion to facilitate thinking, understanding emotions in self and others, management of emotions in self.
- Explain in one's own words what it means to manage one's own emotions.
- List two reasons emotional release happens during a massage session (e.g., experience of a "fullness of life," embodiment, remembering repressed memories, feelings freed by released physical tension, etc.).
- List six emotional behaviors a client might demonstrate during an emotional release (e.g., anger, anxiety, fear, euphoria and laughing, sadness, tearfulness, irritation, etc.).
- Match these emotional release principles to their written descriptions (other principles can be substituted here if the school uses a different model): acknowledgement and normalcy, presence, responsiveness, and contact, connect with breath, give the client time, allow sharing or allow privacy, ground the client and honor the event, proceed or refer.
- Outline the steps one would follow when managing a client's emotional release process (as determined by the procedure at each school).

Conditions: Having viewed an instructor demonstration of managing a client's emotional release process, the learner will be able to:

- Imitate the language and behaviors an instructor used to manage a client's emotional release process.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss methods for building greater emotional intelligence and management of one’s own emotions during massage sessions. • Compare and contrast the behaviors of a therapist with high emotional intelligence managing a client’s emotional release process with the behaviors of a therapist with lower emotional intelligence managing a client’s emotional release process. • Discuss emotional release principles and their practical application in massage session. • Discuss school-selected guidelines for managing a client’s emotional release process. • Compare and contrast effective therapist’s behaviors for managing a client’s emotional release process with ineffective behaviors. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Role play a pre-developed scene in which “the client” experiences an emotional release and “the therapist” manages the client’s emotional release process effectively and professionally. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Work with a peer to write and role play a scene in which “the client” experiences an emotional release and “the therapist” manages the emotional release process professionally and effectively. • Critique peers on their choices of language and behaviors used to manage a “client’s” emotional release process. 	<p>Conditions: Having participated in ongoing practice classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently use appropriate and effective language and behaviors to manage a client’s emotional release process, if emotional release occurs during a session. 	

Sub-Topic: Managing Intimacy, Touch, and Sexual Arousal Responses

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *intimacy* as it is used in a massage practice.
- Define the term *sexual arousal response* as it relates to the professional practice of massage .
- List two ways massage promotes healthy, nonsexual intimacy.
- Review ways therapists can desexualize massage in a professional practice.
- Recall two physiological reasons that sexual arousal responses can occur when a client is not seeking sexual gratification from the massage session.
- Outline the steps one would follow when managing a client experiencing a sexual arousal response.
- List one reason some clients seek sexual gratification from massage sessions.
- Explain one method for discouraging people seeking sexual gratification from coming to a massage practice.
- Outline the steps one would follow when managing a client seeking sexual gratification from the massage session.

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the language and behaviors an instructor used to manage a client experiencing an unwanted sexual arousal response during a massage session.
- Imitate the language and behaviors an instructor used to manage a client seeking sexual gratification during a massage session.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast the behaviors and motivations of a client seeking massage for sexual gratification with those of a client experiencing an unwanted sexual arousal response during a massage session. • Discuss the behaviors and language of a therapist responding to a client seeking massage for sexual gratification. • Discuss the behaviors and language of a therapist responding to a client experiencing an unwanted sexual arousal response. • Discuss the steps one would follow when managing a client experiencing a sexual arousal response. • Discuss the steps one would follow when managing a client seeking sexual gratification from the session. • Discuss methods one can use to screen clients or discourage clients seeking sexual gratification from approaching a massage practice. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice appropriate and effective language and behaviors to manage a client experiencing an unwanted sexual arousal response during a massage session. • Practice appropriate and effective language and behaviors to manage a client seeking sexual gratification during a massage session. • Role play a pre-developed scene in which the “client” experiences an unwanted sexual arousal response and the “therapist” manages the situation professionally and effectively. • Role play a pre-developed scene in which the “client” is seeking sexual gratification from the massage session and the “therapist” manages the situation professionally and effectively. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Work with a peer to write a role play scene in which the “client” experiences an unwanted sexual arousal response and the “therapist” manages the situation professionally and effectively. • Work with a peer to write a role play scene in which the “client” is seeking sexual gratification from the massage session and the “therapist” manages the situation professionally and effectively. 	<p>Conditions: Having practiced verbal and behavioral skills in ongoing massage sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective language and behaviors to manage a client experiencing an unwanted sexual arousal response, when presented with on-the-spot scenarios by instructors. • Demonstrate effective language and behaviors to manage a client seeking sexual gratification from the massage session, when presented with on-the-spot scenarios by instructors. 	

Entry-Level Massage Education Blueprint

Anatomy, Physiology, and Pathology

Topic	Orientation to the Human Body
Sub-Topics	<ul style="list-style-type: none">• Using Anatomic and Health Care Terminology• Chemistry, Organization, and Organ Systems• Structure and Function of Cells• Structure and Function of Tissues and Membranes• An Overview of Health and Disease
Topic	The Integumentary System
Sub-Topics	<ul style="list-style-type: none">• The Structure and Function of the Integumentary System• Pathologies of the Integumentary System
Topic	The Skeletal System
Sub-Topics	<ul style="list-style-type: none">• The Skeleton and Bones• Joints• Pathologies of the Skeletal System
Topic	The Fascial System
Sub-Topics	<ul style="list-style-type: none">• The Structure and Function of the Fascial System• Fascial Dysfunctions
Topic	The Muscular System
Sub-Topics	<ul style="list-style-type: none">• The Structure and Function of the Muscular System• Muscle Contractions• Pathologies of the Muscular System
Topic	The Nervous System
Sub-Topics	<ul style="list-style-type: none">• The Structure and Function of the Nervous System• The Peripheral Nervous System• The Central Nervous System• The Anatomy of Pain• Pathologies of the Nervous System

Topic	The Cardiovascular System
Sub-Topics	<ul style="list-style-type: none"> • The Structure and Function of the Cardiovascular System • Pathologies of the Cardiovascular System
Topic	Other Body Systems
Sub-Topics	<ul style="list-style-type: none"> • The Lymphatic System • The Immune System • The Digestive System • The Respiratory System • The Endocrine System • The Reproductive System • The Urinary System

Topic: Orientation to the Human Body

Learning Outcomes

Conditions: Having completed 13 hours of instruction on orientation to the human body, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to using health care terminology including the ability to break down unknown words into word elements, use a medical dictionary, positional and directional terms, body planes and movements, body regions, cavities, and abdominal quadrants, on a written examination.
- Demonstrate knowledge of the key terms and concepts related to basic anatomy and physiology, including the structural levels of the body and the structure and function of cells, tissues, and membranes, on one or more written examinations.
- Demonstrate knowledge of the key terms and concepts related to health, well-being, and disease, including aspects of well-being and predisposing causes of disease, on a written examination.

Key Terminology and Concepts

- Abdominal
- Abdomino-pelvic cavity
- Abduction
- Acromial
- Active transport
- Adduction
- Anatomic position
- Anatomic terminology
- Anatomy
- Antebrachial
- Antecubital
- Anterior
- Atoms
- Axillary
- Brachial
- Calcaneal
- Cardiovascular system
- Carpal
- Cell
- Cellular level
- Central
- Centrosomes
- Cervical
- Chemical level
- Circumduction
- Compounds
- Medical dictionary
- Mitochondria
- Molecules
- Mucous membrane
- Muscle tissue
- Muscular system
- Nasal
- Negative feedback
- Nervous system
- Nervous tissue
- Nucleus
- Occipital
- Occupational well-being
- Olecranal
- Oral
- Orbital
- Organ level
- Organ system level
- Organic compound
- Organism level
- Osmosis
- Otic
- Palmar
- Passive transport
- Patellar
- Pathology

- Connective tissue
- Contralateral
- Coxal
- Cranial
- Cranial cavity
- Crural
- Cubital
- Cutaneous membrane
- Cytoplasm
- Cytoskeleton
- Deep
- Depression
- Diffusion
- Digestive system
- Digital
- Disease
- Distal
- Dorsal
- Dorsiflexion
- Downward rotation
- Elements
- Elevation
- Emotional well-being
- Endocrine system
- Endoplasmic reticulum
- Epithelial tissue
- Eversion
- Extension
- External
- Facilitated diffusion
- Fascial system
- Femoral
- Filtration
- Flexion
- Frontal
- Frontal plane
- Gluteal
- Golgi apparatus
- Health
- Health care terminology
- Homeostasis
- Idiopathic
- Inferior
- Inguinal
- Inorganic compound
- Integumentary system
- Pectoral
- Pedal
- Pelvic
- Peripheral
- Peroneal
- Physical well-being
- Plantar
- Plantar flexion
- Plasma membrane
- Popliteal
- Positive feedback
- Posterior
- Predisposing causes
- Prefix
- Pronation
- Prone position
- Protraction
- Proximal
- Pubic
- Reproductive system
- Respiratory system
- Retraction
- Ribosomes
- Right lower quadrant
- Right upper quadrant
- Root
- Rotation
- Sacral
- Sagittal plane
- Scapular
- Serous membrane
- Signs
- Skeletal system
- Social well-being
- Spinal
- Spinal cavity
- Spiritual well-being
- Sternal
- Suffix
- Superficial
- Superior
- Supination
- Supine position
- Sural
- Symptoms
- Synovial membrane

- Intellectual well-being
- Internal
- Inversion
- Ion
- Ipsilateral
- Lateral
- Lateral rotation
- Left lower quadrant
- Left or right lateral flexion
- Left upper quadrant
- Lumbar
- Lymphatic system
- Lysosomes
- Manual
- Medial
- Medial rotation
- Tarsal
- Temporal
- Thoracic
- Thoracic cavity
- Tissue level
- Transverse plane
- Umbilical
- Upward rotation
- Urinary system
- Ventral
- Vertebral
- Vesicles
- Well-being
- Wellness model
- Word element

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics:

- Using Anatomic and Health Care Terminology
- Chemistry, Organization, and Organ Systems
- Structure and Function of Cells
- Structure and Function of Tissues and Membranes
- An Overview of Health and Disease

Sub-Topic: Using Anatomic and Health Care Terminology

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>anatomic terminology</i>. • Define the term <i>health care terminology</i>. • List three benefits of using anatomic and health care terminology consistently in school and in the massage profession (e.g., ability to decode unknown words in textbooks, correctly describe the location and position of body structures, communicate confidently with other health care providers, supports critical thinking processes, improves grades, easier to pass national examinations, etc.). • Recall the two primary origins of most health care words (Latin, Greek). • Define these terms: <i>word element, prefix, root, suffix, medical dictionary</i>. • Match 30 instructor-selected word elements to their written descriptions (e.g., 10 prefixes, 10 roots and 10 suffixes such as trans-, epi-, sub-, arthr(o), brachi(o), -algia, -cyte, -itis, etc.). • Describe three ways that word elements can be used to form words (a prefix is a word element used at the beginning of words to modify a root word, a root word provides the core meaning of the word and is modified with a prefix and/or suffix, a suffix is a word element used at the end of a word to modify the root word). • Match these location, positional and directional terms to their written descriptions: <i>anatomic position, supine position, prone position, anterior, posterior, proximal, distal, medial, lateral, contralateral, ipsilateral, superior, inferior, palmar, dorsal, ventral, plantar, internal, external, superficial, deep, peripheral, central</i>. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- Match these body planes to their written descriptions: *sagittal plane, frontal plane, transverse plane.*
- Match these movements to their written descriptions: *flexion, extension, abduction, adduction, rotation, medial rotation, lateral rotation, left or right lateral flexion, supination, pronation, elevation, depression, protraction, retraction, upward rotation, downward rotation, inversion, eversion, dorsiflexion, plantar flexion, circumduction.*
- Label a diagram of the anterior, posterior, and lateral views of the body with these body regions: *abdominal, acromial, antebrachial, antecubital, axillary, brachial, calcaneal, carpal, cervical, coxal, cranial, crural, cubital, digital, femoral, frontal, gluteal, inguinal, lumbar, manual, nasal, occipital, olecranal, oral, orbital, otic, palmar, patellar, pectoral, pedal, pelvic, peroneal, plantar, popliteal, pubic, sacral, scapular, spinal, sternal, sural, tarsal, temporal, thoracic, umbilical, vertebral.*
- Label a diagram of the body with these body cavities: *cranial cavity, spinal cavity, thoracic cavity, abdomino-pelvic cavity.*
- Label a diagram with these abdominal quadrants: *right upper quadrant, left upper quadrant, right lower quadrant, left lower quadrant.*

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss two ways anatomic and health care terminology is used in the health care professions (e.g., communications with medical professionals, more accurate descriptions of location and positional relationship of structures, etc.). • Break down 20 health care words into their word parts. • Use a medical dictionary to look up 10 unknown health care words. • Work with a peer to use anatomic and health care terms to describe positional relationships (e.g., your watch is proximal to your fingers and your nose is superior to your navel, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Chemistry, Organization, and Organ Systems

Level 1 Knowledge: Attain and Comprehend Skills: Observe and Imitate

<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>anatomy</i>. • Define the term <i>physiology</i>. • Explain in one’s own words the relationship of anatomy and physiology (e.g., the parts of the body form an organized unit and each of those parts has a job to do to make the body operate as a whole). • Recognize the six levels of structural organization of the body (chemical level, cellular level, tissue level, organ level, organ system level, and organism level). • Match these terms to their written descriptions: <i>chemical level, cellular level, tissue level, organ level, organ system level, organism level</i>. • Match these basic chemistry terms with their written description: <i>atoms, elements, molecules, ion, compounds, organic compound, inorganic compound</i>. • List twelve systems in the body (e.g., integumentary system, skeletal system, muscular system, fascial system, nervous system, endocrine system, cardiovascular system, lymphatic system, respiratory system, digestive system, urinary system, reproductive system). • Match each of the twelve organ systems to their written descriptions. • List two primary organs in each organ system. • List two functions of each of the twelve systems of the body. • Define the term <i>homeostasis</i>. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
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Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Categorize a list of organs by placing them into a table under the proper body system heading (e.g., joints and bones in the skeletal system category; nerves, brain, and spinal cord in the nervous system category, etc.). • Discuss the basic functions of each body system. • Discuss homeostasis and the basic stimulus-feedback process used for homeostatic control (e.g., a receptor responds to stimulus and sends information along a nerve to the brain where a response is determined and signaled. The response or feedback either depresses the stimulus (negative feedback) or enhances it (positive feedback). • Compare and contrast negative feedback mechanisms with positive feedback mechanisms. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Structure and Functions of Cells		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>cell</i>. • List three structural components common to most cells (e.g. cytoplasm, nucleus, plasma membrane). • Match these terms to their written descriptions: <i>nucleus, cytoplasm, plasma membrane</i>. • Name six organelles of a generalized cell (e.g. mitochondria, endoplasmic reticulum, ribosomes, lysosomes, Golgi apparatus, centrosomes, cytoskeleton, vesicles). • Match the organelles to written descriptions of their functions: mitochondria, endoplasmic reticulum, Golgi apparatus, lysosomes, cytoskeleton, centrosome (e.g., mitochondria fit this description: “breaks down glucose to produce ATP to provide energy for cellular work”). • Match these cell transport mechanisms to their written descriptions: <i>passive transport, active transport, diffusion, osmosis, filtration, facilitated diffusion</i>. 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss common cellular processes (e.g., transporting nutrients and wastes across plasma membranes, breaking down glucose to produce energy for cellular work, building essential proteins for growth and repair, adapting to changes in the environment, reproduction, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject- Anatomy, Physiology, and Pathology, Topic – Orientation to the Human Body

Sub-Topic: Structure and Function of Tissues and Membranes

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> List the four types of body tissues (epithelial, muscle, nervous, connective). Describe two characteristics of each of these tissues: epithelial, muscle, nervous, connective (e.g., epithelial tissue is avascular and regenerates rapidly, connective tissue is the most abundant tissue in body, etc.). List two general functions of each of these tissues: epithelial, muscle, nervous, connective (e.g., epithelial is a tissue that lines, covers, and secretes; muscle contracts and generates heat, etc.). List two locations where each of these tissues are found: epithelial, muscle, nervous, connective (e.g., epithelial tissue might be found lining body cavities, skin, or covering organs, etc.). Name the three different types of muscle tissue (skeletal, cardiac, visceral/smooth). Name four different types of connective tissue (e.g., liquid, loose, fibrous, cartilage, bone). Name the two types of cells found in nervous tissue (neuroglia and neurons). Match these muscle tissue types to their written descriptions: skeletal, cardiac, visceral/smooth. 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

	<ul style="list-style-type: none"> • Match these connective tissue types to their written descriptions: liquid, loose, fibrous, cartilage, bone. • List the four types of membranes (mucous, serous, synovial, cutaneous). • List one location where each of these membranes is found: mucous, serous, synovial, cutaneous (e.g., mucous membranes are found lining cavities that are open to external environments such as the respiratory tract and urinary tract, etc.). • List one function for each of these membranes: mucous, serous, synovial, cutaneous (e.g., synovial membranes produce synovial fluid, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast the contractions of skeletal, cardiac, and smooth muscle tissue. • Discuss the structure, characteristics, function, and location of these connective tissue types: liquid, loose, fibrous, cartilage, bone. • Discuss the structure, characteristics, function, and location of these muscle tissue types: skeletal, cardiac, smooth. • Discuss the structure, characteristics, function, and location of nervous tissue. • Discuss the structure, characteristics, function, and location of epithelial tissue. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: An Overview of Health and Disease

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>health</i>. • Define the term <i>well-being</i>. • Match aspects of well-being to their written descriptions: physical well-being, intellectual well-being, emotional well-being, spiritual well-being, occupational well-being, social well-being. • Define the term <i>wellness model</i>. • Explain the purpose of a wellness model. • List one benefit of using a wellness model to assess personal wellness. • Recognize aspects of wellness models by viewing two different models. • Review the term <i>disease</i>. • Review the term <i>pathology</i>. • Review these general disease types: autoimmune, cancerous, deficiency, genetic, infectious, metabolic. • Review these types of infectious agents: bacteria, viruses, fungi, protozoa, parasitic animals, lice, mites. • Explain in one’s own words two ways infectious diseases are spread between people. • Review hygiene practices and sanitation practices for health care providers. • Review the principles of standard precautions. • Describe in one’s own words how signs and symptoms result from disease (e.g., they may result from the disease process itself or the immune system’s attempt to control an infectious agent, etc.). • Define the term <i>idiopathic</i>. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> List two predisposing causes of disease (e.g., age, gender, heredity, living conditions and habits, emotional factors, stress, previous physical injury, chemical damage, preexisting illness, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss each aspect of well-being and examine how it supports good health. Discuss two wellness models and explore the benefits and uses of each. Discuss predisposing causes of disease. Discuss how stress is a causative or exacerbating factor in many diseases. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Integumentary System

Learning Outcomes

Conditions: Having completed 5 hours of instruction on the integumentary system, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure, function, and pathologies of the integumentary system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for an integumentary pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Key Terminology and Concepts

- Abrasions
- Absorption
- Accessory organs
- Acne
- Acute
- Animal parasites
- Burns
- Chronic
- Clinical reasoning model
- Contact dermatitis
- Contagious skin disorder
- Contracture scars
- Cutaneous
- Decubitus ulcers
- Dermatitis
- Dermatome
- Dermis
- Eczema
- Epidermis
- Excretion
- Fissures
- Fungal infections
- General sense receptors
- Hair
- Herpes simplex
- Incisions
- Integumentary system
- Keloid scars
- Keratin
- Keratinocyte
- Lacerations
- Melanin
- Melanocyte
- Nails
- Neoplastic skin disorders
- Nociceptor
- Noncontagious inflammatory skin disorder
- Papules
- Pores
- Pressure receptor
- Protection
- Psoriasis
- Punctures
- Pustules
- Scar tissue
- Sebaceous glands
- Sebum
- Sensory receptors
- Skin
- Skin injuries
- Staphylococcal infections
- Streptococcal infections
- Sub-acute
- Subcutaneous layer
- Sudoriferous glands
- Superficial fascia
- Tactile stimulation
- Temperature receptor
- Temperature regulation
- Touch deprivation
- Touch receptor
- Ulcers
- Vesicles
- Vibration receptor
- Warts

Use of Terms

The terms used in this topic appear to be consistent and widely used.

Sub-Topics

- The Structure and Function of the Integumentary System
- Pathologies of the Integumentary System

Subject – Anatomy, Physiology, and Pathology for Massage, Topic – The Integumentary System

Sub-Topic: The Structure and Function of the Integumentary System

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *integumentary system*.
- Match these terms to their written descriptions: *skin, epidermis, dermis, subcutaneous layer (or hypodermis), melanocyte, melanin, keratin, keratinocyte, pores, sebum, superficial fascia, dermatome, tactile stimulation, touch deprivation*.
- Match these accessory organs of the skin to their written descriptions: hair, nails, sudoriferous glands, sebaceous glands, sensory receptors.
- List the five functions of the integumentary system (protection, temperature regulation, excretion and absorption, general sensory organ, synthesis of vitamin D).
- Match these cutaneous sensory receptors to their written descriptions: touch receptors, temperature receptors, pressure receptors, nociceptors, vibration receptors.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast the epidermis to the dermis. • Discuss the functions of the integumentary system (e.g., superficial covering and protective layer, body's largest sensory organ, helps regulate body temperature, excretes metabolic byproducts and water, absorbs substances through the pores of the skin, synthesizes vitamin D, etc.). • Discuss the functions of the sebaceous glands (e.g., secrete an oily fluid that keeps the skin soft and pliable) • Discuss the functions of the sudoriferous glands (e.g., secrete sweat through the pores to support body temperature regulation, water balance, eliminate select metabolic byproducts, etc.). • Discuss the basic functions of the epidermis, dermis, and subcutaneous layer. • Categorize individual sensory receptors by their specific sensations in these categories: touch, pressure, vibration, light touch, temperature, and pain. • Discuss the benefits and effects of massage for the integumentary system (e.g., stimulates sebaceous glands, increases scar tissue mobility, increases local circulation to the skin, massage lubricants nourish and condition the skin, tactile stimulation provides positive mental and emotional benefits, etc.). • Discuss tactile stimulation as a necessary component of life and development. • Discuss the connections between <i>touch</i> as it is used in massage/bodywork and the skin as a sensory organ. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Pathologies of the Integumentary System

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Match these terms to their written descriptions: *contagious skin disorder, noncontagious inflammatory skin disorder, neoplastic skin disorders, skin injuries, clinical reasoning model (or critical thinking model)*.
- List six types of contagious skin disorders (e.g., animal parasites, fungal infections, herpes simplex, staphylococcal infections, streptococcal infections, warts, etc.).
- List four noncontagious inflammatory skin disorders (e.g., acne, dermatitis, eczema, and psoriasis, etc.).
- List two types of skin injuries (e.g., burns, decubitus ulcers, scar tissue like keloid scars, contracture scars, etc.).
- Name five types of skin lesions (e.g., lacerations, fissures, papules, vesicles, pustules, punctures, abrasions, ulcers, incisions, etc.).
- Match these conditions to their written signs and symptoms: dermatitis, eczema, contact dermatitis, psoriasis.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the reasons why open, broken, or scabbed skin is a local contraindication. • Compare and contrast massage for acute eczema and/or psoriasis with massage for sub-acute or chronic eczema and/or psoriasis (e.g., in acute cases skin is broken and inflamed so massage is contraindicated, while in sub-acute the skin is less sensitive and massage is not locally contraindicated if the skin is intact, etc.). • Discuss the use of a clinical reasoning model (or critical thinking model) to problem solve when working with pathologies. • Work with a peer to analyze mock health forms indicating a client has a skin condition and use a clinical reasoning model to determine appropriate action (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: The Skeletal System

Learning Outcomes

Conditions: Having completed 10 hours of instruction on the skeletal system, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure and function of the skeletal system, including bones, bone landmarks, and joints and pathologies of the skeletal system including fractures, dislocations, and subluxations, on one or more written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session actions for a skeletal system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Key Terminology and Concepts

- Acetabulum
- Acromioclavicular joint
- Acromion process
- Adductor tubercle
- Amphiarthroses
- Anterior arch
- Anterior inferior iliac spine
- Anterior superior iliac spine
- Appendicular skeleton
- Articular cartilage
- Articular facet for tibia
- Atlas
- Axial skeleton
- Axillary border
- Axis
- Ball and socket joint
- Bicipital groove
- Blood cell production
- Body
- Body of sternum
- Body of vertebrae
- Bone landmark
- Bursae
- Calcaneous
- Capitate
- Capitulum
- Carpals
- Cartilaginous joint
- Cervical vertebra
- Clavicle
- Lunate
- Mandible
- Manubrium
- Maxilla
- Meatus
- Medial border
- Medial epicondyle
- Medial malleolus
- Medial supracondylar ridge
- Medullary cavity
- Metacarpals
- Metacarpophalangeal joint
- Metaphysis
- Metatarsals
- Middle phalanx
- Mineral storage
- Nasal
- Nasal concha
- Navicular
- Neck
- Obturator foramen
- Occipital
- Odontoid process
- Olecranon fossa
- Osteoblasts
- Osteoclasts
- Osteocytes
- Osteogenic
- Palatine
- Parietal

- Clavicular notch
- Coccygeal vertebrae
- Coccyx
- Compact bone
- Compound fracture
- Compression fracture
- Condyle
- Coracoid process
- Coronoid fossa
- Costal cartilage
- Coxal bone
- Crest
- Cuboid
- Cuneiforms
- Deltoid tuberosity
- Dens
- Diaphysis
- Diarthroses
- Dislocation
- Distal phalanx
- Ellipsoid joint
- Epicondyle
- Epiphyseal plate
- Epiphysis
- Ethmoid
- Facet
- Facial bones
- False ribs
- Femur
- Fibrous joint
- Fibula
- Flat bone
- Floating ribs
- Foramen
- Fossa
- Fovea
- Fovea capitis
- Fracture
- Framework
- Frontal
- Fulcrums
- Glenohumeral joint
- Glenoid fossa
- Gliding joint
- Greater sciatic notch
- Greater tubercle
- Patella
- Pedicle
- Pelvic girdle
- Periosteum
- Phalanges
- Pisiform
- Pivot joint
- Posterior inferior iliac spine
- Posterior superior iliac spine
- Process
- Protection
- Proximal phalanx
- Pubic arch
- Pubis
- Radial fossa
- Radial tuberosity
- Radius
- Red bone marrow
- Reduction
- Rib facet
- Ribs
- Sacral canal
- Sacral foramen
- Sacral vertebrae
- Sacrum
- Saddle joint
- Scaphoid
- Scapula
- Shaft
- Short bone
- Sinus
- Skull
- Sphenoid
- Spinal cord
- Spinal nerves
- Spinous process
- Spongy bone
- Sternal angle
- Sternoclavicular joint
- Sternum
- Stress fracture
- Styloid process
- Subluxation
- Subscapular fossa
- Superior angle
- Superior articular process

- Hamate
- Head
- Hinge joint
- Humerus
- Hyaline cartilage
- Hyoid
- Ilium
- Incomplete fracture
- Inferior angle
- Inferior articular process
- Infraglenoid tubercle
- Infraspinous fossa
- Intercondylar eminence
- Intercostal spaces
- Interosseous membrane
- Interphalangeal joint
- Intervertebral disc
- Irregular bone
- Ischial tuberosity
- Ischium
- Joint
- Joint capsule
- Lacrimal
- Lamina
- Lateral border
- Lateral epicondyle
- Lateral malleolus
- Lateral supracondylar ridge
- Lesser sciatic notch
- Lesser tubercle
- Levers
- Ligament
- Linea aspera
- Long bone
- Lumbar vertebrae
- Support
- Supraglenoid tubercle
- Supraspinous fossa
- Suprasternal notch
- Synarthroses
- Synovial fluid
- Synovial membrane
- Synovial joint
- Talus
- Tarsals
- Temporal
- Thoracic vertebrae
- Tibia
- Tibial plateau
- Transverse foramen
- Transverse process
- Trapezium
- Trapezoid
- Triquetrium
- Trochanter
- Trochlea
- True ribs
- Tubercle
- Tuberosity
- Ulna
- Ulnar notch
- Ulnar tubercle
- Vertebral arch
- Vertebral border
- Vertebral column
- Vertebral foramen
- Vomer
- Xiphoid process
- Zygomatic

Use of Terms

The terms used in this topic appear to be consistent and widely used.

Sub-Topics

- The Skeleton and Bones
- Joints
- Pathologies of the Skeletal System

Sub-Topic: The Skeleton and Bones

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Name the the two divisions of the skeleton (axial skeleton and appendicular skeleton). • On a diagram of the skeleton, label these bones or parts of bones: skull, facial bones, hyoid bone, clavicle, scapula, sternum, ribs, vertebral column, sacrum, coccyx, humerus, ulna, radius, carpals, metacarpals, phalanges, pelvic bone, coxal bone, ilium, pubis, ischium, femur, patella, tibia, fibula, tarsals, metatarsals. • List the functions of the skeletal system (e.g., framework and support, protection, levers and fulcrums, mineral storage, blood cell production). • Match these cells found in bone tissue to their written descriptions: osteoblasts, osteocytes, osteoclasts, osteogenic cells. • Describe one difference between compact bone and spongy bone (e.g., compact bone is dense and resistant to the stresses of body weight and movement, while spongy bone is lattice-like in appearance and its spaces are filled with red bone marrow, etc.). • Match these bones to their classification by shape (long, short, flat, irregular): femur, tibia, fibula, humerus, ulna, radius, metatarsals, metacarpals, phalanges, carpals, tarsals, skull, pelvic girdle, sternum, ribs, scapula, vertebrae, patella (e.g., the femur is in the long bone classification, vertebrae in the irregular bone classification, etc.). • Match these parts of a long bone to their written descriptions: diaphysis, medullary cavity, epiphysis, metaphysis, epiphyseal plate, articular cartilage (hyaline cartilage), periosteum. • Define the term <i>bone landmark</i>. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- Match these bone landmark terms for projections to their definitions: *tubercle, tuberosity, head, condyle, epicondyle, process, crest.*
- Match these bone landmark terms for depressions to their definitions: *fossa, fovea, facet.*
- Match these bone landmark terms for holes to their definitions: *foramen, meatus, sinus.*
- Label two examples of a condyle, epicondyle, fossa, trochanter, and process on diagrams of the humerus, femur, and scapula.
- On diagrams of the head and face, label these bones: frontal, parietal, temporal, occipital, sphenoid, ethmoid, lacrimal, nasal, nasal concha, vomer, palatine, zygomatic, maxilla, mandible.
- On a diagram of the spinal column, label these bones: 7 cervical vertebrae, 12 thoracic vertebrae, 5 lumbar vertebrae, 5 sacral vertebrae, and 3 or 4 coccygeal vertebrae.
- On a diagram of a sacrum, label these structures: sacral canal, superior articular process, coccyx, sacral foramen.
- On a diagram of a typical lumbar vertebra showing both a superior view and lateral view, label these parts of the bone: body, superior articular processes, transverse process, spinous process, vertebral arch, lamina, pedicle, vertebral foramen, inferior articular processes.
- On a diagram of a typical thoracic vertebra label these parts of the bone: body, inferior articular process, superior articular processes, spinous process, transverse process, rib facet/articulation.
- On a diagram of a typical cervical vertebra, label these parts of the bone: body, transverse foramen, vertebral foramen, spinous process, superior articular process.
- On a diagram of the atlas and axis, label these structures: atlas, axis, articular process, transverse foramen, anterior arch, dens (odontoid process), body, transverse process, spinous process.

- On a diagram of articulated thoracic vertebrae, label these structures: spinous processes, transverse processes (articulates with rib), spinal cord, superior articular processes, intervertebral foramen, spinal nerves, intervertebral disc, body of vertebra, inferior articular processes.
- On a diagram of the thorax, label these bones or parts of bones: true ribs 1-7, false ribs 8-12, floating ribs 11-12, sternum, suprasternal notch, clavicular notch, manubrium, sternal angle, body of sternum, xiphoid process, intercostal spaces, costal cartilage.
- On a diagram of the pectoral girdle, label these bones or parts of bones: humerus, glenoid fossa, coracoid process, acromion process, glenohumeral joint, acromioclavicular joint, scapula, clavicle, sternoclavicular joint, clavicular notch, manubrium, sternum.
- On a diagram of the scapula, label these parts of the bone: infraspinous fossa, medial border (vertebral border), supraspinous fossa, superior angle, coracoid process, acromion process, spine, glenoid fossa, lateral border (axillary border), inferior angle, subscapular fossa, infraglenoid tubercle, supraglenoid tubercle.
- On a diagram of the humerus label these parts of the bone: condyle, capitulum, lateral epicondyle, radial fossa, lateral supracondylar ridge, lesser tubercle, bicipital or intertubercular groove, greater tubercle, head, neck, deltoid tuberosity, medial supracondylar ridge, coronoid fossa, trochlea, medial epicondyle, olecranon fossa.
- On a diagram of the radius and ulna, label these structures: radial styloid process, ulnar notch, interosseous membrane, radial tuberosity, head of the radius, radial notch, olecranon process, trochlear notch, coronoid process, ulnar tubercle, head of ulna, ulnar styloid process.

- On a diagram of the wrist and hand, label these structures: hamate, pisiform, triquetrum, trapezoid, trapezium, capitate, scaphoid, lunate, carpals, metacarpals, phalanges, metacarpophalangeal joint, proximal interphalangeal joint, distal interphalangeal joint, distal phalanx, middle phalanx, proximal phalanx.
- On diagrams of the pelvic girdle label these structures or parts of the bones: ischial tuberosity, lesser sciatic notch, acetabulum, greater sciatic notch, posterior inferior iliac spine, posterior superior iliac spine (PSIS), iliac crest, ilium, ischium, pubis, obturator foramen, anterior inferior iliac spine, anterior superior iliac spine (ASIS), iliac fossa, coccyx, sacrum, pubic arch.
- On diagrams of the femur, label these parts of the bone: patellar surface (groove), lateral condyle, lateral epicondyle, adductor tubercle, medial epicondyle, medial condyle, intercondylar fossa, linea aspera, shaft, lesser trochanter, neck, greater trochanter, head, fovea capitis.
- On diagrams of the tibia and fibula, label these structures: medial malleolus, interosseus membrane, tibial plateau, intercondylar eminence, fibula, tibia, lateral malleolus, tibial crest, head of the fibula, tuberosity of tibia, medial condyle, lateral condyle, articular facet for tibia.
- On a diagram of the ankle and foot, label these structures: tarsals, metatarsals, phalanges, calcaneous, talus, cuboid, navicular cuneiforms, base of the metatarsals, shaft of the metatarsals, head of the metatarsals, proximal phalanx, middle phalanx, distal phalanx.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast the two divisions of the skeleton (axial skeleton and appendicular skeleton). • Discuss the functions of the skeletal system (framework and support, protection, levers and fulcrums, mineral storage, blood cell production). • Discuss the composition and function of bone tissue including cells, fibers, and ground substance. • Contrast compact bone with spongy bone. • Discuss the parts of a long bone and their functions (diaphysis, medullary cavity, epiphysis, metaphysis, epiphyseal plate, articular cartilage [hyaline cartilage], periosteum). • Discuss bone landmarks, their forms, and their functions. • Discuss the bones of the head and face. • Compare and contrast the shape of cervical vertebrae, thoracic vertebrae, and lumbar vertebrae. • Discuss the unique structure and function of the atlas and axis. • Discuss the bones of the rib cage, sternum, and pectoral girdle. • Discuss the bones of the upper limb, forearm, wrist, and hand. • Discuss the bones on of the pelvic girdle. • Discuss the bones of the thigh, leg, ankle and foot. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Joints

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>joint</i>. • Name the three structural classifications of joints (fibrous, cartilaginous, synovial). • Match these joint classifications to their written descriptions: fibrous, cartilaginous, synovial. • Name three examples of fibrous joints (e.g., sutures that hold the cranial bones together, interosseous membrane between the tibia and fibula, gomphoses where the teeth fit into the jaw, etc.). • Name three examples of cartilaginous joints (e.g., pubic symphysis, intervertebral joints, the costochondral junctions of the ribcage, etc.). • Name three examples of synovial joints (e.g., humeroulnar [elbow], tibiofemoral [knee], iliofemoral [hip], etc.). • Name the three functional classifications of joints (synarthroses, amphiarthroses, diarthroses). • Match these joint classifications to their written descriptions: synarthroses, amphiarthroses, diarthroses. • Describe the connection between structural and functional classifications of joints (e.g., there is a direct correlation between structural and functional classifications; fibrous joints are immovable, cartilaginous joints are slightly movable, and synovial joints are freely movable, etc.). • List the common structural features of synovial joints (e.g. joint capsule, joint space, articular/hyaline cartilage, synovial membrane, ligaments). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- Match these structural features of synovial joints to their written descriptions: articular cartilage, joint capsule, synovial membrane, synovial fluid, ligaments, bursae.
- On a diagram of a synovial joint, label these structures: Joint capsule, synovial membrane, ligaments, articulating bone, synovial cavity, articular cartilage.
- Describe how synovial joints are classified (e.g., according to the shape of their bone ends, how they articulate, and the movements they allow).
- List the six types of synovial joints (ball and socket, hinge, pivot, ellipsoid [or condyloid], saddle, gliding).
- List the movements allowed by ball and socket joints (flexion, extension, abduction, adduction, horizontal abduction, horizontal adduction, rotation, circumduction).
- List the movements allowed by hinge joints (flexion, extension).
- List the movements allowed by pivot joints (rotation around a single axis).
- List the movements allowed by ellipsoid (condyloid) joints (flexion, extension, adduction, abduction).
- List the movements allowed by saddle joints (flexion, extension, abduction, adduction).
- List the movements allowed by gliding joints (shift, slide).
- On diagrams showing all of the synovial joints, label each joint with one of these types: ball and socket, hinge, ellipsoid (condyloid), pivot, saddle, gliding.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast joints based on their structural and functional classification (e.g., fibrous synarthrotic joints, cartilaginous amphiarthrotic joints, and synovial diarthrotic joints). • Discuss examples of fibrous, cartilaginous, and synovial joints. • Discuss the common structural features of synovial joints (e.g., joint capsule, joint space, articular/hyaline cartilage, synovial membrane, ligaments). • Compare and contrast ball and socket joints with pivot joints. • Compare and contrast hinge joints with ellipsoid (condyloid) joints. • Compare and contrast saddle joints with gliding joints. • Discuss ball and socket joints including joint structure, function, available movements, and examples. • Discuss hinge joints including joint structure, function, available movements, and examples. • Discuss pivot joints including joint structure, function, available movements, and examples. • Discuss ellipsoid (condyloid) joints including joint structure, function, available movements, and examples. • Discuss saddle joints including joint structure, function, available movements, and examples. • Discuss gliding joints including joint structure, function, available movements, and examples. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Pathologies of the Skeletal System

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Please see in-depth learning objectives related to arthritis, bursitis, osteoporosis, and sprains in Adapting Sessions for Clients with Common Pathologies.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Match these terms to their written descriptions: *compound fracture, compression fracture, dislocation, fracture, incomplete fracture, reduction, stress fracture, subluxation.*
- List two possible causes and predisposing factors for dislocations (e.g., trauma, congenital weakness)
- List two signs and symptoms of a dislocation (e.g. complete loss of function, loss of contour in the joint).
- List two complications of dislocations (e.g., fibrosis and excessive scar tissue, nerve damage, ligaments supporting the joint damaged, muscular imbalances, etc.).
- List two cautions or contraindications for massage for a client with a history of dislocations (e.g., avoid position of vulnerability like full flexion and/or abduction in shoulder, no traction releases in that joint, etc.).
- List two or three soft-tissue structures that are highly susceptible to damage with dislocation or subluxation (e.g., labrum, joint capsule, ligaments).
- Match these types of fractures to their written descriptions: simple, incomplete, compound, stress, and compression.
- List two cautions or contraindications for working with fractures (e.g., acute fracture locally contraindicates massage, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- List two benefits or effects of massage for clients recovering from a fracture (e.g., treatment for compensating structures, manual lymphatic drainage to reduce edema in casted extremities, etc.).
- List the two of the most common subluxations (e.g., vertebral facets, rib facets, fingers, patellar, etc.).
- List one cause of a subluxation (e.g., muscular imbalances, traumatic events like a car accident).
- List two benefits of massage for a client with a subluxation (e.g., massage corrects muscular imbalances which may allow the bones to naturally fall back into their correct places, etc.).
- Describe appropriate massage treatment if a client has a suspected subluxation (e.g., work on reducing muscular imbalances and refer to a chiropractor, etc.).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, signs, and symptoms of dislocation. • Compare and contrast a joint dislocation with a joint subluxation. • Discuss the cautions, contraindications, and session adaptations for working with client who has a history of dislocation (e.g., do not apply passive abduction and external rotation movements; the potential for re-dislocating lax joint is very high, etc.). • Discuss the benefits and effects of massage for clients with a chronic dislocations (e.g., helpful for managing scar tissue accumulation, help alleviate corresponding reflexive muscle spasm around the joint, etc.). • Discuss the cautions, contraindications, and session adaptations for working with a client recovering from a fracture. • Discuss the benefits and effects of massage when working with a client recovering from a fracture. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: The Fascial System

Learning Outcomes

Conditions: Having completed 6 hours of instruction on the fascial system, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure and function of the fascial system, on a written examination.
- Demonstrate knowledge of the key terms and concepts related to myofascial dysfunction on a written examination.

Key Terminology and Concepts

- Adhesiveness
- Adipose
- Blood
- Bone
- Cartilage
- Cellular exchange
- Chemoreceptors
- Collagen fibers
- Connective tissue
- Deep fascia
- Elastin fibers
- Endomysium
- Epimysium
- Fascia
- Fascial bands
- Fascial planes
- Fascial shortening
- Fascicles
- Fibroblasts
- Gel
- Glycoaminoglycans (GAGs)
- Ground substance
- Hydrogen bonds
- Immune defense
- Joint capsules
- Ligaments
- Mast cells
- Mechanoreceptors
- Myofascia
- Myofascial chains
- Myofascial dysfunction
- Myofibers
- Nociceptors
- Perimysium
- Periosteum
- Piezoelectricity
- Proprioceptors
- Protection
- Reticular fibers
- Shock absorption
- Sol
- Structural integrity
- Superficial fascia
- Tendons
- Tensegrity
- Tensile force
- Thixotropy
- Viscoelasticity

Use of Terms

The use of terms appears to be consistent and widely used.

Sub-Topics

- The Structure and Function of the Fascial System
- Fascial Dysfunctions

Sub-Topic: The Structure and Function of the Fascial System

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *fascia*.
- Define the term *myofascia*
- Explain in one’s own words the relationship of fascia and muscle (e.g., muscle and fascia are interwoven together and are closely related, massage of muscle is also massaging fascia, etc.).
- Outline the individual structures that make up muscle and the fascia that wraps each section (e.g., myofibers are wrapped by the endomysium, bundles of myofibers called fascicles are wrapped by the perimysium, groups of fascicles called muscles are wrapped by the epimysium, fascia merge at either end of a muscle to tendons to attach muscle to bone, etc.).
- Define the term *connective tissue*.
- Match these types of connective tissue to their written descriptions: fascia, bone, cartilage, ligaments, tendons, joint capsules, the periosteum of bones, blood, adipose tissue.
- Match these components of connective tissue to their written descriptions: connective tissue cells, fibroblasts, mast cells, ground substance, collagen fibers, elastin fibers, reticular fibers.
- Define the term *thixotropy*.
- Explain in one’s own words the term *gel* as it is used to describe properties of connective tissue.
- Explain in one’s words the term *sol* as it is used to describe properties of connective tissue.
- List two ways to promote a fluid sol state in fascia (e.g., regular exercise, stretching, proper hydration, good nutrition, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- Define the term *viscoelasticity*.
- List two characteristics of myofascia that make it viscoelastic (e.g., connective tissue is “viscous” and will become deformed when an outside force manipulates it and remain deformed for a period of time after manipulation, whereas muscle tissue is elastic and deforms when manipulated by an outside force but then snaps back into shape, etc.).
- Define the term *piezoelectricity*.
- List three activities that cause piezoelectricity (e.g., walking, running, dancing, weight-bearing activity, etc.).
- Define the term *adhesiveness*.
- List two reasons collagen fibers start to pack together and form hydrogen bonds leading to thickening and greater adhesiveness in soft tissue (e.g., age, injury, postural habits, habitual movement patterns, lack of movement, repetitive soft-tissue stress, etc.).
- List one unique characteristic of fascia that makes it different from other connective tissue (e.g., higher level of ground substance that allows it to move between a gel and sol state more easily, fascia wraps the whole body transferring tension patterns over longer distances than other soft tissue, etc.).
- Match these functions of fascia to their written descriptions: structural integrity, protection, shock absorption, immune defense, cellular exchange.
- Define the term *tensegrity*.
- Define the term *tensile force*.
- Explain in one’s own words how tensegrity is affected if one set of tensile forces is excessively strong and one set is excessively weak (e.g., a structure experiences greater stress and is weaker).
- Describe the location of superficial fascia.
- Describe the location of deep fascia.
- Match these terms to their written descriptions: *fascial planes*, *fascial bands*, *myofascial chains*.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the interconnected relationship of fascia and muscle. • Discuss the types and components of connective tissue. • Discuss the concepts of thixotropy and its implications for massage and bodywork. • Discuss the concept of viscoelasticity and its implications for massage and bodywork. • Discuss adhesiveness, its causes, and its implications for massage and bodywork. • Compare and contrast characteristics of fascia with other connective tissue. • Discuss the functions of fascia including structural integrity, protection, shock absorption, immune defense, and cellular exchange. • Discuss the concept of tensegrity and the importance of balanced tensile forces to maintain proper postural alignment and myofascial health. • Discuss the locations of fascia and concepts of fascial planes, bands, and myofascial chains and their implications for massage and bodywork. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Fascial Dysfunctions

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>myofascial dysfunction</i>. • List two causes of myofascial dysfunction (e.g., postural habits, diet, repetitive mechanical stress, injury, chronic stress, sedentary lifestyle, etc.). • Explain in one’s own words how collagen is formed. • Match these connective tissue components to written descriptions of dysfunction: cells, collagen fibers, ground substance (e.g., ground substance might be matched to a descriptions that notes that a decrease in glycoaminoglycans [GAGs] that bind water decreases the amount of lubrication provided by this component of connective tissue, etc.). • Match these properties of connective tissue to written descriptions of dysfunction: thixotropy, viscoelasticity, piezoelectricity, adhesiveness (e.g., piezoelectricity might be matched to a description that notes that adhesions create a resistance to the normal flow of electrical potentials in tissue and interfere with the normal repair and rejuvenation processes influenced by this property of connective tissue, etc.). • List four sensory receptors present in soft tissue (e.g., mechanoreceptors, proprioceptors, chemoreceptors, nociceptors, etc.). • Describe one way myofascial health is promoted (e.g., “melt” and “stir” ground substance with actions like physical activity and stretching or massage therapy, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast healthy myofascia with unhealthy myofascia. • Discuss the causes of myofascial dysfunction. • Discuss the process of healthy collagen formation. • Discuss connective tissue components, their normal function, and dysfunction. • Discuss properties of connective tissue and health function versus dysfunction. • Discuss pain and fascia including soft-tissue sensory receptors and fascial shortening. • Discuss methods to improve myofascial health and implications for massage and bodywork. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Muscular System

Learning Outcomes **Conditions:** Having completed 13 hours of instruction on the muscular system, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure, function, and pathologies of the muscular system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for a muscular system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Key Terminology and Concepts

- Actin
- Adductor brevis
- Adductor longus
- Adductor magus
- Aerobic cellular metabolism
- Agonist
- All-or-none response
- Anaerobic cellular metabolism
- Antagonist
- Anterior scalene
- Aponeurosis
- ATP (adenosine triphosphate)
- Biceps brachii
- Biceps femoris
- Bipennate muscle
- Brachialis
- Brachioradialis
- Buccinators
- Circular muscle
- Concentric contraction
- Contractile
- Coracobrachialis
- Cramp
- Deltoid
- Diaphragm
- Eccentric contraction
- Elastic
- Endomysium
- Epimysium
- Excitable
- Muscle fiber
- Muscle recruitment
- Muscle spindle
- Muscle tone
- Muscular system
- Musculotendinous junction
- Myofascial pain syndrome
- Myofibril
- Myofilament
- Myosin
- Neuromuscular junction
- Neurotransmitter
- Occipitalis
- Orbicularis oculi
- Orbicularis oris
- Origin
- Oxygen debt
- Palmaris longus
- Parallel muscle
- Pectineus
- Pectoralis major
- Pectoralis minor
- Pennate muscle
- Perimysium
- Peroneus brevis
- Peroneus longus
- Piriformis
- Platysma
- Posterior scalene
- Prime mover

- Extensible
- Extensor carpi radialis brevis
- Extensor carpi ulnaris
- Extensor digitorum
- Extensor digitorum longus
- Extensor hallucis longus
- Extensor carpi radialis longus
- External intercostals
- External obliques
- Fascia
- Fascicle
- Flexor carpi ulnaris
- Flexor carpi radialis
- Flexor digitorum longus
- Flexor digitorum profundus
- Flexor digitorum superficialis
- Flexor hallucis longus
- Frontalis
- Fusiform muscle
- Gastrocnemius
- Gluteus maximus
- Gluteus medius
- Gluteus minimus
- Golgi tendon organ
- Gracilis
- Graded response
- Iliacus
- Iliocostalis
- Infraspinalis
- Insertion
- Internal intercostals
- Internal obliques
- Interspinales
- Intertransversarii
- Inverse stretch reflex
- Isometric contraction
- Isotonic contraction
- Lactic acid
- Lateral pterygoid
- Latissimus dorsi
- Levator scapula
- Longissimus
- Masseter
- Pronator teres
- Psoas major
- Psoas minor
- Quadratus lumborum
- Reciprocal inhibition
- Rectus abdominis
- Rectus femoris
- Retinaculum
- Rhomboids
- Rotatores
- Sarcomere
- Sarcoplasm
- Sarcoplasmic reticulum
- Sartorius
- Semimembranosus
- Semispinalis
- Semitendinosus
- Serratus anterior
- Sliding filament mechanism
- Soleus
- Spasm
- Spinalis
- Splenius capitis
- Splenius cervicis
- Stabilizer
- Sternocleidomastoid
- Stretch reflex
- Subclavius
- Suboccipitals
- Subscapularis
- Supinator
- Supraspinatus
- Synergist
- Temporalis
- Tendon
- Tenoperiosteal junction
- Tensor fasciae latae
- Teres major
- Teres minor
- Threshold stimulus
- Tibialis anterior
- Tibialis posterior
- Tonic contraction

- Mechanoreceptors
- Medial pterygoid
- Middle scalene
- Motor end plate
- Motor neuron
- Motor unit
- Motor unit recruitment
- Multifidi
- Multipennate muscle
- Muscle belly
- Muscle fatigue
- Torticollis
- Transverse abdominis
- Trapezius
- Triangular muscle
- Triceps brachii
- Unipennate muscle
- Vastus intermedius
- Vastus lateralis
- Vastus medialis

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- The Structure and Function of the Muscular System
- Muscle Contractions
- Pathologies of the Muscular System

Sub-Topic: The Structure and Function of the Muscular System

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *muscular system*.
- List the three types of muscle found in the muscular system (skeletal, cardiac, and smooth).
- Match these terms related to the structure of a skeletal muscle to their written descriptions: *epimysium, perimysium, fascicles, endomysium, muscle belly, musculotendinous junction, tendon, tenoperiosteal junction*.
- On a diagram of a skeletal muscle, label these structures: epimysium, perimysium, fascicles, endomysium, muscle belly, musculotendinous junction, tendon, tenoperiosteal junction.
- Match these terms related to muscle fibers to their written descriptions: *myofibrils, myofilaments, myosin, actin, sarcomeres*.
- On a diagram of a skeletal muscle label these structures: muscle fascicle, muscle fiber, nucleus of a muscle fiber, myofibril bundles, single myofibril, sarcomere unit, myosin, actin.
- Match these connective tissue components of the muscular system to their written descriptions: fascia, tendon, aponeurosis, retinaculum.
- Match these muscle terms to their definition: *actin, myosin*.
- List the functions of the muscular system (e.g. generate force for movement, produce heat, maintain posture, stabilization of joints, etc.).
- Describe in one's own words each of these muscle characteristics: excitable, contractile, extensible, elastic.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- Match these terms related to muscle fiber arrangements to their written descriptions: *parallel, fusiform, circular, triangular, pennate, unipennate, bipennate, multipennate*.
- Identify a muscle in the body that represents each of these fiber arrangements: fusiform (gastrocnemius), circular (orbicularis oris), triangular (pectoralis major), unipennate (extensor digitorum), bipennate (rectus femoris), multipennate (deltoid).
- Describe in one's own words factors that influence muscle names (e.g., the size, shape, function, fiber direction, general location, origin, insertion or number of origins can influence a muscle's name).
- On diagrams of the head and face, label these muscles: occipitalis, suboccipitals, frontalis, temporalis, masseter, medial pterygoid, lateral pterygoid, buccinators, orbicularis oris, orbicularis oculi.
- On diagrams of the neck, label these muscles: platysma, sternocleidomastoid, anterior scalene, middle scalene, posterior scalene, splenius capitis, splenius cervicis, levator scapula.
- On diagrams of the chest, label these muscles: pectoralis major, pectoralis minor, subclavius, serratus anterior, internal intercostals, external intercostals, diaphragm.
- On diagrams of the abdominal area, label these muscles: rectus abdominis, external obliques, internal obliques, transverse abdominis, psoas major, psoas minor.
- On a diagram showing the paraspinal muscles, label these muscles: iliocostalis, longissimus, spinalis, semispinalis, multifidi, rotatores, interspinales, intertransversarii.
- On diagrams of the back, label these muscles: trapezius, latissimus dorsi, teres major, rhomboids, quadratus lumborum, supraspinatus, infraspinatus, teres minor, subscapularis.

- On diagrams of the brachium, label these muscles: deltoid, biceps brachii, coracobrachialis, brachialis, triceps brachii, supinator.
- On diagrams of the forearm, label these muscles: brachioradialis, extensor carpi radialis longus, extensor carpi radialis brevis, extensor digitorum, extensor carpi ulnaris, pronator teres, flexor carpi radialis, palmaris longus, flexor carpi ulnaris, flexor digitorum superficialis, flexor digitorum profundus.
- On diagrams of the pelvic girdle, label these muscles: gluteus maximus, gluteus medius, gluteus minimus, piriformis, tensor fasciae latae, iliacus.
- On diagrams of the thigh, label these muscles: rectus femoris, vastus medialis, vastus intermedius, vastus lateralis, sartorius, pectineus, adductor brevis, adductor longus, adductor magnus, gracilis, biceps femoris, semimembranosus, semitendinosus.
- On diagrams of the leg, label these muscles: tibialis anterior, extensor hallucis longus, extensor digitorum longus, peroneus longus, peroneus brevis, gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, flexor digitorum longus.
- Match these muscle roles to their written descriptions: agonist (prime mover), antagonist, synergist, stabilizer (fixator).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the structure of a skeletal muscle including the muscle fibers, sarcomeres, epimysium, perimysium, fascicles, endomysium, muscle belly, musculotendinous junction, tendon, tenoperiosteal junction. • Discuss connective tissue components of the muscular system (fascia, tendon, aponeurosis). • Discuss the functions of the muscular system (e.g. generate force for movement, produce heat, maintain posture, stabilization of joints, etc.). • Differentiate among muscle characteristics (excitable, contractile, extensible, elastic). • Compare and contrast muscles with parallel fiber arrangements to muscles with pennate fiber arrangements. • Discuss the factors that influence muscle names (e.g., the size, shape, function, fiber direction, general location, origin, insertion or number of origins can influence a muscle's name). • Discuss selected muscles of the face and head. • Discuss selected muscles of the neck. • Discuss selected muscles of the chest. • Discuss selected muscles of the abdominal area. • Discuss the paraspinal muscles. • Discuss selected muscles of the back. • Discuss selected muscles of the arm. • Discuss selected muscles of the forearm. • Discuss selected muscles of the pelvic girdle. • Discuss selected muscles of the thigh. • Discuss selected muscles of the leg. • Compare and contrast agonists, antagonist, synergist, and stabilizer muscles. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject- Anatomy, Physiology, and Pathology, Topic – The Muscular System

Sub-Topic: Muscle Contractions

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>muscle contraction</i>. • Define the term <i>sliding filament mechanism</i> (e.g., a model that explains events in a muscle contraction). • Define the term <i>motor unit</i>. • Match these terms related to motor units to their written descriptions: <i>motor unit, motor neuron, neuromuscular junction, motor end plate, neurotransmitters, threshold stimulus, all-or-none response, graded response, motor unit recruitment</i>. • Define the term <i>muscle tone</i>. • Outline the key physiologic events in a muscle contraction (e.g. threshold stimulus from motor neuron causes stored calcium in the sarcoplasmic reticulum to be released into the sarcomere, presence of calcium stimulates chemical bonds between myofilaments; bonding between actin and myosin causes them to slide over each other to shorten the sarcomeres, etc.). • Define the term <i>muscle fatigue</i>. 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- List three factors that may cause muscle fatigue (e.g., lack of oxygen, decrease in the calcium supply needed for myofilament bonding, depletion of glycogen and other fuels needed for contraction, build-up of lactic acid, build-up of ADP, or insufficient release of neurotransmitters from the motor neurons).
- Match these terms related to muscle contractions to their written descriptions: *tonic contraction, muscle tone, isometric contraction, isotonic contractions, concentric contraction, eccentric contraction.*
- Describe in one's own words these muscle contractions: tonic, isometric, isotonic, concentric, eccentric.
- Match the types of muscle contraction to a description of their role in system functions (e.g. tonic contractions maintain posture and tone, isometric contractions create movement, eccentric contractions control movement, etc.).
- Define these terms: *muscle spindle, Golgi tendon organ, mechanoreceptors.*
- Match these muscle reflexes to their written description: reciprocal inhibition, stretch reflex, inverse stretch reflex, motor unit recruitment/graded response.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the sliding filament mechanism to explain the events in a muscle contraction. • Compare and contrast anaerobic cellular metabolism with aerobic cellular metabolism. • Discuss factors that lead to muscle fatigue and oxygen debt. • Compare and contrast tonic, isometric, and isotonic contractions. • Differentiate between concentric and eccentric contractions. • Discuss the relationship between concentric and eccentric contractions and the movement roles of agonist and antagonist • Compare and contrast muscle tone and motor tone. • Discuss how massage therapists might utilize their understanding of reciprocal inhibition, stretch reflex, and reverse stretch reflex to reduce muscle tension and spasms, relieve muscle cramps, reduce tender points, and/or improve movement. • Discuss the interdependent function of the muscle spindles and Golgi tendon organs in monitoring and adjusting muscle tension. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Pathologies of the Muscular System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Note: Please see in-depth learning objectives related to fasciitis, fibromyalgia, headaches, strains, and tendinopathies in Adapting Sessions for Clients with Common Pathologies.</p> <p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define these terms: <i>spasm, cramp</i>. • List two possible causes of spasms or cramps (e.g., nutrition, ischemia, exercise-associated muscle cramping, “splinting” of an injury). • List one sign or symptom of a cramp. • List one sign or symptom of a spasm. • List two cautions or contraindications for massage for a client with spasms (e.g., massage may be contraindicated if spasms are splinting an area of acute injury, etc.). • List two benefits or effects of massage for clients with exercise-induced cramps (e.g., reciprocal inhibition techniques can reduce cramps, direct pressure can reduce cramps, etc.). • Define the term <i>myofascial pain syndrome</i>. • List two possible causes of myofascial pain syndrome (e.g., no clear causes in all cases, trauma or injury to muscles, development of trigger points, etc.). • List two signs and symptoms of myofascial pain syndrome (e.g., predictable trigger point locations, predictable referred pain patterns, pain is usually regional, etc.). • List two cautions or contraindications for massage for a client with myofascial pain syndrome (e.g., it is possible to overwork the client and cause increased pain, clients may be taking pain or muscle relaxant medications that require adaptations, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- List two benefits or effects of massage for clients with myofascial pain syndrome (e.g., massage can reduce trigger points, reduce pain, reduce stress, and reduce anxiety that often accompany the condition, etc.).
- Define the term *torticollis*.
- List two possible causes of torticollis (e.g., sleeping in a poor position, abnormal muscle contractions related to a central nervous system dysfunction, a muscle or bone condition present at birth, cervical misalignment, trigger points, related to other conditions, etc.).
- List two signs and symptoms of torticollis (e.g., the muscles of the neck are visibly contracted on one side causing the head to be stuck in flexion and rotation, etc.).
- List two cautions or contraindications for massage for a client with torticollis (e.g., understand the onset of the condition to determine if the client needs to see a physician; if the cause is trigger points or “slept funny,” massage is usually indicated, etc.).
- List two benefits or effects of massage for clients with torticollis (e.g., reduce local trigger points, reduce unilateral spasms in neck muscles, reduce stiffness, improve range of motion, etc.).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, signs, and symptoms of spasms and cramps. • Compare and contrast a spasm and a cramp. • Discuss cautions, contraindications, and session adaptations for working with client who has a spasm or cramp. • Discuss the benefits and effects of massage for a client with a spasm or cramp. • Discuss the causes, signs, and symptoms of myofascial pain syndrome. • Discuss the cautions, contraindications, and session adaptations for a client with myofascial pain syndrome. • Discuss the benefits and effects of massage for a client with myofascial pain syndrome. • Discuss the causes, signs, and symptoms of torticollis. • Discuss the cautions, contraindications, and session adaptations for a client with torticollis. • Discuss the benefits and effects of massage for a client with torticollis. • Use a clinical reasoning model to determine appropriate action for one pathology of the muscular system (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: The Nervous System

Learning Outcomes

Conditions: Having completed 16 hours of instruction on the nervous system, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure and function of the nervous system, including the central nervous system, peripheral nervous system, autonomic nervous system, somatic nervous system, the anatomy of pain, and nervous system pathologies, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session actions for a nervous system pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Key Terminology and Concepts

- Accessory nerve (XI)
- Action potential
- Afferent pathway
- Alpha-beta axons
- Amygdala
- Arachnoid mater
- Autonomic division
- Autonomic effector
- Axon
- Axon terminal
- Baroreceptor
- Basal ganglia
- Bell's palsy
- Brachial plexus
- Brain
- Brainstem
- Cell body
- Central nervous system (CNS)
- Cerebellum
- Cerebral cortex
- Cerebral hemisphere
- Cerebrospinal fluid
- Cerebrum
- Cervical plexus
- C-fiber axons
- Chemical stimuli
- Chemoreceptor
- Cingulate gyri
- Cognition
- Corpus callosum
- Cranial nerves
- Multiple sclerosis
- Myelin
- Myelinated fibers
- Nerve
- Nerve impulse
- Nerve plexus
- Nervous system
- Neuritis
- Neurofibrils
- Neurolemma
- Neuron
- Neuronal pathway
- Neurotransmitter
- Nociceptor
- Nodes of Ranvier
- Occipital lobe
- Pain perception
- Parasympathetic division
- Paresthesia
- Parietal lobe
- Peripheral nervous system (PNS)
- Photoreceptor
- Pia mater
- Pituitary gland
- Pons
- Proprioceptors
- Radial nerve
- Reflex arc
- Reticular formation
- Sacral plexus
- Schwann cell

- Dendrite
- Dermatome
- Diencephalon
- Dura mater
- Effector
- Efferent
- Facial nerve (VII)
- Frontal lobe
- Hippocampus
- Hypothalamus
- Impulse conduction
- Innervate
- Integrative function
- Interneuron
- Limbic system
- Lumbar plexus
- Mammillary bodies
- Mechanical stimuli
- Mechanoreceptors
- Median nerve
- Medulla oblongata
- Meninges
- Midbrain
- Mixed nerve
- Motor nerve
- Motor neuron
- Sciatic nerve
- Sensory nerve
- Sensory neuron
- Sensory receptor
- Somatic effector
- Somatic nervous system
- Special sensory receptor
- Spinal cord
- Spinal nerves
- Stimulus
- Sympathetic
- Sympathetic division
- Synapse
- Synaptic cleft
- Temporal lobe
- Thalamus
- Thermal stimuli
- Thermoreceptor
- Trigeminal nerve (V)
- Trigeminal neuralgia
- Ulnar nerve
- Vagus nerve (X)
- Vesicle (axon terminal)
- Visceral effector

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- The Structure and Function of the Nervous System
- The Peripheral Nervous System
- The Central Nervous System
- The Anatomy of Pain
- Pathologies of the Nervous System

Sub-Topic: The Structure and Function of the Nervous System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Describe simply in one’s own words the sensory function of the nervous system (e.g., the nervous system can detect a broad spectrum of stimuli and transport information to the brain, etc.). • Describe simply in one’s own words the motor function of the nervous system (e.g., commands from the brain via the nerves tells muscles, glands, and organs what to do, etc.). • Name the two divisions of the nervous system (central and peripheral). • List the structures of the central nervous system (brain and spinal cord). • List the general functions of the central nervous system (e.g., receives and interprets sensory information and directs motor responses, etc.). • List the structures of the peripheral nervous system (12 pair cranial nerves, 31 pair spinal nerves). • List the general functions of the peripheral nervous system (relays sensory and motor information to and from the central nervous system). • Define the term <i>neuron</i>. • Match these parts of a neuron to their written descriptions: axon, dendrite, cell body, myelin, axon terminal, vesicle. • On a diagram of a neuron, label these structures: axon, dendrite, cell body, myelin, Schwann cell, neurofibrils, neurolemma, axon terminal, vesicle. • Name the three types of neurons classified by function (sensory neurons, motor neurons, interneurons or associative neurons). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- Define these terms: *nerve, synapse, synaptic cleft, neurotransmitter*.
- Describe simply, in one's words, the function of nerves (e.g., nerves carry information between sensory receptors, the central nervous system, and effectors[e.g. muscles, organs, and glands]).
- Define the term *nerve impulse* (also called *action potential*).
- Outline simply the events related to nerve impulse conduction (e.g., an impulse is created by changes in the environment that stimulate dendrites; this stimulates a series of electrical events that travel along a neuron's plasma membrane to the axon; the impulse causes the release of neurotransmitters at the axon terminal that build a chemical bridge between one neuron and another neuron or an effector cell; impulses travel on specific pathways from one region of the nervous system to another, etc.).
- Define these terms: *neuronal pathway, mixed nerve, motor nerve, and sensory nerve*.
- Describe the function of afferent pathways (e.g., to transmit sensory information to the spinal cord and brain).
- Describe the function of efferent pathways (e.g., to carry motor impulses away from the brain).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the general functions of the nervous system including sensory function, motor function and integrative function. • Discuss the two divisions of the nervous system, their structures, and their general functions. • Discuss the structure and functions of nerves. • Compare and contrast motor, sensory, and mixed nerves. • Discuss nerve impulses (action potentials) and nerve impulse conduction. • Compare and contrast afferent pathways with efferent pathways. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: The Peripheral Nervous System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>peripheral nervous system</i>. • Review the structures of the peripheral nervous system (cranial nerves and spinal nerves). • Review the general function of the peripheral nervous system (relays sensory and motor information to and from the central nervous system). • Identify the origination of cranial nerves (from the brain). • Describe how cranial nerves are named and numbered (named based on their function and numbered with Roman numerals according to the descending order of their position along the vertical axis of the brain stem, etc.). • Match these cranial nerves to written descriptions of their functions: trigeminal (V), facial (VII), vagus (X), accessory (XI), • Identify the origination of spinal nerves (from the spinal cord). • Describe how spinal nerves are named and numbered (e.g., named and numbered according to their location along the spinal column). • Match these spinal nerves or nerve plexuses to their written descriptions: cervical plexus, brachial plexus, lumbar plexus, sacral plexus, sciatic nerve, radial nerve, ulnar nerve, and median nerve. • Define the term <i>dermatomes</i>. • Define these terms: <i>general sensory receptor</i>, <i>special sensory receptor</i>. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- Match these sensory receptors to written descriptions of their functions: photoreceptors, chemoreceptors, thermoreceptors, nociceptors, mechanoreceptors, proprioceptors.
- Match these mechanoreceptors to written descriptions of their functions: tactile receptors, baroreceptors, mechanoreceptors for hearing, mechanoreceptors for equilibrium.
- Describe simply in one's own words the function of each of these proprioceptors: joint receptors, muscle spindles, Golgi tendon organs.
- Name the two divisions of the peripheral nervous system (somatic, autonomic).
- Define these terms: *somatic nervous system*, and *somatic effector*.
- List two functions of the somatic nervous system (e.g., sensory neurons carry information from sense receptors; motor neurons signal skeletal muscle contraction to produce movement and maintain balance, etc.).
- Define these terms: *autonomic nervous system*, *autonomic effector*.
- List two functions of the autonomic nervous system (e.g., sensory neurons from internal organs and fascia carry information; motor neurons stimulate smooth muscle, cardiac muscle and glandular effectors, etc.).
- Name the two divisions of the autonomic nervous system (sympathetic and parasympathetic).
- Describe simply in one's own words the function of the sympathetic division of the autonomic nervous system (e.g., initiate an emergency response that signals the body's fight-or-flight response).
- Describe simply in one's own words the function of the parasympathetic division of the autonomic nervous system (e.g., maintain homeostatic processes, etc.).

	<ul style="list-style-type: none"> • Read descriptions of visceral effectors influenced by sympathetic or parasympathetic innervation (e.g., sharpens close and centered vision, opens the nasal septum) and label each description as sympathetic or parasympathetic (e.g., maintains or returns resting respiratory rate, constricts bronchioles labeled parasympathetic, while increases heart rate are labeled sympathetic, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss cranial nerves, where they originate, how they are named and numbered, and their functions. • Discuss why it is important for massage therapists to know the general location and innervation of cranial nerves V, VII, X, and XI (e.g., each is somewhat accessible during massage of head, neck, and face; irritations of these nerves is common with whiplash, temporomandibular joint disorder, tension headaches, etc). • Discuss spinal nerves, where they originate, how they are named and numbered, and their functions. • Review nerve plexuses and the body areas they innervate (e.g. cervical plexus innervates the head and neck, brachial plexus the upper extremity, thoracolumbar plexus the hips and thighs, sacral the leg and feet). • Differentiate between general sensory receptors and special sensory receptors. • Discuss the functions of these sensory receptors: photoreceptors, chemoreceptors, thermoreceptors, nociceptors, mechanoreceptors, proprioceptors. • Compare and contrast these mechanoreceptors: tactile receptors, baroreceptors, mechanoreceptors for hearing, mechanoreceptors for equilibrium. • Discuss proprioceptors and proprioception. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

- Compare and contrast these proprioceptors: joint receptors, muscle spindles, Golgi tendon organs.
- Compare and contrast the terms *voluntary* and *autonomic* as related to the peripheral nervous system.
- Discuss the somatic nervous system and its structure and function.
- Discuss the autonomic nervous system and its structure and function.
- Compare and contrast the physiological effects of the sympathetic nervous system with the parasympathetic nervous system (e.g., sympathetic causes dilated pupils, increased heart rate, dilation of bronchi of the lungs, increased respiration, etc. while parasympathetic causes constricted pupils, decreased heart rate, constriction of bronchi, relaxed deep breathing, etc.).

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Central Nervous System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>central nervous system</i>. • Review the structures of the central nervous system (brain and spinal cord). • Review the general function of the central nervous system (e.g., receives, interprets, and sends a response to incoming sensory information). • Define the term <i>meninges</i>. • Match these connective tissue membranes of the brain and spinal cord to written descriptions of their functions: dura mater, arachnoid mater, pia mater. • Define the term <i>cerebrospinal fluid</i>. • Describe simply in one's own words the function of cerebrospinal fluid (e.g., shock absorption, nutrition, barrier to bloodborne pathogens, etc.). • Define the term <i>spinal cord</i>. • Define the term <i>brain</i>. • Match these structures related to the brain to their written descriptions: brainstem, diencephalon, cerebrum, cerebellum, limbic system. • Match these structures related to the brain stem to their written descriptions: medulla oblongata, pons, midbrain, reticular formation. • Match these structures related to the diencephalon to their written descriptions: thalamus, hypothalamus. • Match these structures related to the cerebrum to their written descriptions: cerebral cortex, basal ganglia, left hemisphere, right hemisphere, corpus callosum, frontal lobe, parietal lobe, temporal lobe, occipital lobe. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> • Match these structures of the limbic system to their written descriptions: cingulate gyri, hippocampus, amygdala, mammillary bodies. • Match these regions of the brain with description of their key processes and functions: cerebrum, cerebellum, brainstem, diencephalon (e.g. cerebrum matches with cognition, consciousness and motor control, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the central nervous system and its basic structure and function. • Discuss the general structure and function of meninges. • Compare and contrast dura mater, arachnoid mater, and pia mater. • Discuss the functions of cerebrospinal fluid. • Discuss the brainstem, medulla oblongata, pons, midbrain, reticular formation. • Discuss the diencephalon, related structures (thalamus, hypothalamus, pituitary gland), and its role in human health and survival. • Discuss the structures of the cerebrum and their functions (e.g., cerebral cortex, gyri, fissures, basal ganglia, left hemisphere, right hemisphere, corpus callosum, frontal lobe, parietal lobe, temporal lobe, occipital lobe, etc.). • Discuss the structures and function of the limbic system. • Discuss these regions of the brain and their key processes and functions: cerebrum, cerebellum, brain stem, diencephalon (e.g. cerebrum controls cognition, consciousness, and motor control, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Anatomy of Pain

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Name the type of sensory receptor that transmits pain information (e.g., nociceptors). • List the three types of stimuli that activate nociceptors (e.g., mechanical stimuli like bending, twisting, compression; thermal stimuli like hot or cold; chemical stimuli like prostaglandin and bradykinin). • Name the two types of axons that convey pain stimuli to the brain (e.g., alpha-beta axons and C-fiber axons). • Describe simply in one’s own words the type of pain conveyed by alpha-beta axons (e.g., myelinated axons that convey information rapidly from precise locations are responsible for conveying immediate, sharp, intense pain like that of a stubbed toe, etc.). • Describe simply in one’s own words the type of pain conveyed by C-fiber axons (e.g., unmyelinated axons that convey less defined information more slowly are responsible for secondary, diffuse, or throbbing pain). • Review the role of myelin for wrapping axons. • Review the role of nodes of Ranvier as the “excitable” areas of the axon. • Review the role of the cerebral cortex related to pain stimuli (e.g., in the cerebral cortex all sensory stimuli including pain are examined and compared with memories, past experiences, expectations, and emotional states to modify the pain experience; during this process pain is modified based on things like cultural beliefs, attitudes, expectations, viewpoints, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the factors that influence pain perception. • Discuss classifications of pain by time, location, tissue type, and how the pain was generated. • Discuss the structure and function of pain receptors. • Discuss each type of stimuli that activates nociceptors (mechanical, thermal, or chemical). • Discuss how pain information is conveyed to the brain on alpha-beta axons and C-fiber axons. • Discuss myelin, nodes of Ranvier, nerve impulse conduction, and the relationship of damaged nerves to pain (e.g., if myelin is disturbed when nerves are injured, large areas of excitable axons may be uncovered; nerve impulses can be spontaneously produced at these injury sites, resulting in numerous pain signals being conducted to the brain and intensifying the experience of pain, etc.). • Discuss the cerebral cortex in relationship to pain stimuli (e.g., In the cerebral cortex all sensory stimuli including pain are examined and compared with memories, past experiences, expectations, and emotional states to modify the pain experience; during this process pain is modified based on things like cultural beliefs, attitudes, expectations, viewpoints, etc.). • Compare and contrast pain stimulus and pain perception. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having reviewed a research article that concludes massage reduces pain sensations, the learner will be able to:</p> <ul style="list-style-type: none"> • Speculate about the mechanisms behind pain reduction and report on findings to peers and instructors. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Sub-Topic: Pathologies of the Nervous System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Note: Please see in-depth learning objectives related to nerve compression syndromes and headaches in Adapting Sessions for Clients with Common Pathologies.</p> <p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Match these terms to their written descriptions: <i>neuritis</i>, <i>Bell’s palsy</i> (e.g., a flaccid paralysis of one side of the face caused by inflammation or damage to cranial nerve VII, the facial nerve). • List two possible causes of Bell’s palsy (e.g., neuritis caused by mechanical factors, reactivation of herpes simplex virus, Lyme disease, tumors, bone spurs, middle ear infections, upper cervical subluxation, temporomandibular joint disorder, etc.). • List two signs and symptoms of Bell’s palsy (e.g., flaccid paralysis on one side of the face which includes drooping and distortion of the face, etc.). • List two cautions or contraindications for massage for a client with Bell’s palsy (e.g., rule out underlying conditions that contraindicate massage like a tumor or Lyme disease, avoid deep or overly vigorous manipulation of the affected tissue, etc.). • List two benefits or effects of massage for clients with Bell’s palsy (e.g., helps maintain local circulation to the area, helps to maintain tissue flexibility, etc.). • Define the term <i>multiple sclerosis</i> (e.g., a degenerative condition in which myelin is destroyed and replaced by scar tissue). • State the type of disorder multiple sclerosis is (e.g., believed to be an auto-immune disorder). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- List two signs and symptoms of multiple sclerosis (e.g., weakness, paresthesia, loss of sensation, extreme fatigue, difficulty walking and loss of coordination, digestive disturbances, etc.).
- List two cautions or contraindications for massage for a client with multiple sclerosis (e.g., massage is contraindicated during active inflammatory cycles but can be used during periods of remission).
- List two benefits or effects of massage for clients with multiple sclerosis (e.g., reduces muscle stiffness, relieves symptoms of depression, supports stress reduction, etc.).
- Define the term *trigeminal neuralgia* (e.g., a condition involving sharp pain along one or more branches of the trigeminal nerve (cranial nerve V)).
- List possible causes of trigeminal neuralgia (e.g., the trigeminal nerve becomes irritated; sometimes the cause of the irritation is identified, but tumors, bone spurs, infections, complications from dental surgery, or multiple sclerosis can cause irritation).
- List two signs and symptoms of trigeminal neuralgia (e.g., sharp and severe pain in the lower face and jaw; pain comes in brief episodes, usually without identifiable triggers, a muscular tic may be present).
- List two cautions or contraindications for massage for a client with trigeminal neuralgia (e.g., massage is often contraindicated because light touch can trigger an episode; clients with trigeminal neuralgia will not want to be face-down in a face cradle, and positioning for comfort will be necessary).
- List two benefits or effects of massage for clients with trigeminal neuralgia (e.g., trigeminal neuralgia is a site contraindication but a client positioned comfortably can benefit from the stress reduction effects of massage, etc.).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, signs, and symptoms of Bell’s palsy. • Discuss the cautions, contraindications, and session adaptations for working with client a client who has Bell’s palsy. • Discuss the benefits and effects of massage for clients with Bell’s palsy. • Discuss the causes, signs, and symptoms of multiple sclerosis. • Discuss the cautions, contraindications, and session adaptations for working with a client living with multiple sclerosis. • Discuss the benefits and effects of massage for clients living with multiple sclerosis. • Discuss the causes, signs, and symptoms of trigeminal neuralgia. • Discuss the cautions, contraindications, and session adaptations for working with a client with trigeminal neuralgia. • Discuss the benefits and effects of massage for a client with trigeminal neuralgia. • Discuss the use of clinical reasoning models (or critical thinking models) to problem solve when working with pathologies. • Work with a peer to analyze three mock health forms indicating clients have three unknown conditions related to the nervous system, and use a clinical reasoning model to determine appropriate action (e.g., massage is contraindicated, massage is safe with some modifications, the client should be referred, more information is needed, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: The Cardiovascular System

Learning Outcomes

Conditions: Having completed 4 hours of instruction on the cardiovascular system, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure, function, and pathologies of the cardiovascular system, on a written examination.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session actions for a cardiovascular pathology (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on a graded activity.

Key Terminology and Concepts

- Aorta
- Arteriole
- Artery
- Blood
- Blood pressure
- Capillary
- Cardiovascular system
- Circulation
- Deep vein thrombosis
- Edema
- Endocardium
- Erythrocytes
- Formed elements
- Heart
- Heart attack
- Heart valves
- Hypertension
- Inferior vena cava
- Left atrium
- Left ventricle
- Leukocytes
- Lumen
- Myocardial infarction
- Myocardium
- Pericardium
- Pitting edema
- Plasma
- Pulmonary artery
- Pulmonary circulation
- Pulmonary vein
- Pulse
- Right atrium
- Right ventricle
- Stroke
- Superior vena cava
- Systemic circulation
- Thrombocytes
- Thrombophlebitis
- Varicose veins
- Vasoconstriction
- Vasodilation
- Vein
- Venule

Use of Terms

The terms in this topic appear to be consistent and widely used.

Sub-Topics

- The Structure and Function of the Cardiovascular System
- Pathologies of the Cardiovascular System

Sub-Topic: The Structure and Function of the Cardiovascular System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>cardiovascular system</i>. • Describe simply in one’s own words the basic structure of the cardiovascular system (e.g., composed of the heart and blood vessels). • Describe simply in one’s own words the basic function of the cardiovascular system (e.g., transport blood to supply body tissues with oxygen, water, and nutrients, and remove wastes). • Describe simply in one’s own words the functions of the blood (e.g., the primary transportation medium for nutrients, wastes, and chemicals like hormones that are needed to support the body’s metabolic processes, etc.). • Match these terms to their written descriptions: <i>right atrium, left atrium, right ventricle, left ventricle, myocardium, endocardium, pericardium, coronary circulation, systemic circulation, pulmonary circulation, artery, arteriole, capillary, vein, venule, pulse, superior vena cava, inferior vena cava, aorta, pulmonary artery, pulmonary vein, plasma, formed elements, erythrocytes, leukocytes, thrombocytes</i>. • Match these structures to a written description of their functions: heart, heart valves, arteries, veins, capillaries, lumen, aorta, inferior vena cava, superior vena cava. • List three factors that influence arterial blood flow. • List three factors that influence venous blood flow. • List three factors that influence blood pressure (e.g., blood volume, strength of heart contractions, heart rate, blood viscosity, resistance to blood flow, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the functions of the cardiovascular system (e.g., transportation system for nutrients, waste, hormones, and other substances for cellular activity; helps to regulate temperature, fluid volumes, and pH, immune response, etc.). • Compare and contrast the basic structures and functions of arteries, veins, and capillaries. • Differentiate between pulmonary circulation with systemic circulation. • Discuss the effects of vasodilation and vasoconstriction on local and systemic blood flow. • Discuss the relationship of the cardiovascular system to the stages of healing that occur after soft-tissue injury. • Discuss massage myths, unanswered questions, or unproven benefits and effects of massage as a method to improve circulation. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Pathologies of the Cardiovascular System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Review the basic structure of the cardiovascular system (composed of the heart and blood vessels). • Review the basic functions of the cardiovascular system (e.g., transport blood to supply body tissues with oxygen, water, and nutrients; remove wastes, etc.). • Review the functions of the blood (e.g., the primary transportation medium for nutrients, wastes, and chemicals like hormones that are needed to support the body’s metabolic processes). • Review factors that influence blood pressure (e.g., blood volume, strength of heart contractions, heart rate, blood viscosity, resistance to blood flow, etc.). • Define these terms: <i>edema, pitting edema</i>. • List five possible causes of edema (e.g., chemical imbalance, inflammation, poor circulation, weakened heart, dysfunctional liver, serious kidney problems, obstruction to venous or lymphatic return like a blood clot, an accumulation of salts or proteins in the interstitial fluid, etc.). • Define the term <i>hypertension</i>. • Outline blood pressure guidelines for optimal, pre-hypertension, hypertension stage 1, and hypertension stage 2 (e.g., optimal is <120/<80, etc.). • List two signs associated with hypertension that warrant referral to a physician (e.g., shortness of breath after mild exercise, headaches, dizziness, edema in ankles, excessive sweating, etc.). • Define the term <i>myocardial infarction</i> (heart attack). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- List three signs and symptoms that someone may be having a heart attack (e.g., chest pain or heaviness, spreading pain, lightheadedness, nausea, sweating, shortness of breath, anxiety, weakness, stomach and abdominal pain, etc.).
- Outline response steps for a suspected heart attack (e.g., call 911 immediately, keep the person calm, and seated or lying down, have a client not allergic to aspirin chew and swallow a baby aspirin; if the person stops breathing, perform CPR immediately until emergency services arrive, etc.).
- Define the term *stroke*.
- List five signs and symptoms of someone having a stroke (e.g., sudden onset of unilateral weakness, numbness, or paralysis on the face, arm, leg, or any combination of the three, sudden confusion, trouble speaking or understanding, sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, loss of balance or coordination, sudden severe headache with no known cause etc.).
- Outline response steps for a suspected stroke (e.g., call 911 immediately, have the person sit or lie down, do not give aspirin; if the person stops breathing perform CPR immediately until emergency services arrive, etc.).
- Define the term *varicose veins*.
- Describe in one's own words the location and appearance of varicose veins (e.g., varicose veins look like lumpy bluish wandering lines on the surface of the skin on the legs, etc.).
- Define these terms: *thrombophlebitis*, *deep vein thrombosis*.
- List three factors that might lead to the development of thrombophlebitis or deep vein thrombosis (e.g., physical trauma, varicose veins, local infection, physical restrictions, immobility, pregnancy and childbirth, certain types of cancer, surgery, hormone supplements, others, etc.).

	<ul style="list-style-type: none"> List three signs or symptoms associated with thrombophlebitis (e.g., pain, heat, redness, itching, a hard cord where the vein is affected, edema with discoloration distal to the affected area, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Compare and contrast when massage is indicated, contraindicated, or requires adaptations for these conditions: hypertension, varicose veins, history of heart attack, and history of stroke. Work with peers to brainstorm four follow-up questions to ask during a client interview that will help plan massage adaptations or determine if massage is contraindicated if these conditions are listed on a health intake form: hypertension, varicose veins, history of heart attack, history of stroke. Work with peers to determine three massage adaptations that might increase the safety of massage applied for these conditions: hypertension, varicose veins, history of heart attack, history of stroke. Compare and contrast thrombophlebitis to deep vein thrombosis. Discuss the risks of massage application for clients with thrombophlebitis and deep vein thrombosis. Work with peers to brainstorm two follow-up questions to ask during a client interview that will help determine if massage is contraindicated or to plan adaptations for a client with thrombophlebitis. Work with peers to determine massage adaptations for thrombophlebitis that would reduce the risks for the client. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: Other Body Systems

Learning Outcomes

Conditions: Having completed 13 hours of instruction on the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the structure, function, and pathologies of the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems, on written examinations.
- Demonstrate the use of a clinical reasoning model to determine appropriate massage session action for selected pathologies of the lymphatic, immune, digestive, respiratory, endocrine, reproductive, and urinary systems (e.g., determine it is a contraindication and decline massage, determine it is a local contraindication, determine that another session adaptation is required, etc.), on graded activities.

Key Terminology and Concepts

- Abortion
- Absorption
- Accessory digestive organs
- Acute bronchitis
- Adrenal glands
- Allergic reaction
- Allergy
- Alveoli
- Anabolism
- Anaphylaxis
- Angioedema
- Antibodies
- Antigen
- Aorta
- Appendix
- Asthma
- Autoimmune diseases
- Axillary nodes
- B-cells
- Bladder
- Blood
- Bronchial tree
- Capillaries
- Cardiovascular system
- Catabolism
- Catchments
- Cervical cancer
- Cervical nodes
- Chemical digestion
- Chronic bronchitis
- Lymph capillaries
- Lymph nodes
- Lymphatic system
- Lymphatic terminus
- Lymphatic vessels
- Lymphedema
- Lymphocyte
- Macrophage
- Mastication
- Mechanical digestion
- Memory cells
- Metabolic rate
- Metabolic syndrome
- Metabolism
- Monocytes
- Motility
- Mouth
- Nasal cavity
- Nephrons
- Neurohormone
- Neuropeptide
- Neurotransmitters
- Non-specific immunity
- Norepinephrine
- Nose
- Ovaries
- Oxytocin
- Pancreas
- Parathyroid glands
- Pelvic inflammatory disease

- Circulation
- Cisterna chyli
- Clitoris
- Common cold
- Constipation
- Cortisol
- Cystic fibrosis
- Diabetes mellitus
- Diaphragm
- Digestion
- Digestive system
- Dopamine
- Dysmenorrhea
- Edema
- Elimination
- Emphysema
- Endocrine system
- Endometriosis
- Endorphins
- Enteric nervous system
- Epinephrine
- Esophagus
- Fallopian tubes
- Fibroid tumors
- Gallbladder
- Gastroesophageal reflux disease
- Gastrointestinal tract
- Growth hormone
- Heartburn
- Hepatitis
- Hormones
- Hyperthyroidism
- Hypoglycemia
- Hypothalamus
- Hypothyroidism
- Immune system
- Ingestion
- Inguinal nodes
- Intralymphatic valve
- Jaundice
- Kidney stones
- Kidneys
- Large intestine
- Larynx
- Liver
- Lung cancer
- Lungs
- Lymph
- Penis
- Peristalsis
- Peyer's patches
- Phagocyte
- Pharynx
- Pineal gland
- Pituitary gland
- Pneumonia
- Premenstrual syndrome
- Primary lymph vessel
- Prostate cancer
- Prostatitis
- Reproductive system
- Respiratory system
- Right lymphatic duct
- Rugae
- Salivary glands
- Scrotum
- Segmentation
- Serotonin
- Sexually transmitted disease
- Simple edema
- Sinusitis
- Small intestine
- Specific immunity
- Spleen
- Stomach
- Submandibular nodes
- Substance P
- T-cells
- Teeth
- Testes
- Thoracic duct
- Thymus
- Thyroid gland
- Tongue
- Tonsils
- Trachea
- Tuberculosis
- Ureters
- Urethra
- Urinary system
- Urinary tract infection (UTI)
- Uterus
- Vagina
- Ventilation
- Vulva

Use of Terms

The terms in this topic appear to be consistent and widely used.

Sub-Topics

- The Lymphatic System
- The Immune System
- The Digestive System
- The Respiratory Systems
- The Endocrine System
- The Reproductive System
- The Urinary System

Sub-Topic: The Lymphatic System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>lymphatic system</i>. • Match these organs to written descriptions of their functions: <i>lymphatic vessels, lymph capillaries, intralymphatic valves, lymphatic terminus, spleen, thymus, tonsils, Peyer’s patches, appendix</i>. • Describe simply in one’s own words the basic structure of the lymphatic system (e.g., composed of lymphatic vessels and lymphoid tissue and organs scattered throughout the body, etc.). • Describe simply in one’s own words the fluid return function of the lymphatic system (e.g., the lymphatic vessels pick up interstitial fluid [now lymph], cleanse and enrich it, then transport it back into the blood). • Label these areas or organs on a diagram of the lymphatic system: <i>right lymphatic duct, thoracic duct, Cisterna chyli, submandibular nodes, cervical nodes, inguinal nodes, axillary nodes, lymphatic terminus points</i>. • Define the term <i>lymphedema</i>. • List one possible cause of primary lymphedema (e.g., congenital or genetic defect in lymphatic development, etc.). • List one possible cause of secondary lymphedema (e.g., damaged nodes or vessels due to surgery, radiation, chemotherapy, infection, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss basic lymph node structure and function. • Discuss the relationship between lymphatic vessels and blood vessels (e.g., the capillaries in both systems are similar in structure with vessel walls that are only one epithelial cell thick; lymph capillaries are entwined with cardiovascular capillaries, primary lymph vessels and veins both have 1-way valves, the right lymphatic and thoracic lymph ducts are located close to the superior vena cava and abdominal aorta, and return lymph to the bloodstream at the subclavian veins, etc.). • Compare and contrast the movement of lymph through the lymphatic system with the movement of blood in the cardiovascular system. • Discuss the term <i>catchments</i> as it is used in manual lymphatic massage methods (e.g., manual lymphatic therapists use the term <i>catchments</i> instead of lymph node bed because they catch and slow lymph flow to filter and carry out immune processes; therefore, clearing the catchments can improve lymph flow and reduce edema; specific catchments drain fluid from specific tissue regions, etc.). • Review three causes of edema (e.g., in general chemical imbalance, inflammation, or poor circulation; more specifically, weakened heart, dysfunctional liver, serious kidney problems, obstruction to venous or lymphatic return like a blood clot, an accumulation of salts or proteins in the interstitial fluid, etc.). • Compare and contrast simple edema in cardiovascular system to lymphedema (e.g., lymphedema is the result of dysfunctions in the lymphatic system; simple edema is accumulation of fluid in the interstitium related to a variety of problems like obesity, hypertension, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> Compare and contrast when general massage is indicated for edema versus when it is contraindicated (e.g., lymphedema is contraindication, only special manual lymphatic techniques are safe; general massage can benefit simple edema and edema related to musculoskeletal injuries . 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Immune System		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Describe simply in one’s own words the basic structure of the immune system (e.g., the immune system includes structural components of the cardiovascular, lymphatic, and endocrine system including tonsils, lymph nodes, thymus gland, spleen, Peyer’s patches, and appendix, etc.). • Describe simply in one’s own words the basic functions of the immune system (e.g., protect and defend the body from foreign substances via general and specific immune responses, etc.). • List four nonspecific immune defenses (e.g. chemical barriers, mechanical barriers, inflammation, fever, etc.). • List two defining characteristics of the specific immune response (e.g. antigen-specific, body-wide response, develops memory). • Match these immune system cells and chemicals to their written descriptions: <i>monocytes, macrophages, T-cells, B-cells, memory cells, antigen, and antibodies.</i> • Define these terms: <i>allergy, allergic reaction, anaphylaxis, angioedema.</i> • List two signs of possible acute allergic reaction (e.g., swelling around the face and throat, hives, rashes, etc.). • List common massage items that might cause allergic reactions in clients (e.g., massage lubricants, essential oils, candles, laundry detergent used to wash linens, synthetic aromas used to fragrance the treatment room, herbal applications, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- List four types of oil that might be used as a massage lubricant that could cause a hypersensitivity reaction (e.g., usually massage oils that break down into arachidonic acid on the skin such as safflower, soy, almond, sunflower, and corn oils, etc.).
- Outline the steps one would take to respond to hypersensitivity reactions of the skin during a massage (e.g., wash the area with soap and cool water to remove the lubricant, etc.).
- Define the term *autoimmune disease*.
- List three autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus, type 1 diabetes, myasthenia gravis, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
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Apply

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Discuss the relationship between the lymphatic system and immune system.
- Compare and contrast the body's nonspecific immune responses with the specific immune responses.
- Categorize immune system cells as one of two types (e.g., neutrophils, monocytes, and macrophages would be categorized as phagocytes, and T-cells and B-cells would be categorized as lymphocytes).
- Discuss immune system mistakes that result in allergic reactions (e.g., when the body launches an attack against nondangerous antigens like cat dander, oak pollen, or peanuts).
- Discuss immune system mistakes that result in autoimmune disorders (e.g., when the body fails to distinguish self from non-self, etc.).
- Compare and contrast allergic reactions categorized as anaphylaxis with allergic reactions categorized as angioedema.

There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.

	<ul style="list-style-type: none"> • Discuss methods to deal with mild allergic reactions in a massage clinic (e.g., remove the substance from the skin if it is topical and apply a cold pack, etc.). • Discuss methods to prevent mild allergic reactions in a massage clinic (e.g., use unscented, sensitive skin laundry detergents, don't burn fragranced candles, check ingredients on massage lubricant labels with clients, etc.). 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Digestive System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Note: Hepatitis A, B, and C are also discussed in the sub-topic Standard Precautions in the Massage Professional Practices subject.</p> <p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Match these terms to their written descriptions: <i>gastrointestinal tract, ingestion, digestion, absorption, metabolism, elimination, chemical digestion, mechanical digestion, peristalsis, segmentation, mastication, rugae, enteric nervous system, anabolism, catabolism, metabolic rate.</i> • Match these organs to written descriptions of their functions: <i>mouth, pharynx, esophagus, stomach, small intestine, large intestine, teeth, tongue, salivary glands, liver, gallbladder, pancreas.</i> • Describe simply in one’s own words the basic structure of the digestive system (e.g., composed of the gastrointestinal tract and several accessory digestive organs including the salivary glands, liver, gallbladder, and pancreas, etc.). • Describe simply in one’s own words the basic functions of the digestive system (e.g., to digest food to provide nutrients for cellular metabolism, eliminate solid wastes from the body, assist in regulating body temperature by generating heat as a by-product of digestion and metabolism, etc.). • Define the term <i>constipation</i>. • List two possible causes of constipation (e.g., not enough fluid or fiber-rich foods in diet, muscles that move bowels aren’t properly coordinated, lack of physical activity, irritable bowel syndrome, etc.). • Define these terms: <i>heartburn, gastroesophageal reflux disease (GERD)</i>. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

- List two massage session adaptations appropriate for clients who experience frequent heartburn or GERD (e.g., use a semi-reclined position, no direct pressure over the abdominal area, etc.).
- Define these terms: *hepatitis, jaundice*.
- Match the three primary types of hepatitis to their written descriptions (A, B, C).
- List three symptoms associated with hepatitis A, B, or C (e.g., fatigue, abdominal pain, nausea, diarrhea, and jaundice).
- List two ways a person might become infected with hepatitis A.
- List two ways a person might become infected with hepatitis B.
- List two ways a person might become infected with hepatitis C.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
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Apply

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Discuss these processes of the gastrointestinal tract: ingestion, digestion (chemical and mechanical), motility, absorption, metabolism, and elimination.
- Compare and contrast the metabolic processes of anabolism and catabolism.
- Compare and contrast segmentation and peristalsis.
- Discuss the benefits and effects of massage for digestion (e.g., massage generally improves digestion and relieves constipation by decreasing stress and sympathetic tone, etc.).
- Contrast the massage myth that offering clients water after a session “flushes out toxins” from body tissue with the real benefits of water consumption after a session (e.g., rehydration of tissue, especially fascia, support of nutrient absorption, facilitation of waste products, etc.).

There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.

- Discuss the benefits and effects of massage for chronic constipation (e.g., abdominal massage may help relieve constipation by decreasing stress and sympathetic tone to enhance motility, etc.).
- Discuss the cautions and contraindications of abdominal massage for constipation (e.g., constipation may be caused by a serious metabolic condition or mechanical blockage and irritable bowel syndrome; Crohn disease and ulcers may indicate general massage but contraindicate abdominal massage, etc.).
- Compare and contrast hepatitis A, B, and C.
- Discuss massage benefits and effects for people living with hepatitis.
- Discuss the massage considerations and possible session adaptations for a client with hepatitis.
- Discuss signs and symptoms that indicate massage is contraindicated for a client with hepatitis.
- Review guidelines for standard precautions.
- Discuss standard precautions in relationship to working with clients who are living with hepatitis infections.

Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve		There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Respiratory System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>respiratory system</i>. • Match these organs of the respiratory system to their written descriptions: nose, nasal cavity, pharynx, larynx, trachea, lungs, bronchial tree, alveoli. • Define simply in one’s own words the function of the respiratory system. • Explain simply in one’s own words the process of blood oxygenation through the lungs. • List three muscles closely related to the respiratory system and ventilation (e.g., diaphragm, internal and external intercostals, scalenes, external and internal oblique abdominals, sternocleidomastoid, rectus abdominus, pectoralis major and minor, serratus anterior). • Match these pathologies of the respiratory system to their written descriptions: acute bronchitis, common cold, pneumonia, sinusitis, tuberculosis, asthma, chronic bronchitis, emphysema, cystic fibrosis, lung cancer. • List two conditions that are categorized as chronic obstructive pulmonary diseases (e.g., asthma, emphysema, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the basic structure and function of the respiratory system. • Discuss the impact of head-forward posture with rounded shoulders on ventilation and oxygen levels (e.g., the scalenes and pectoralis minor can shift roles, other muscles that aid ventilation become fatigued leading to decreased oxygen levels, etc.). • Discuss the massage considerations and possible session adaptations for a client with a chronic obstructive pulmonary disease (e.g., client may need to be in a seated, semi-reclining, or side-lying position to ensure ease of breathing, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: The Endocrine System

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Note: Diabetes is covered in depth in the Topic, Adapting Sessions for Clients with Common Pathologies.</p> <p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>endocrine system</i>. • Match these organs of the endocrine system to their written descriptions: hypothalamus, pituitary gland, pineal gland, thyroid gland, parathyroid glands, thymus, pancreas, adrenal glands, ovaries, testes. • Define simply in one’s own words the function of the endocrine system. • Match these terms related to chemical messengers to their written descriptions: <i>hormones, neurotransmitters, neuropeptide, neurohormone, cortisol, dopamine, endorphins, epinephrine, growth hormone, norepinephrine, oxytocin, serotonin, substance P.</i> • Match these pathologies related to the endocrine system to their written descriptions: diabetes mellitus, hyperthyroidism, hypoglycemia, hypothyroidism, metabolic syndrome. 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the basic structure and function of the endocrine system. • Discuss the basic roles that hormones play in the endocrine system (e.g., they act on target cells to initiate and regulate multiple physiologic responses, etc.). • Discuss the relationship of the endocrine system and nervous system for regulating body function. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> Review one instructor-selected research study that suggests that chemicals related to the endocrine system are influenced by massage/bodywork. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Reproductive System		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Define the term <i>reproductive system</i>. Match these organs of the reproductive system to their written descriptions: testes, penis, scrotum, ovaries, fallopian tubes, uterus, vagina, vulva, clitoris. Define simply in one’s own words the function of the reproductive system. Match these pathologies of the reproductive system to their written conditions: cervical cancer, dysmenorrhea, abortion (spontaneous and elective), endometriosis, fibroid tumors, prostate cancer, prostatitis, pelvic inflammatory disease, premenstrual syndrome, sexually transmitted diseases. 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the basic structure and function of the reproductive system. Discuss the benefits and effects of massage for pregnancy, labor and delivery, and child development (e.g., studies show that massage decreases many of the symptoms associated with the discomforts of pregnancy, decreases labor pain, encourages weight gain in preterm infants, etc.). Discuss the massage considerations and possible session adaptations for a client recovering from spontaneous or elective abortion. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: The Urinary System

Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Define the term <i>urinary system</i>. Match these structures of the urinary system to their written descriptions: kidneys, nephrons, ureters, bladder, urethra. Define simply, in one's own words, the function of the urinary system. Match these pathologies of the urinary system to their written descriptions: kidney stones, urinary tract infection (UTI). 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.	
Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the basic structure and function of the urinary system. Discuss these urinary system pathologies: kidney stones, urinary tract infection (e.g., do they contraindicate massage or require caution and session adaptations). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Entry-Level Massage Education Blueprint

Assessment and Documentation

Topic Client Assessment

- Sub-Topics
- Overview of Assessment in Massage and Bodywork
 - Health Forms and Client Interviews
 - General Observation and Client Level of Health
 - Palpation Assessment
 - Posture Assessment
 - Range of Motion Assessment
 - Pain Assessment
 - Functional Limitations Assessment

Topic Documentation and Client Files

- Sub-Topics
- Key Principles of Documentation and Keeping Good Client Files
 - SOAP Charting and Other Documentation Formats

Topic: Client Assessment

Learning Outcomes

Conditions: Having completed 43.5 hours of instruction on client assessment, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to health forms, client interviews, general observation, palpation assessment, posture assessment, range of motion assessment, pain assessment, and functional limitations assessment, on written examinations.
- Correctly administer a health form and conduct a client interview to rule out contraindications and plan a safe massage session, on a graded activity or practical evaluation.
- Conduct a competent palpation assessment and make four defensible observations about the quality of skin, fascia, muscles, tendons, and joint movements to inform session planning, on a graded activity or practical evaluation.
- Correctly perform a posture assessment and make two defensible observations about muscular imbalance to inform session planning, on a graded activity or practical evaluation.
- Correctly perform active and passive range of motion assessments on two joints and make two defensible observations about movement quality to inform session planning, on a graded activity or practical evaluation.
- Correctly administer a pain assessment asking effective follow-up questions to inform session planning, on a graded activity.
- Correctly administer a functional limitations assessment and set two defensible short-term and two defensible long-term functional goals with a client, on a graded activity.

Key Terminology and Concepts

- Active range of motion
- Activities of daily living
- Aggravating activities
- Anterior pelvic tilt
- Anterior view
- Assessment
- Asymmetry
- Attitude
- Body language
- Breathing patterns
- Cervical curve
- Client intake
- Client interview
- Condition management
- Optimal health
- Pain
- Pain assessment
- Pain questionnaire
- Palliative care
- Palpation
- Palpation assessment
- Passive range of motion
- Physician's release
- Poor health
- Posterior pelvic tilt
- Posterior view
- Post-session interview
- Postural dysfunction

- Dying process
- End feel
- Energy level
- Fitness
- Follow-up questions
- Freedom of movement
- Functional goals
- Functional limitations
- Functional limitations assessment
- General observation
- Good health
- Head tilted laterally
- Head-forward position
- Health form
- Health maintenance
- Hyperkyphosis
- Hyperlordosis
- Ideal posture
- Lateral pelvic tilt
- Lateral view
- Lumbar curve
- Mental stimulation
- Nutrition
- Objective data
- Posture
- Posture assessment
- Qualitative measurement
- Quantitative measurement
- Range of motion
- Range of motion assessment
- Referral
- Relationships
- Relieving activities
- Resisted range of motion
- Scoliosis
- Session adaptations
- Session planning
- SMART goals
- Spinal curves
- Stress management
- Subjective data
- Symmetry
- Terminal illness
- Therapeutic change
- Thoracic curve
- Visual analog measures
- Vitality
- Wellness

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Overview of Assessment in Massage and Bodywork
- Health Forms and Client Interviews
- General Observation and Client Level of Health
- Palpation Assessment
- Posture Assessment
- Range of Motion Assessment
- Pain Assessment
- Functional Limitations Assessment

Sub-Topic:

Overview of Assessment in Massage Therapy and Bodywork

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>assessment</i>. • Match common assessment methods to their written descriptions: health form, client interview, palpation assessment, posture assessment, range of motion assessment, pain assessment. • Give one example of subjective data a therapist might gather for a session. • Give one example of objective data a therapist might gather for a session. • Give one example of a quantitative measurement. • Give one example of a qualitative measurement. • List three types of assessment methods used by massage therapists before all sessions (e.g., health form, client interview, general assessment through observation of the client, etc.). • State three reasons assessment methods are used before massage sessions (e.g., determine if massage is contraindicated, determine if the client should be referred, determine if session adaptations are necessary, determine if massage can address the client’s needs/symptoms/expectations, plan the best possible massage session for the client, determine if current massage treatment is effective, determine if treatment goals should be adjusted, etc.). • Describe three principles of assessment (e.g., assess bilaterally and “normal” first, assess pre- and post-session, always document findings, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss briefly each of these assessment methods: health form, client interview, posture assessment, range of motion assessment, functional limitations assessment, pain assessment. • Outline the events of a massage session to identify where assessment is used during sessions. • Compare and contrast subjective data with objective data. • Compare and contrast quantitative measurement with qualitative measurement. • Discuss the purpose of massage assessment. • Discuss the benefits of collecting and documenting quantitative and qualitative data in each massage session (e.g., regular assessment measurements show progress or that a treatment plan needs adjustment). • Work with a peer to brainstorm at least ten questions assessment data can answer about a client (e.g., what are the client’s symptoms, what tissues are involved in the client’s problem, what level of pain is the client experiencing, what activities increase the client’s pain level, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Health Forms and Client Interviews

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *health form*.
- Describe the purpose of a health form.
- Review the components of a health form (e.g., parts and sections).
- List three pieces of information a therapist can learn from a health form (e.g., health history, prior treatments and attempts at resolving problem or conditions, medications used, etc.).
- List three situations that require a client to update a health form (e.g., recent accident, new medication or changes in treatment for a pre-existing condition, new diagnosis from a physician, annually, etc.).
- Define the term *client interview*.
- Describe the purpose of a pre-session client interview.
- Outline the school-selected steps in a client interview process (e.g., establish rapport with the client, communicate clinic policies, clarify written information on the health form, determine client session goals and expectations, identify body regions where the client wishes to receive massage, identify body regions where the client does not wish to receive massage, determine the types of techniques and depth the client would like, determine the client’s preferences for music or lubricants, etc.).
- Describe the purpose of a post-session client interview.
- List three pieces of information a therapist can learn from a pre-session client interview (e.g., the client’s expectations for the session, the quality of the client’s experience of pain, functional limitations, etc.).
- Define the term *session adaptations*.

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate instructor language and behaviors during a pre-session client interview to:
 - Establish rapport and put the client at ease.
 - Ask follow-up questions to clarify information on a health form (e.g., “Can you describe exactly where you feel the pain?”).
 - Determine the client’s expectations and goals for the session.
 - Identify body regions where the client experiences symptoms (e.g., pain or muscle tension).
 - Determine the body regions where the client wants massage and the body regions where the client does not want massage.
 - Agree on a plan with the client.
 - Determine the types of techniques and the level of pressure and depth the client enjoys.
- Imitate instructor language and behaviors during a post-session interview to:
 - Gather information about how the client feels at the conclusion of the session.
 - Offer basic recommendations for self-care activities that might support the client’s wellness goals.
 - Gather information that might support planning for future sessions.

- List three session adaptations a therapist might use to make a massage session more comfortable or safer for a client (e.g., changes in positioning, shorten the session, choice of application methods, etc.).
- List three pieces of information a therapist can learn from a post-session client interview (e.g., how has the pain changed, what did the client feel was most beneficial from the session, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Analyze each section of a health form and discuss how to use it to ensure client health and safety. • Discuss the types of general observation data therapists gather during a client intake process (e.g., condition of the skin, movement quality, facial expression, breathing, mental clarity, emotional state, stress levels, etc.). • Compare and contrast subjective data obtained from the client with objective data obtained through assessment procedures. • Review methods for ruling out contraindications, obtaining a physician’s release if one is required, and planning session adaptations based on information included on a health form. • Review two mock health forms and use them to answer these questions: What is the client’s past health history? What are the client’s current symptoms? What activities cause symptoms to increase? What activities cause symptoms to decrease? What region of the body is affected? • Brainstorm four follow-up questions to ask two different clients, after reviewing mock health forms. • Discuss each step in the school-selected client interview process. • Compare and contrast an intake interview with a post-session interview. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective language and behaviors during a pre-session client interview to: <ul style="list-style-type: none"> • Establish rapport and put the client at ease. • Ask follow up questions to clarify information on a health form (e.g., “Can you describe exactly where you feel the pain?”). • Determine the client’s expectations and goals for the session. • Identify body regions where the client experiences symptoms (e.g., pain or muscle tension). • Determine the body regions where the client wants massage and the body regions where the client does not want massage. • Agree on a plan with the client. • Determine the types of techniques and the level of pressure and depth the client enjoys.

		<ul style="list-style-type: none"> • Demonstrate effective language and behaviors during a post-session interview to: <ul style="list-style-type: none"> • Gather information about how the client feels at the conclusion of the session. • Offer basic recommendations for self-care activities that might support the client’s wellness goals. • Gather information that might support planning for future sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having administered three health forms and conducted three client interviews, the learner will be able to:</p> <ul style="list-style-type: none"> • Rule out contraindications, determine session adaptations, choose appropriate methods, and plan a 1-hour session for three clients. 	<p>Conditions: Having practiced in ongoing hands-on classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct useful client interviews to gather relevant data to ensure it is safe for clients to receive massage and to choose other relevant assessment methods necessary for obtaining a full health picture of clients.

Sub-Topic: General Observation and Client Level of Health

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *general observation*.
- Define the term *session planning*.
- List two reasons session planning is conducted for every massage or bodywork session.
- List three types of general observation information that might be useful for session planning (e.g., general freedom of movement or lack of freedom of movement, symmetry or asymmetry, breathing patterns, general skin condition and complexion color, level of sympathetic dominance, what body language and gestures tell you about client attitudes and energy levels, etc.).
- Match these levels of health to their written descriptions: optimal health, wellness, poor health, good health, terminal illness, the dying process, palliative care, condition management, therapeutic change, health maintenance.
- List three areas that influence a person’s level of health (e.g., nutrition, fitness, stress management, mental stimulation, sense of spiritual connection, good relationships with others, etc.).
- Describe two pieces of information therapists learn from a general assessment of the client’s overall vitality and level of health (e.g., indicators of the level of vigor or gentleness the client might need in the session, helps to determine general session goals, etc.).
- Match general session goals to client levels of health (e.g., optimal health would match to massage for maintenance, the dying process would match to palliative care, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- Identify two factors that would indicate that one does not have the skills and knowledge necessary to work with a particular client's condition (e.g., the client has a serious condition or multiple conditions that create a complex health picture, the client is fragile or in a severely weakened condition, etc.).
- Identify two factors that would indicate that a client should be referred to another health care provider for analysis and treatment before receiving massage (e.g., the client's symptoms are new, severe, and unexplained, the client does not have a diagnosis but experiences pronounced symptoms, etc.).
- Identify two factors that would indicate that a client should be referred to another health professional in addition to receiving massage (e.g., the client demonstrates pronounced emotion while talking about a condition and might benefit from a session with a mental health professional, or the client reports the same intensity pain at the same location each session and it does not seem to be improving and might benefit from an x-ray to rule out bone or joint trauma, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss general observation and ways it supports session planning. • Discuss these factors related to people's sense of wellness: physical factors, intellectual factors, spiritual factors, environmental factors, emotional factors, social factors, occupational factors. • Discuss ways that massage supports wellness in people's lives. • Discuss these client conditions: optimal health, good health, fair health, poor health, very poor health, premature death, terminal illness. • Discuss these factors in relationship to health and disease: mental attitudes, emotional state, coping resources, interpersonal relationships, stress levels, spiritual influences, cultural influences. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> • Discuss these general treatment goals of massage: palliative care, condition management, therapeutic change, health maintenance and wellness. • Compare and contrast massage applied for palliative care with massage applied for condition management. • Compare and contrast massage applied for therapeutic change with massage applied for health maintenance and wellness. • Discuss situations where the client should be referred and massage therapy should be postponed. • Analyze four client scenarios and determine for each if massage should be applied for palliative care, condition management, therapeutic change, or health maintenance and wellness. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a basic treatment plan for one of these general massage session goals: palliative care, condition management, therapeutic change, health maintenance and wellness. 	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Palpation Assessment

Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>palpation assessment</i>. • Describe the purpose of palpation for assessment (e.g., sensing the quality of the tissue in order to treat it, detecting changes in tissue after massage to determine effectiveness of treatment, etc.). • Outline four palpation objectives (e.g., detect irregularity in tissue texture, detect irregularity in tissue tone, sense differences in tissue texture, recognize areas that are painful, etc.). 	<p>Conditions: Having viewed an instructor demonstration and used a textbook for guidance, the learner will be able to:</p> <ul style="list-style-type: none"> • Locate a specific structure through palpation. • Distinguish among different types of tissue through palpation (e.g., muscle versus tendon or ligament). • Differentiate between layers of tissue through palpation. • Describe the quality of a structure (e.g., spongy, hard, flaccid, hypertonic, fibrotic, etc.). 	
Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast palpation for locating structures with palpation for assessment. • Working with peers, write examples of findings for each palpation objective (e.g., detect irregularity in tissue tone, such as the right deltoid muscle feels firmer than the left deltoid muscle, etc.). • Working with peers, develop a complete list of descriptive word pairs for describing the way tissue feels (e.g., warm/cold, spongy/firm, grainy/smooth, hard/firm, hard/soft, dry/swollen, etc.). 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Palpate and describe qualities of the skin, fascia, muscles, tendons, and basic joint movements. • Compare tissues bilaterally and describe differences that are felt. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Plan a palpation session and explore the quality of the skin, fascia, muscles, tendons, and joint movements of a body. • Document findings from a palpation session on a SOAP form in the appropriate places. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Implement a plan for a palpation session and describe the quality of skin, fascia, muscles, tendons, and joint movements of the practice body. 	

- Verbally report on findings and share with peers ideas for massage methods to address palpation findings.

Subject - Assessment and Documentation, Topic – Client Assessment

Sub-Topic: Posture Assessment

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>posture</i>. • Explain the position of the body in ideal posture. • Describe the three normal spinal curves visible when viewing the body from the side (lumbar, thoracic, and cervical). • Match the spinal curves to their written descriptions: lumbar curve, thoracic curve, cervical curve. • Describe two benefits of good posture. • List two ways massage supports good posture (e.g., lengthens muscles that are short, softens structures that are tight for better overall muscular balance and less stress on joints, etc.). • Define the term <i>postural dysfunction</i>. • Identify four body structures that might be under stress because of postural dysfunction. • Match these postural dysfunctions to their written descriptions: anterior pelvic tilt, posterior pelvic tilt, lateral pelvic tilt, hyperlordosis, hyperkyphosis, scoliosis, head-forward position, head tilted laterally. • Explain the purpose of a posture assessment. • Explain the difference between the terms <i>symmetry</i> and <i>asymmetry</i> as they are used in posture assessment. 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s directions to clients to move into correct body positions for anterior, posterior, left lateral, and right lateral postural views. • Imitate the instructor’s approach to assessment of the anterior view of posture by systematically working up or down the body, viewing and palpating body landmarks, and documenting findings on a SOAP chart. • Imitate the instructor’s approach to assessment of the posterior view of posture by systematically working up or down the body, viewing and palpating body landmarks, and documenting findings on a SOAP chart. • Imitate the instructor’s approach to assessment of both lateral views of posture by systematically working up or down the body, viewing and palpating body landmarks, and documenting findings on a SOAP chart.

- List the four views used to evaluate posture (anterior, posterior, and both lateral views).
- Describe the client's body position in anterior, posterior, and lateral views (e.g., in the anterior view the client looks straight ahead and places the weight evenly between the feet, arms hang relaxed at the sides, etc.).
- Explain the use of bony landmarks as visual reference guides in posture assessment.
- List the body areas or bony landmarks used as reference guides in anterior, posterior, and both lateral views (e.g., in the anterior view use the feet, knees, anterior superior iliac spine, fingertips, sternum, clavicles, and position of the ears, mandible, etc. to determine symmetry).
- Identify two muscles that are likely to be shortened in clients with these observable findings: anterior pelvic tilt, posterior pelvic tilt, lateral pelvic tilt, shoulder elevation, shoulder rotation (medial), shoulder protraction, head-forward position, and head tilted laterally.
- Match symbols used in documentation of posture to their written descriptions.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the characteristics of ideal posture. • Discuss ways in which selected body structures might be under stress because of postural dysfunction. • Discuss factors that can influence posture and might lead to postural dysfunction (e.g., heredity, disease, habits, environment, injury, lifestyle, compensation patterns, mental and emotional states, etc.). • Discuss factors that may play a role in hyperlordosis, hyperkyphosis, and head-forward positions (e.g., hyperlordosis - prolonged slouching, wearing high heels, weak abdominal muscles, etc.; hyperkyphosis – hunching, osteoporosis, ankylosing spondylitis, etc.). • Discuss muscles that are under stress with these postural dysfunctions: hyperlordosis, hyperkyphosis, scoliosis, head-forward position, lateral head tilt. • Discuss symbols and documentation methods specific to posture assessment. • Discuss the possible muscular compensation made for postural deviations as determined through observation of asymmetries of key landmarks for an anterior and posterior view (e.g., a foot on one side pointed more laterally indicating tightness or shortness of the external rotators of that hip, etc.). • Discuss the possible muscular compensation made for postural deviations as determined through observation of deviations from ideal posture from a lateral view (e.g., increased anterior pelvic tilt indicating tightness or shortness or lumbar extensors and hip flexors, etc.). • Outline a method to approach posture assessment (e.g., start with an anterior view and begin assessment at the feet working up the body, or begin assessment with a posterior view and start with the head working down the body). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice performing a complete posture assessment following a systematic method of observation and palpation on classmates. • Modify techniques based on feedback from instructors and peers.

	<ul style="list-style-type: none"> • Discuss the ways data gathered through posture assessment are used to inform a session plan. • Discuss the impact of asymmetry on opposing muscle groups. • Document the findings from posture assessments on SOAP charts. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a pre-session posture assessment, a 1-hour massage session, and a post-session posture assessment, the learner will be able to:</p> <ul style="list-style-type: none"> • Determine some of the structures that are under stress as the result of postural deviations observed in the posture assessment. • Plan a 1-hour massage session to address postural assessment findings. • Determine changes to posture resulting from the methods used in the massage session. • Document all findings and changes correctly on a SOAP chart. • Verbally report on posture assessment findings, effective massage methods, and changes in posture pre- and post-session posture. 	<p>Conditions: Having completed a pre-session posture assessment, a 1-hour massage session, and a post-session posture assessment, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly perform a pre-session posture assessment following a systematic and effective method of observation and palpation. • Deliver a 1-hour massage session to address the findings from a pre-session posture assessment. • Correctly perform a post-session posture assessment following a systematic and effective method of observation and palpation to identify notable changes.

Sub-Topic: Range of Motion Assessment

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *range of motion assessment*.
- Review terms and concepts related to joint structure and function from other classes.
- List the purpose of each type of ROM assessment: active, passive, and resisted (e.g., AROM assesses contractile tissue and is generally used to determine the client’s willingness and ability to move, while PROM primarily assesses non-contractile tissue [joint capsule and ligaments], and resisted ROM assess the functional capacity of muscles and tendons, etc.).
- Define or review the term *end feel*.
- List two reasons ROM is limited because of normal anatomical joint restrictions (e.g., bone meets bone in hard end feel).
- List three reasons ROM might feel limited due to abnormal or pathological restrictions (e.g., adhesions in related muscles, inflammation caused by injury, degeneration of the joint cartilage, inflammation of a bursa, etc.).
- List three conditions that require caution when performing ROM assessment (e.g., pins, plates, screws, or rods from surgical replacements or to stabilize the joint, chronic osteoarthritis, subacute or chronic sprain or strain, etc.).
- List three conditions that contraindicate ROM assessment (e.g., recent dislocation, gout, septic arthritis, acute osteoarthritis, etc.).
- List two pieces of information a therapist might obtain from ROM assessment to inform massage session planning.
- Identify where ROM assessment findings are documented on SOAP charts.

Conditions: Having viewed an instructor demonstration and used a textbook for guidance, the learner will be able to:

- Imitate the instructor’s language and behavior to instruct and show a client five movements to perform actively for assessment.
- Imitate the instructor’s methods and client communication for performing passive ROM on five joints.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss ROM methods, their uses, and their cautions and contraindications. • Compare and contrast the types of tissue assessed with active, passive, and resisted ROM assessment methods. • Discuss how findings from ROM assessment influence massage session planning choices. • Discuss guidelines for applying active and passive ROM methods. • Discuss charting methods for documentation of ROM assessment. • Discuss the types of massage methods that might benefit a client based on ROM assessment findings. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice using effective language and behavior to instruct and show a client five different movements to perform actively for assessment. • Practice performing passive ROM assessment on five joints. • Use effective language to communicate with clients about the comfort of ROM assessment. • Revise techniques, body mechanics, and client communication based on instructor and peer feedback. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a pre-session ROM assessment, a 45-minute massage session, and a post-session ROM assessment, the learner will be able to:</p> <ul style="list-style-type: none"> • Plan a 1-hour massage session to address ROM findings. • Determine changes from massage methods based on differences in ROM assessment results pre- and post-session. • Document all findings and changes correctly on SOAP charts. • Verbally report on ROM findings, effective massage methods, and changes in joint movement pre- to post-session. 	<p>Conditions: Having completed a pre-session ROM assessment, a 45-minute massage session, and a post-session ROM assessment, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly perform a pre-session ROM assessment. • Deliver a 45-minute massage session to address findings from a pre-session ROM assessment. • Correctly perform a post-session ROM assessment on four peers. 	

Sub-Topic: Pain Assessment

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>pain</i>. • Review terms and concepts related to body structures and functions associated with pain sensations from anatomy, physiology, and pathology classes. • Review theories and models of mechanisms related to pain (e.g., gate control theory and pain-spasm-pain cycle are unproven but useful models to explore). • Review the effects of pain medications on sensation and the client’s ability to give accurate feedback. • List four words clients might use to describe pain (e.g., burning, shooting, numb, throbbing, etc.). • Define the term <i>pain assessment</i>. • Explain the purpose of a pain assessment (e.g., capture the client’s experience of pain at a given point in time). • Define the term <i>visual analog measure</i>. • Review two different visual analog forms. • Define the term <i>pain questionnaire</i>. • Review one pain questionnaire form. • List three benefits of conducting a pain assessment (e.g., to inform treatment planning choices, prove injury for insurance or workers comp, demonstrate progress when pain scores decrease, allow clients the opportunity to express pain, etc.). • Describe in one’s own words when to first administer pain assessments and how often to repeat them during regular massage treatment. • Explain how pain assessment data is documented and kept in the client’s file. 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s directions to clients as part of the administration of a pain questionnaire or visual analog measure. • Note the follow-up questions the instructor uses to find out more information about the client’s experience of pain during the assessment process.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss emotional factors that influence perception of pain sensations. • Discuss the benefits and uses of pain assessment methods. • Discuss the differences between pain questionnaires and analog measures used to capture pain data. • Working with peers, review three mock pain assessment questionnaires or analog measures and brainstorm six different follow-up questions to ask clients during a client interview to gather useful information about their experiences of pain (e.g., What activities of daily living make the pain worse? What do you do to combat the pain or attempt to reduce it? Where is the pain located? How large an area does the pain affect? etc.). • Discuss massage methods that might be used to reduce sensations of pain and improve the client's quality of life. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Refine verbal skills and follow-up questions when performing a pain assessment. • Respond to feedback from peers and instructors to improve verbal skills and follow-up questions. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no appropriate learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly perform a pain assessment when requested by an instructor. 	

Sub-Topic: Functional Limitations Assessment

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *activities of daily living*.
- List three basic physical functions necessary in daily life (e.g., seeing, hearing, walking, standing, sitting, carrying, lifting, walking up or down stairs, etc.).
- List three activities of daily life relevant to most people (e.g., getting around at home, getting in and out of bed, bathing, dressing, eating, housecleaning, driving, etc.).
- List three activities that provide meaning for people's lives (e.g., walks with a spouse or friend, recreational activities like bike riding, going to movies, going out for meals, etc.).
- Define the term *functional limitations*.
- Explain the purpose of functional limitations assessment (e.g., identify activities of daily living impacted by injury or pathology, identify activities that aggravate or relieve the client's symptoms, identify regions that need further assessment, support functional goal setting processes, etc.).
- Define the term *aggravating activities*.
- Define the term *relieving activities*.
- Give two examples of activities that might aggravate a client's symptoms.
- Give two examples of activities that might relieve a client's symptoms.
- List two benefits of performing a functional limitation assessment (e.g., helps therapist focus on decreasing symptoms or addressing regions that have the most impact on activities of daily living important to the client, attainment of specific functional goals demonstrate progress, etc.).
- Define the term *functional goal*.

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the instructor's language, questions, follow-up questions, and instructions to a client to:
 - Identify client functional limitations that impact activities of daily living (e.g., shoulder pain prevents the client from brushing own hair).
 - Identify activities of daily living that aggravate or relieve client symptoms.
 - Support client prioritizing of activities of daily living.
 - Encourage client input to set short-term and long-term functional goals.

- List the factors to consider when writing SMART functional goals with clients (specific, measurable, attainable, relevant, time-bound).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the impact an injury or pathology can have on activities of daily living related to basic needs (e.g., a person can no longer independently brush hair, care for children, bathe, etc.). • Discuss the impact an injury or pathology can have on activities of daily living related to recreation (e.g., a person may be unable to participate in activities related to physical fitness or activities that bring a sense of joy to life, such as working out, painting, playing an instrument, etc.). • Discuss the impact an injury or pathology can have on social relationships (e.g., unable to have lunch with friends, unable to sit through a movie with a spouse, unable to participate in family events, etc.). • Compare and contrast activities that increase or aggravate a client’s symptoms with activities that decrease or relieve a client’s symptoms. • Discuss assessment methods that would provide additional information about a client’s functional limitations in four different situations (e.g., additional information about a client who cannot brush own hair might be gained through a ROM assessment of the shoulder). • Discuss the characteristics of SMART functional goals (specific, measurable, attainable, relevant, and time-bound). • Compare and contrast a measurable functional goal with one that is not measurable (e.g., measurable: lift a 26-pound child in and out of a car seat six times a day with no increase in pain symptoms in 2 weeks, versus “provide care to a child,” etc.). 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective language, questions, follow-up questions, and instructions to the client to: <ul style="list-style-type: none"> • Identify client functional limitations that impact the client’s activities of daily living. • Identify activities of daily living that aggravate or relieve the client symptoms. • Support client prioritizing of activities of daily living. • Encourage client input to set short-term and long-term functional goals.

	<ul style="list-style-type: none"> • Discuss effective questions and follow-up questions that help clients identify and prioritize activities of daily living that are important. • Working with peers write five examples of short-term and long-term functional goals. • Document goals in the correct section of a SOAP chart using proper symbols and abbreviations. • Discuss massage techniques that might be used to meet specific short-term and long-term functional goals. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Administer a functional limitations assessment during a client interview and ask effective follow-up questions to set functional goals with client input that inform treatment planning choices, when requested by an instructor.

Topic: Documentation and Client Files

<p>Learning Outcomes</p>	<p>Conditions: Having completed 6.5 hours of instruction on documentation and client files, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to key principles of documentation, maintenance of client files, and SOAP charting and other documentation formats as determined by the school, on a written examination. • Demonstrate the knowledgeable use of SOAP charting by documenting five practice massage sessions on SOAP forms and correctly completing each section of the form using proper abbreviations and symbols, on a graded homework assignment or during practical evaluations in hands-on classes. • If appropriate, demonstrate knowledgeable use of an alternative method of charting (as determined by the school) by documenting five practice massage sessions correctly on the appropriate form, as part of a graded homework assignment or during practical evaluations in hands-on classes.
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Key Terminology and Concepts

<ul style="list-style-type: none"> • Abbreviations • Activities of daily living • Aggravating activities • Assessment information • Client file • Confidentiality • Disabled • Documentation (charting) • Documentation formats • Duration • Frequency • Health Insurance Portability and Accountability Act (HIPAA) • Intensity • Location • Mild • Mild minus • Mild plus • Moderate • Moderate minus • Moderate plus • Objective information 	<ul style="list-style-type: none"> • Onset • Palpable findings • Planning information • Qualifying data • Quantifying data • Relieving activities • Response to treatment • Self-care activities • Severe • Severe minus • Severe plus • SOAP form • Subjective information • Symptoms • Techniques/modalities • Test results • Visual findings • Wellness form • Within normal limits
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Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Key Principles of Documentation and Keeping Good Client Files
- SOAP Charting and Other Documentation Formats

Subject - Assessment and Documentation, Topic – Documentation and Client Files

Sub-Topic:

Key Principles of Documentation and Keeping Good Client Files

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *client file*.
- List two items that are kept in a client file (e.g., past health forms, current health forms, SOAP forms, session record, etc.).
- Define the term *documentation* (also called *charting*).
- Define the term *SOAP form* (or *chart*).
- List five reasons to document sessions (e.g., promotes client safety, establishes therapeutic relationship and therapeutic boundaries, helps organize client assessment, provides a historical record, shows when progress is made or when treatment adjustments are needed, improves communication within healthcare team, is necessary for insurance reimbursement or legal issues related to an accident, protects the therapist for liability purposes, etc.).
- Explain one way that documentation promotes client safety (e.g., captures health history, client symptoms, and medication information, etc.).
- Describe one way documentation helps establish therapeutic boundaries (e.g., projects a professional image, helps ensure sessions stay client-centered, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- List three general guidelines for documentation of sessions (e.g., never use White-out, use standard medical abbreviations, avoid personal opinions or notes on a chart, measure every finding or symptom described by the client in a consistent manner, etc.).
- Match these rating terms to their written descriptions: *within normal limits, mild minus, mild, mild plus, moderate minus, moderate, moderate plus, severe minus, severe, severe plus, disabled.*
- Define the term *Health Insurance Portability and Accountability Act (HIPAA)*.
- Describe one method used to keep client files secure (e.g., don't leave files unattended in the office, keep them locked in a cabinet, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss each section of a SOAP form. • Discuss confidentiality related to documentation and client files (e.g., keep confidential written documents, anything discussed in the session, observations noted on forms, etc.). • Outline basic procedures and practices regulated by HIPAA (e.g., inform clients of privacy rights, permission to share information must be granted in writing, procedures must ensure confidentiality, electronic files should be password protected, etc.). • Discuss the purposes and benefits of good session documentation and record keeping. • Discuss general guidelines for documenting sessions. • Compare and contrast quantifying and qualifying data. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> • Discuss the scale used by health care professionals to quantify data (e.g., mild, moderate, and severe with plus or minus added when appropriate). • Discuss the language therapists use to qualify what they observe and palpate (e.g., “the joint feels moderately restricted when approaching the end of the joint’s range of motion”). 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject - Assessment and Documentation, Topic – Documentation and Client Files

Sub-Topic: SOAP Charting and Other Documentation Formats		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Explain one reason SOAP charting is used to document massage sessions (e.g., it is the standard format used by physicians, physical therapists, chiropractors, nurses, and other professional health care providers, it is the form therapists must use if they work on a health care team, etc.). • Explain one reason SOAP charting might not be used in a spa or wellness setting and how a condensed format is used instead (e.g., may be too formal or time consuming, etc.). • Review the scale commonly used to quantify data on a SOAP form (mild, moderate, and severe). • Match these terms to their written descriptions: <i>subjective information</i> (S section of a SOAP form), <i>objective information</i> (O section of a SOAP form), <i>assessment information</i> (A section of a SOAP form), <i>plan</i> (P section of a SOAP form). 	There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- Match each of these terms to their written descriptions: *symptoms, location, intensity, frequency, duration, onset, activities of daily living, aggravating activities, relieving activities, visual findings, palpable findings, test results, techniques/modalities, response to treatment, self-care activities.*
- Give one example of a piece of data that belongs in each of these sections of a SOAP form: Focus for today, S section, O section, A section, P section.
- Match these words to their written abbreviations or symbols: *abdominals, adhesions, anterior, before, bilateral, change, constant, contraindication, date of injury, decrease/down, deep tissue, elevation, full body, gluteal muscles, hamstrings, headache, history, hypertonicity, increase, inflammation, left, long, low back, massage, massage therapist, medications, mild/low, moderate, myofascial release, no change, not applicable, numbness or tingling, pain, palpation, posterior, prescription, right, rotation, severe, short, spasm, symptoms, tender point, treatment, trigger point, with, within normal limits, without* (others if appropriate to the particular program).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Examine three different documentation formats (e.g., a condensed SOAP form, a wellness form, a SOAP form, a seated massage form, etc.) and describe one advantage and one disadvantage of each. • Discuss each section of a SOAP form. • Discuss the correct format and phrasing of information documented in each section of a SOAP form. • Compare and contrast aggravating activities with relieving activities. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

- Place examples of written data into the correct places on a SOAP form (e.g., “Swedish massage 1 time a month for 2 months and then reevaluate” would go in the Plan section, while “60 minutes Swedish massage with focus on the neck, low back, and shoulders” would go in the Techniques/Modalities section, etc.).
- Translate descriptions of symptoms written in longhand into a SOAP form using correct abbreviations and symbols.
- Use human figure diagrams to chart these conditions: moderate + elevation of the right shoulder, mild headache pain, bilateral mild minus hypertonicity in the hamstrings and moderate minus hypertonicity in the trapezius muscles, trigger points in the right scalenes muscles, mild spasm in the right quad muscles, severe numbness in the left bicep, adhesions in the rhomboids (others as determined by the school).
- Compare and contrast a condensed documentation format (like a wellness form) with a SOAP form.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly use abbreviations and symbols to write well-written SOAP notes to document practice massage sessions on an ongoing basis. 	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Entry-Level Massage Education Blueprint

Massage and Bodywork Application

Topic Foundation Principles and Skills

- Sub-Topics
- Overview of Massage and Bodywork Forms and Styles
 - Positioning Clients for Comfort and Safety
 - Draping Methods

Topic Application Methods

- Sub-Topics
- Core Concepts in Massage and Bodywork Application
 - Forces and Soft-Tissue Deformation
 - Gliding Methods
 - Torsion Methods
 - Shearing Methods
 - Elongation Methods
 - Oscillating Methods
 - Percussive Methods
 - Static Methods
 - Joint Movement Methods
 - Hot and Cold Methods

Topic The Massage or Bodywork Session

- Sub-Topics
- Overview of the Events in a Massage or Bodywork Session
 - Integrating Methods into a Form and Session Plan
 - Customization of the Session to Meet Client Wants and Needs
 - Suggesting Client Self-Care

Topic Sample Form: Western Integration of Application Methods

- Sub-Topics
- Swedish Massage
 - Myofascial Approaches
 - Neuromuscular Approaches

Topic Sample Form: Eastern Integration of Application Methods

- Sub-Topics
- Basic Concepts of Traditional Chinese/Japanese Medicine
 - Shiatsu
 - Tuina
 - Thai Massage

Topic: Foundation Principles and Skills

Learning Outcomes	<p>Conditions: Having completed 13 hours of instruction in foundation principles and skills, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to an overview of massage/bodywork forms and styles, positioning, and draping, on a written examination. • Correctly bolster clients safely and comfortably in the prone, supine, side-lying, and semi-reclined positions, on a practical evaluation. • Correctly drape clients modestly and comfortably while exposing appropriate body areas for massage/bodywork, on a practical evaluation. • Correctly assist a client on and off a massage table while keeping the client draped, on a practical evaluation.
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Key Terminology and Concepts

- Anterior pelvic drape
- Body support system
- Bodywork
- Bolster
- Breast drape
- Draping
- Forms/styles
- Gluteal drape
- Massage
- Positioning
- Prone position
- Seated position
- Semi-reclining position
- Side-lying drape
- Side-lying position
- Supine position
- Table skills

Use of Terms

The terms in this topic appear to be consistent and widely accepted.

Sub-Topics

- Overview of Massage and Bodywork Forms and Styles
- Positioning Clients for Comfort and Safety
- Draping Methods

Sub-Topic: Overview of Massage and Bodywork Forms and Styles

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Schools can choose which massage or bodywork approaches and forms/styles they discuss. The idea is to provide learners with a broad understanding that there are many different forms and styles that are practiced in the profession.

Schools are encouraged to introduce the forms/styles they teach and to introduce the idea of life-long learning through continuing education.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review these terms: *massage, bodywork*.
- Match school-selected massage and bodywork approaches to their written descriptions: wellness/relaxation approaches, clinical approaches, Eastern approaches, structural integration approaches, neuromuscular approaches, myofascial approaches, energetic approaches, movement approaches, psychological mind-body approaches, others.
- Match these school-selected popular massage/bodywork forms to their written descriptions (other forms/styles can be included or substituted): craniosacral therapy, spa therapy, aromatherapy, reflexology, Swedish massage, hot stone massage, manual lymphatic drainage, Esalen Massage, seated massage, Touch for Health, others.
- Match these massage/bodywork forms or styles from specific countries or cultures to their written descriptions: Lomilomi, Russian massage, Ayurvedic massage, Thai massage, Tuina, others.
- Define the school-selected forms/styles of massage/bodywork.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the basic philosophy behind these massage/bodywork approaches: wellness/relaxation, clinical, structural-integrative, neuromuscular, myofascial, energetic, movement, psychology based, others as selected or substituted by the school. • Discuss the basic philosophy behind Eastern bodywork approaches. • Discuss the philosophy behind the school-selected massage/bodywork forms. • Discuss the types of massage/bodywork application methods used in school-selected forms: craniosacral therapy, spa therapy, aromatherapy, reflexology, Swedish massage, hot stone massage, manual lymphatic drainage, Esalen Massage, seated massage, Touch for Health, others. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Positioning Clients for Comfort and Safety

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Match these terms to their written descriptions: <i>positioning, supine position, prone position, side-lying position, semi-reclining position, seated position, table skills, bolster, body support systems.</i> • List one reason clients are usually bolstered for massage/bodywork sessions (e.g., it places a client’s structures in a position to best receive massage/bodywork methods). • List two instances when a client might need assistance getting on and off a massage table. • Explain in one’s own language one method for moving a client between a supine and prone position (turning over) during the massage/bodywork session. 	<p>Conditions: Having viewed an instructor demonstration of positioning and table skills, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the methods the instructor used to: <ul style="list-style-type: none"> • Help a client onto a massage table. • Bolster a client in the supine position. • Bolster a client in the prone position. • Check the position of the face cradle and adjust it if necessary. • Turn a client between a supine and prone position. • Bolster a client in the side-lying position. • Bolster a client in a semi-reclining position. • Help a client off a massage table.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare the benefits and drawbacks of starting a session with the client in a prone position with the benefits and drawbacks of starting a session with the client in the supine position. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice methods to: <ul style="list-style-type: none"> • Help a client onto a massage table. • Bolster a client in the supine position. • Bolster a client in the prone position. • Check the position of the face cradle. • Turn a client between a supine and prone position. • Bolster a client in the side-lying position. • Bolster a client in a semi-reclining position. • Help a client off a massage table. • Adjust positioning methods based on feedback from peers and instructors. • Adjust one’s body mechanics based on feedback from instructors.

Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Adjust positioning methods for each client (e.g., clients who are frail, obese, injured, etc.): <ul style="list-style-type: none"> Help a client onto a massage table. Bolster a client in the supine position. Bolster a client in the prone position. Check the position of the face cradle. Turn a client between a supine and prone position. Bolster a client in the side-lying position. Bolster a client in a semi-reclining position. Help a client off a massage table. Perform bolstering and positioning tasks with correct body mechanics.

Subject- Massage and Bodywork Application, Topic – Foundation Principles and Skills

Sub-Topic: Draping Methods

Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Match these terms to their written descriptions: <i>draping, breast drape, anterior pelvic drape, gluteal drape, side-lying drape.</i> List three benefits of draping clients. Explain in one's own words why draping is always used in professional massage/bodywork practices. Identify two ways draping helps establish the boundaries of a professional massage/bodywork practice. 		<p>Conditions: Having viewed an instructor demonstration of draping methods, the learner will be able to:</p> <ul style="list-style-type: none"> Imitate the methods the instructor used to: <ul style="list-style-type: none"> Expose the client's arm for massage/bodywork in the supine, prone, and side-lying positions. Expose the client's leg for massage/bodywork in the supine, prone, and side-lying positions. Expose the client's back for massage/bodywork in the prone and side-lying positions.

		<ul style="list-style-type: none"> • Expose the client’s abdominal area using a breast drape. • Expose both anterior legs using an anterior pelvic drape. • Expose both posterior legs and the back using a gluteal drape. • Keep the client draped modestly while turning the client between a supine and prone position. • Keep the client draped modestly while assisting the client on and off the massage table.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Share one’s thoughts about feelings of vulnerability when acting as a draped client. • Share one’s views about what constitutes modest and secure draping practices. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice methods to: <ul style="list-style-type: none"> • Expose the client’s arm for massage/bodywork in the supine, prone, and side-lying positions. • Expose the client’s leg for massage/bodywork in the supine, prone, and side-lying positions. • Expose the client’s back for massage/bodywork in the prone and side-lying positions. • Expose the client’s abdominal area using a breast drape. • Expose both anterior legs using an anterior pelvic drape. • Expose both posterior legs and the back using a gluteal drape. • Keep the client draped modestly while turning the client between a supine and prone position. • Keep the client draped modestly while assisting the client on and off the massage table. • Adjust draping methods to increase client safety and comfort based on feedback from peers and instructors. • Adjust one’s body mechanics while draping based on feedback from instructors.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently demonstrate neat, efficient, and modest draping methods: <ul style="list-style-type: none"> • Expose the client’s arm for massage/bodywork in the supine, prone, and side-lying positions. • Expose the client’s leg for massage/bodywork in the supine, prone, and side-lying positions. • Expose the client’s back for massage/bodywork in the prone and side-lying positions. • Expose the client’s abdominal area using a breast drape. • Expose both anterior legs using an anterior pelvic drape. • Expose both posterior legs and the back using a gluteal drape • Keep the client draped modestly while turning the client between a supine and prone position. • Keep the client draped modestly while assisting the client on and off the massage table. • Improvise safe and comfortable draping to meet client needs (e.g., a larger client may need additional draping material, keep the client warm, etc.).

Topic: Application Methods

Learning Outcomes	<p>Conditions: Having completed 82 hours of instruction in the application of massage and bodywork methods, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to core concept in massage and bodywork application, forces and soft-tissue deformation, gliding, torsion, shearing, elongation, oscillating, percussive, static, joint movements, and hot and cold methods, on written examinations. • Demonstrate the correct application of gliding, torsion, shearing, elongation, oscillating, percussive, static, joint movement, and hot and cold methods, including variations in methods, the use of appropriate pace, depth, rhythm, therapeutic intent, proper body mechanics, correct client positioning methods, modest draping, and effective client communication, on practical evaluations.
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Key Terminology and Concepts

- Anatomical tools
- “Deep tissue” work
- Active assisted joint movement
- Active resisted joint movement
- Active joint movement
- Adhesiveness
- Arm pulling
- Beating
- Bending
- Bending force*
- Breath
- Center of gravity
- Circular friction
- Coarse vibration
- Cold
- Cold pack
- Combined forces
- Compression*
- Compressive force*
- Crossed-hand stretch
- Cross-fiber friction
- Cryotherapy
- Cupping
- Elongation methods*
- Emotional release
- Emotional release protocol
- End feel
- Engaging the tissue
- External forces
- Linear friction
- Lubricant
- Muscle approximation
- Muscle separation
- Muscle spindles
- Neutral
- Oblique angles
- Oscillating methods*
- Pacing and leading
- Paraffin dip
- Passive joint movement
- Passive stretching
- Percussive methods*
- Piezoelectricity
- Pin and stretch techniques
- Pincement
- Pincer compression
- Primary forces
- Quality of touch
- Resistant tissue
- Rhythm
- Rhythmic compression
- Rocking
- Shear*
- Shearing force*
- Shearing methods*
- Skin rolling
- Slapping
- Soft-tissue deformation*

- Fascial bending
- Fascial cutting
- Fascial spreading
- Fascial torqueing
- Fine vibration
- Flow and continuity
- Footbath
- Force*
- Fulling
- General work
- Gliding methods*
- Golgi tendon organ release
- Golgi tendon organs
- Gravity*
- Hacking
- Holding strokes
- Homeostasis
- Hot
- Hot pack
- Hydrocollator
- Hydrotherapy
- Ice immersion
- Ice massage
- Internal forces
- Joint movement methods
- Jostling
- Kneading
- Leg pulling
- Specific work
- Static compression
- Static methods*
- Stroke length
- Superficial friction
- Swinging
- Tapping
- Tensile force*
- Tension*
- Therapeutic discomfort
- Therapeutic edge
- Therapist intention
- Thermotherapy
- Thixotropy
- Tissue load*
- Torque*
- Torsion force*
- Traction
- Trigger points
- Torsion methods*
- Variety
- Viscoelasticity
- Warm
- Warm pack
- Working in layers
- Wringing

Use of Terms

*These terms are not consistently used or consistently defined in the massage therapy profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Bending force: A force that deforms the tissue by compressing the inner surface of the tissue and elongating the outer surface of the tissue.

Compression or compressive force: A force that deforms the tissue by pushing the ends of a structure towards one another.

Elongation methods: Massage or bodywork methods that exert a tensile force on soft-tissue structures causing deformation of the tissue by pulling the ends of the structure apart.

Force: Something that internally or externally causes the movement of the body to change or soft-tissue structures to deform.

Gliding methods: Massage or bodywork methods where strokes are applied in a smooth continuous motion that does not lose contact with the client's skin.

Gravity: A force caused by the Earth's gravitational pull that compresses body structures downward.

Oscillating methods: Massage or bodywork methods that deforms soft tissue through the momentum created by a back and forth swinging, rocking, or vibrating motion.

Percussive methods: Massage or bodywork methods that use rapid, rhythmic blows to the body with the hands held in various formations to affect the nervous system while briefly deforming tissue with a bending force.

Shear or shearing force: A force that deforms the tissue by pulling perpendicular sections of a structure in opposite directions, or by shifting different structures against each other.

Shearing methods: Massage or bodywork methods that exert a shearing force on soft-tissue structures causing deformation of the tissue by pulling perpendicular sections of a structure in opposite directions, or by shifting different structures against one another.

Soft-tissue deformation: The change in the shape of soft tissue as a result of applied forces.

Static methods: Massage or bodywork methods that deform soft tissue in various ways using hand positions that are held for usually fixed lengths of time.

Tension or tensile force: A force that deforms the tissue by pulling the ends of the structure apart.

Tissue load: The amount of stress soft-tissue structures are under due to forces; too much load and the tissue might fail and be injured.

Torsion force or torque: A force that deforms the tissue by compressing and twisting one end of the structure in one direction while the other end is held motionless or is compressed and twisted in the opposite direction.

Torsion methods: Massage or bodywork methods that exert a torsion force or torque on soft-tissue structures causing deformation of the tissue by twisting it.

Sub-Topics

- Core Concepts in Massage and Bodywork Application
- Forces and Soft-Tissue Deformation
- Gliding Methods
- Torsion methods
- Shearing Method
- Elongation Methods
- Oscillating Methods
- Percussive Methods
- Static Methods
- Joint Movement Methods
- Hot and Cold Methods

Sub-Topic: Core Concepts in Massage and Bodywork Application

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *quality of touch*.
- List three factors that contribute to competent quality of touch (e.g., warm, soft, dry, open, and confident hands that sink into the tissue at just the right depth and maintain regular and continuous contact, etc.).
- Review the term *therapist intention*.
- List one characteristic of therapists who lack therapeutic intention (e.g., they may not hold a clear intent for the session to benefit the client and may chat about their personal lives instead of keeping the session focused on the client, they may not have ready all the supplies necessary for the session and have to hunt around for the lubricant, they may “check out” and think about their bills or a personal event and not remain present with the client, etc.).
- List two considerations related to the use of lubricant during a massage or bodywork session (e.g., lubricant should always be used in moderation; for deeper, slower work, or for work where fascia is the focus, little or no lubricant is used; clients should have a choice in the type of lubricant used; attention must be paid to skin sensitivities, etc.).
- Explain in one’s own words the concept of *pacing and leading* (e.g., the idea that the therapist matches the client’s personal pace while entering the session and then leads the client towards a more relaxing pace as the session progresses).
- List two considerations related to *engaging the tissue* during a massage or bodywork session (e.g., the idea that clear communication regarding the agreed upon session goals, the approaches that work best, and the agreed upon depth of pressure leads to a massage/bodywork session that is therapeutic and satisfying for the client).

There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

- Define the term *therapeutic edge* (e.g., the particular pace and depth of work for the specific client that allows for the greatest therapeutic change in the tissue, etc.).
- Explain in one's own words what the therapeutic edge feels like to a client (e.g., the place where the client feels the "good hurt" or *therapeutic discomfort*; a technique feels "close to the limit" but the client also feels that the tissue is changing in a positive way and the stroke feels appropriate and "good," etc.).
- List two considerations related to *rhythm* in massage and bodywork application (e.g., the idea that strokes should be applied in regular patterns at a regular pace or tempo to elicit the parasympathetic nervous system response; when strokes are delivered in uneven patterns or at an irregular pace, it is jarring for the nervous system and the client has more difficulty relaxing, etc.).
- List two considerations related to *flow and continuity* in a massage or bodywork session (e.g., the idea that methods flow from one technique to another and from one body area to another through smooth transitions; strokes should flow in one uninterrupted action so that the client experiences the constant and steady pressure of hands, etc.).
- List two considerations related to *variety* in massage and bodywork sessions (e.g., the idea that therapists want to use a variety of methods to work in layers and to engage the interest of the client, and that muscles in particular areas respond better to certain methods and techniques; variety of methods also reduces stress on the therapist's body that might be produced through overly repetitive motions, etc.).
- List two considerations related to *stroke length* in massage and bodywork sessions (e.g., in general wellness or relaxation sessions, long strokes are used that connect body areas together and completely cover appropriate areas; strokes should travel the length of muscles or muscle groups when possible as cutting a stroke short can leave a client feeling frustrated, etc.).

- List two considerations related to *general* versus *specific* work (e.g., the idea that broad and general application methods lead to more specific or focused methods and then back to broad, general methods as the session closes, and that there is a difference between what a client experiences with general work versus specific, focused work in just one area, etc.).
- List two considerations related to *working in layers* (e.g., therapists often work superficial, to deep, and back to superficial, avoiding changing the depth of work sporadically and jumping between layers of tissue, etc.).
- Explain in one's own words what it means to work at *oblique angles* (e.g., in some situations therapists drop straight down into the tissue, but most often work at oblique angles no greater than 45 degrees; this ensures that blood vessels, lymph vessels, and nerves won't be pinched, etc.).
- List two considerations to ensure that resistant tissue is not forced during a stroke (e.g., slow down and wait for the tissue to release, make sure that tissue is warmed up sufficiently, find the therapeutic edge and work in layers, etc.).
- Explain in one's own words how the use of breath during sessions benefits the client (e.g., it helps the client relax through potentially uncomfortable methods, it can support the release of tension, it can reduce sensations of pain, it can positively influence lymphatic movement, it can lead to greater relaxation, etc.).
- Explain in one's own words what a client might mean when requesting "deep tissue" massage.
- Review concepts related to client emotional release and emotional release protocol from other classes.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast a therapist with high quality of touch with a therapist with lower quality of touch (e.g., differences in attentiveness, palpation skills, confidence, continuous contact, etc.). • Discuss the concept of therapist intention. • Discuss quality of touch and ways to improve quality of touch during practice sessions. • Discuss considerations related to the use of lubricant during sessions. • Compare the behaviors of a therapist with good pacing and leading skills with the behaviors of a therapist with poor pacing and leading skills. • Contrast a massage or bodywork session where the therapist does not properly engage the tissue with a massage or bodywork session that engages the tissue. • Analyze the experiences of a client who receives work on the therapeutic edge with a client who receives overly light work or overly deep work. • Discuss rhythm and its relationship to an enjoyable massage or bodywork session. • Contrast a massage or bodywork session with good flow and continuity with a session that lacks flow and continuity. • Discuss methods to improve stroke length during the application of massage and bodywork methods. • Discuss concepts of working general to specific to general. • Discuss the negative effects on the client when a therapist fails to demonstrate sensitivity to resistant tissue. • Discuss methods to encourage the client to breath effectively during the application of massage and bodywork methods. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject- Massage and Bodywork Application, Topic –Application Methods

Sub-Topic: Forces and Soft-Tissue Deformation

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in a lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Review anatomy and physiology concepts of the skeletal, muscular, fascial, and nervous systems in relationship to massage and bodywork application. Review the key benefits and effects of massage and bodywork application for soft-tissue structures. Review these proprioceptors in relationship to massage and bodywork application: Golgi tendon organs, muscle spindles. Define the term <i>soft-tissue deformation</i> (e.g., the change in the shape of soft-tissue as a result of applied forces). Define the term <i>forces</i> (e.g., something that internally or externally causes the movement of the body to change or soft-tissue structures to deform). Define the term <i>tissue load</i> (e.g., the amount of stress soft-tissue structures are under due to forces; too much load and the tissue might fail and be injured). Describe simply in one’s own words the way <i>external forces</i> create loads on soft tissue (e.g., forces create external loads by pushing or pulling on the body in a variety of ways). 	<p>Conditions: Having discussed the forces that deform soft tissue and worked with a peer group to explore soft-tissue deformation, the learner will be able to:</p> <ul style="list-style-type: none"> Try to find two ways to deform tissue using a compressive force on three different body areas. Try to find two ways to deform tissue using a tensile force on three different body areas. Try to find two ways to deform tissue using a shearing force on three different body areas. Try to find two ways to deform tissue using a torsion force on three different body areas. Try to find two ways to deform tissue using a bending force on three different body areas. Ask the client for regular feedback to determine if methods are applied at a comfortable depth for the client. Pay attention to felt sensations when acting as a client and report on sensations to classmates.

- Describe simply in one's own words the way *internal forces* create loads on soft tissue (e.g., misaligned joints or poor body mechanics cause soft-tissue to shorten, tighten, lengthen and/or weaken which may load surrounding tissue; for example, a tight muscle or tendon could compress a nerve running close by and cause pain or dysfunction, etc.).
- Review the properties and characteristics of soft tissue that allow it to benefit from deformation (e.g., thixotropy, viscoelasticity, piezoelectricity, adhesiveness, etc.).
- List the three primary forces (e.g., compression, tension, and shear, etc.).
- Define the term *combined forces* (e.g., two forces acting at the same time on a soft-tissue structure, etc.).
- List two combined forces (e.g., torsion and bending, etc.).
- Match these forces to their written descriptions: gravity, compression, tension, shear, torsion, bending.
- Define the term *gravity* (e.g., a force caused by the Earth's gravitational pull that compresses structures downward).
- Define the term *center of gravity* (e.g., the imaginary point around which body weight is evenly distributed).
- List one way that gravity's downward pull influences the body (e.g., postural muscles must sustain a semicontracted state for long periods of time to hold the body upright against the forces of gravity; when posture is distorted, the body cannot move or stand efficiently against Earth's gravitational pull and postural muscle become hypertonic by bracing misaligned joints and myofascia becomes thicker and shortened, etc.).
- Define the term *compression* or *compressive force* (e.g., a force that deforms the tissue by pushing the ends of a structure towards one another).

- Describe one way a therapist’s hands might apply a compressive force to a muscle (e.g., the therapist might grasp a muscle by its origin with one hand and by its insertion with the other hand and push the origin and insertion points towards each other, etc.).
- List two ways that the application of methods that deform soft tissue with compressive force benefit the body (e.g., pushing the origin and insertion points of muscles together may unload the muscle spindles decreasing hypertonicity or muscle spasm, etc.).
- Define the term *tension* or *tensile force* (e.g., a force that deforms the tissue by pulling the ends of the structure apart).
- Describe one way a therapist’s hands might apply a tensile force to a muscle (e.g., the therapist might place crossed hands with the fingers pointing away from each other on a body area, engage the tissue by dropping slightly downward, and then move the hands apart, stretching the tissue between the hands, or by using minimal or no lubricant and working away from either an origin or insertion point and “dragging the tissue” away from the fixed point, etc.).
- List two ways the application of methods that deform soft tissue with tensile force benefits the body (e.g., elongate shortened tissue, break the hydrogen bonds that hold adhered tissue together to improve range of motion, etc.).
- Define the term *shear* or *shearing force* (e.g., a force that deforms the tissue by pulling perpendicular sections of a structure in opposite directions, or by shifting different structures against each other, etc.).
- Describe one way a therapist’s hands might apply a shearing force to a muscle (e.g., the therapist might drop fingers into a muscle and use small, deep, back-and-forth actions to move tissue fibers against each other, etc.).

- List two ways that the application of methods that deform soft tissue with shearing force benefits the body (e.g., break the hydrogen bonds that cause tissues to stick together to reduce adhesions, reorganize collagen fibers during scar tissue formation, ensure that two closely situated structures slide over one another instead of sticking together, etc.).
- Define the term *torsion force* or *torque* (e.g., a force that deforms the tissue by compressing and twisting one end of the structure in one direction while the other end is held motionless or compressed and twisted in the opposite direction, etc.).
- Describe one way a therapist's hands might apply a torsion force to a muscle (e.g. the therapist might lift the muscle away from underlying structures with the hands and knead it by rolling the tissue through the fingers while twisting it one way and then the next, etc.).
- List two ways the application of methods that deform soft tissue with torsion force benefits the body (e.g., breaks the adhesive bonds between individual tissue fibers to make a muscle more pliable, "mixes" ground substance to increase its sol state, etc.).
- Define the term *bending force* (e.g., a force that deforms the tissue by compressing the inner surface of the tissue and elongating the outer surface of the tissue, etc.).
- Describe one way a therapist's hands might apply a bending force to a muscle (e.g., the therapist might place both hands across the fibers on a muscle's belly and lift the muscle slightly to press the thumbs horizontally into the lateral aspect of the muscle's belly while the origin and insertion points are pulled sideways and downward, etc.).
- List two ways the application of methods that deform soft tissue with bending force benefits the body (e.g., adhesive bonds between tissue fibers are broken making the tissue more pliable, shortened tissue is elongated, etc.).

- Explain the difference between a force applied externally that benefits soft tissue and a force applied externally that causes injury to soft tissue (e.g., a force applied with the right amount of intensity deforms the tissue in a positive way as with a massage method that elongates a shortened muscle encouraging it to return to a normal resting length; a force applied with too little intensity might not produce enough tissue deformation to cause a positive change but still feels enjoyable; a force applied with too much intensity might produce so much tissue deformation that injury results such as when a muscle is overstretched and muscle fibers are torn, etc.).

Level 2		Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Have participated in a class activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the properties and characteristics of soft tissue that allow it to benefit from deformation. • Discuss the ways that gravity impacts the body. • Compare and contrast a compressive force with a tensile force and a shear force. • Compare and contrast a torsion force with a bending force. • Discuss the effects of forces on soft-tissue structures. • Discuss felt sensations when acting as a client during a massage and bodywork application exploration. 		There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Gliding Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *gliding* (e.g., a stroke applied in a smooth continuous motion that does not lose contact with the client’s skin).
- List the depths at which gliding strokes might be applied (e.g., light, moderate, deep, etc.).
- Describe the way that soft tissue is deformed by gliding strokes (e.g., light strokes don’t apply enough force to deform tissue significantly, but moderate strokes apply a tensile force and deeper strokes apply a tensile and shear force, etc.).
- Name the types of “anatomical tools” that can be used to apply gliding methods (e.g., full palm, forearm, fists, etc.).
- List two uses or goals for methods that glide over the skin (e.g., apply lubricant, warm tissue, introduce client to touch, etc.).
- List two benefits or physiological effects of strokes that glide over the skin (e.g., they feel pleasurable, they stimulate the parasympathetic nervous system response, etc.).
- Identify two conditions or contraindications with strokes that glide over the skin.
- List two guidelines for the proper application of strokes that glide over the skin (e.g., lubricant is used to provide slip, the stroke should cover the length of the body area, the stroke should cover the entire width of the body area, the stroke should stay in continuous contact with the client, etc.).
- Name three examples of gliding strokes in different massage and bodywork forms or systems (e.g., instructor-selected forms or systems that might include Swedish massage use a gliding stroke named effleurage, lomilomi uses a gliding stroke named a “power stroke,” Ayurveda calls gliding strokes sweeps or flowing strokes, etc.).

Conditions: Having viewed an instructor demonstration of gliding strokes, the learner will be able to:

- Imitate the amount of lubricant the instructor used to apply gliding strokes.
- Imitate gliding strokes applied at three speeds (slow, moderate, and fast) on three or more body areas.
- Imitate gliding strokes applied at three depths (light, moderate, and deep) on three or more body areas.
- Try gliding strokes with two different “anatomical tools” (e.g., palms, forearms, fingertips, knuckles, etc.).
- Try gliding stroke variations (e.g., “shingling” use of fingertips on the face, etc.) on two or more body areas.
- Try gliding strokes on each area of the body where massage/bodywork is appropriate.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of gliding strokes.
- Pay attention to felt sensations when acting as the client and receiving gliding strokes.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of gliding strokes.
- Correct one’s body mechanics in response to instructor feedback during the application of gliding strokes.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the ways tissue is deformed by gliding strokes at light, moderate, and deep depths. • Discuss the uses, benefits and effects, cautions, and contraindications for gliding strokes. • Discuss guidelines for the correct application of gliding strokes. • Discuss felt sensations when acting as a client and receiving gliding strokes. • Discuss felt sensations when acting as the therapist and applying gliding strokes. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the correct use of lubricant in the application of gliding strokes. • Demonstrate the correct application of gliding strokes on all appropriate body areas. • Perform gliding strokes at a slow, moderate, and brisk pace. • Perform gliding strokes at a light, moderate, and deep depth. • Perform gliding strokes using two different “anatomical tools.” • Use appropriate and effective language to communicate with the client about depth, pace, and comfort of strokes. • Verbally share with peers and instructors the palpatory sensations that signal that soft tissue is changing because of gliding strokes during their application. • Verbally share with peers and instructors the felt sensations when acting as the client and receiving gliding strokes. • Correct one’s body mechanics based on instructor feedback. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly perform gliding strokes on all appropriate body areas, using stroke variations, a variety of “anatomical tools,” smooth transitions, different pacing, different depth, different stroke direction, and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics. 	

Sub-Topic: Torsion Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review the term *torsion force* or *torque* (e.g., a force that deforms the tissue by compressing and twisting one end of the structure in one direction while the other end is held motionless or compressed and twisted in the opposite direction, etc.).
- Review one way a therapist's hands might apply a torsion force to a muscle (e.g. the therapist might lift the muscle away from underlying structures with the hands and knead it by rolling the tissue through the fingers while twisting it one way and then the next, etc.).
- Match instructor-selected torsion methods to their written descriptions (e.g., kneading, skin rolling, fulling, wringing, and fascial torqueing, etc.).
- List two benefits or physiological effects of instructor-selected torsion methods (e.g., kneading makes soft tissue more pliable, breaks up adhered fibers, etc.).
- Identify two conditions that require caution or contraindicate the use of torsion methods.
- List two guidelines for the proper application of each instructor-selected torsion method (e.g., kneading guidelines might include an even rhythm, good lift in tissue, application over body hair with more lubricant, etc.).
- List three examples of torsion methods in different massage and bodywork forms or systems (e.g., instructor-selected - but might include petrissage in Swedish, fascial torqueing in myofascial release, skin rolling used as part of the protocol in some neuromuscular approaches, Cuo technique in Tuina, squeezing method in Ayurveda, etc.).

Conditions: Having viewed an instructor demonstration of twisting methods, the learner will be able to:

- Imitate the proper application of instructor-selected torsion methods (e.g., kneading, skin rolling, fulling, wringing, fascial torqueing).
- Try each instructor-selected torsion method on one to four body areas as appropriate.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of twisting methods.
- Try transitioning into and out of torsion methods using gliding strokes.
- Modify one's skills based on peer and instructor feedback.
- Correct one's body mechanics based on instructor feedback.
- Pay attention to felt sensations when acting as the client and receiving torsion methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of torsion methods.
- Correct one's body mechanics in response to instructor feedback during the application of torsion methods.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Review how adhesions form. • Review factors that contribute to adhesion formation (e.g., repetitive stress, incorrect posture, injury, etc.). • Discuss the ways tissue is deformed by torsion forces. • Discuss the uses, benefits and effects, cautions, and contraindications for torsion methods. • Discuss guidelines for the correct application of instructor-selected torsion methods. • Discuss felt sensations when acting as a client and receiving torsion methods. • Discuss felt sensations when acting as the therapist and applying torsion methods. • Compare and contrast the physiological effects of gliding methods with the physiological effects of torsion methods. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the correct application of instructor-selected torsion methods on one to four body areas as appropriate (e.g., kneading, skin rolling, fulling, wringing, fascial torqueing). • Perform torsion methods at the correct depth based on the body area (e.g., light with the fingertips on the face, deeper with full palms and fingers on fleshy areas like the thighs, etc.). • Use effective language to determine if torsion methods are applied at a comfortable depth for the client. • Use smooth transitions between gliding strokes and torsion methods. • Correct one's body mechanics during the application of torsion methods based on instructor feedback. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate torsion methods with gliding strokes in a flowing manner. • Correctly perform instructor-selected torsion methods on all appropriate body areas, using effective pacing and depth and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics. 	

Sub-Topic: Shearing Methods

Level 1

Knowledge: Attain and Comprehend

Skills : Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review relevant terms and concepts of the fascial and muscular systems.
- Review the term *shear* or *shearing force* (e.g., a force that deforms the tissue by pulling perpendicular sections of a structure in opposite directions, or by shifting different structures against each other, etc.).
- Review one way a therapist’s hands might apply a shearing force to a muscle (e.g., the therapist might drop the fingers into a muscle and use small, deep, back-and-forth actions to move tissue fibers against each other, etc.).
- Match instructor-selected shearing methods to their written descriptions (e.g., superficial friction, linear friction, circular friction, cross-fiber friction, muscle separation, fascial cutting, Cyriax cross-fiber friction, etc.).
- List two benefits or physiological effects of shearing methods.
- List two cautions or contraindications for shearing methods.
- List two general guidelines for deep work using broad, slow, shearing methods (e.g., be present and communicate about comfort often, use little or no lubricant to allow for greater control of the stroke, for broad shearing strokes slow down and don’t force resistant tissue, methods should work on the therapeutic edge or “good hurt” and not feel overly painful, work in layers, work at oblique angles, work origins and insertions as well as muscle bellies, place muscles in a lengthened position when possible, work the entire length of muscles, use breath, use passive and active movement at the end of sessions, etc.).

Conditions: Having viewed an instructor demonstration of shearing methods, the learner will be able to:

- Imitate the proper application of instructor-selected shearing methods (e.g., superficial friction, linear friction, circular friction, cross-fiber friction, muscle separation, fascial cutting).
- Try each instructor-selected shearing method on every area of the body where it is appropriate.
- Try deep, slow, broad shearing methods on two areas of the body.
- Try instructor-selected shearing methods using two different “anatomical tools” (e.g., knuckles, reinforced fingers, reinforced thumb, elbow, etc.).
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of shearing methods.
- Try transitioning into and out of shearing methods using gliding strokes.
- Pay attention to felt sensations when acting as the client and receiving shearing methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of shearing methods.
- Correct one’s body mechanics in response to instructor feedback during the application of shearing methods.

	<ul style="list-style-type: none"> List two guidelines for the proper application instructor-selected shearing methods (e.g., for superficial friction strokes: apply the stroke with palms in a light, quick, back-and-forth motion with little or no lubricant, etc.; for linear friction strokes: work in layers until depth is achieved, work slowly, use moderate or little lubricant, palpate and apply the stroke to separate muscle fibers or muscle edges, etc.). List three examples of shearing methods in different massage and bodywork forms or systems (e.g., instructor-selected but might include muscle stripping in “deep tissue massage,” fascial cutting in myofascial release, superficial friction in Swedish, etc.) 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the ways tissue is deformed by shearing forces. Discuss the uses, benefits and effects, cautions, and contraindications for shearing methods. Discuss the general guidelines for deep work using broad, slow, shearing methods. Discuss guidelines for the correct application of instructor-selected shearing methods. Discuss felt sensations when acting as a client and receiving shearing methods. Discuss felt sensations when acting as the therapist and applying shearing methods. Compare and contrast the physiological effects of gliding methods with the physiological effects of torsion methods and the physiological effects of shearing methods. Compare and contrast the physiological effects of brisk, superficial friction strokes with the physiological effects of slow, deep linear friction strokes. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate the correct application of each instructor-selected shearing method on two appropriate body areas. Demonstrate deep, slow, broad shearing methods on two areas of the body. Demonstrate the use of three different “anatomical tools” in the application of shearing methods. Use effective language to determine if shearing methods are applied at a comfortable depth for the client. Correct one’s body mechanics during the application of shearing methods based on instructor feedback.

Level 3	Knowledge: Choose and Plan	Skills Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate shearing methods with gliding strokes and twisting methods. • Correctly perform shearing methods on all appropriate body areas, using stroke variations, a variety of “tools,” smooth transitions, appropriate depth, and appropriate stroke direction and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics.

Sub-Topic: Elongation Methods

Level 1

Knowledge: Attain and Comprehend

Skills : Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review the term *tension* or *tensile force* (e.g., a force that deforms the tissue by pulling the ends of the structure apart, etc.).
- Review one way a therapist’s hands might apply a tensile force to a muscle (e.g., the therapist might place crossed hands with the fingers pointing away from each other on a body area, engage the tissue by dropping slightly downward, and then move the hands apart, stretching the tissue between the hands, or by using minimal or no lubricant and working away from either an origin or insertion point and “dragging the tissue” away from the fixed point, etc.).
- List two guidelines for the application of elongation methods when the focus is myofascial work (e.g., very little or no lubricant is used to increase the “drag” on tissue, take out the slack in tissue and hold the stretch, work fascia in all directions stretching it first one way and then another, work slowly, use passive and active joint movement methods at the end of sessions, etc.).
- Match instructor-selected elongation methods to their written descriptions (e.g., crossed hands stretch, fascial spreading, pin and stretch, arm pulling, leg pulling, traction).
- List one example of an application method where multiple mechanical stresses are combined (e.g., pin and stretch, etc.).
- List two benefits or physiological effects of elongation methods.
- List two cautions or contraindications for elongation methods.

Conditions: Having viewed an instructor demonstration of elongation methods, the learner will be able to:

- Imitate the proper application of instructor-selected elongation methods (e.g., crossed hands stretch, fascial spreading, pin and stretch, arm pulling, leg pulling, traction).
- Try each instructor-selected elongation method on one to four appropriate areas of the body.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of elongation methods.
- Try transitioning into and out of elongation methods using gliding strokes.
- Pay attention to felt sensations when acting as the client and receiving elongation methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of elongation methods.
- Correct one’s body mechanics in response to instructor feedback during the application of elongation methods.

	<ul style="list-style-type: none"> List two guidelines for the proper application of instructor-selected elongation methods (e.g., for crossed hands stretch, the forearms are crossed and the hands placed with fingers pointing in opposite directions; engage the tissue and take the slack out of the fascia and hold the stretch until the tissue softens, etc.). List three examples of elongation methods in different massage and bodywork forms or systems (e.g., instructor-selected but might include crossed-hands stretch and fascial spreading from myofascial release; Bashen Technique is a tension method from Tuina; heel pulling is a tension method used in Shiatsu, etc.) 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the ways tissue is deformed by tensile forces. Discuss the uses, benefits and effects, cautions, and contraindications for elongation methods. Discuss guidelines for the application of elongation methods when the focus is myofascial work. Discuss guidelines for the correct application of these elongation methods: crossed- hands stretch, fascial spreading, pin and stretch, arm pulling, leg pulling, traction. If pin and stretch is an instructor-selected method, discuss the idea that pin and stretch applications combine compressive, tensile, and shearing forces during application (e.g., compressive force is exerted when the muscle is shortened, shearing force is exerted when linear friction is applied during the stretching phase, and tensile force is applied when the muscle fibers are pulled through a fixed “pin,” etc.). Discuss when gliding strokes become elongation methods (e.g., when little or no lubricant is used, the pace is slowed, and the tissue “drag” becomes significant, etc.). 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate the correct application of each instructor-selected elongation method on two different areas of the body. Use effective language to determine if elongation methods are applied at a comfortable depth and pace for the client. Correct one’s body mechanics during the application of elongation methods based on instructor feedback.

	<ul style="list-style-type: none"> • Discuss the idea that joint movement methods often exert a tensile force on tissue. • Discuss felt sensations when acting as a client and receiving elongation methods. • Discuss felt sensations when acting as the therapist and applying elongation methods. • Compare and contrast the physiological effects of gliding, elongation methods, shearing methods, and twisting methods. 	
Level 3	Knowledge: Choose and Plan	Skills Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate elongation methods with all previously learned methods. • Correctly perform elongation methods on all appropriate body areas, using smooth transitions, appropriate depth, and appropriate pace and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics.

Sub-Topic: Oscillating Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having participated in a lecture or classroom activity, the learner will be able to:
- Define the term *oscillating method* (e.g., any method that deforms soft tissue through the momentum created by a back-and-forth swinging, rocking, or vibrating motions, etc.).
 - Match instructor-selected oscillating methods to their written descriptions (e.g., fine vibration, rough vibration, shaking, jostling, rocking, rhythmic compression, etc.).
 - List three benefits or physiological effects of oscillating methods (e.g., depending on location, depth, pace, and duration oscillating methods can stimulate the nervous system, numb a local area, loosen muscles, stimulate peristalsis, etc.).
 - Identify two conditions that require caution or that contraindicate the use of oscillating methods.
 - List two guidelines for the proper application of instructor-selected oscillating methods (e.g., for jostling the arm, the guidelines might be to grasp the client’s hand and use the other hand to support the elbow as the arm is lifted; swing the arm back and forth, keeping a bend in the client’s elbow, etc.).
 - List three examples of oscillating methods in different massage and bodywork forms or systems (e.g., instructor –selected but examples might include vibration in Swedish massage, jostling in sports massage, etc.).

- Conditions:** Having viewed an instructor demonstration of oscillating methods, the learner will be able to:
- Imitate instructor-selected oscillating methods on two or more body areas or joints as appropriate.
 - Try transitioning into and out of oscillating methods using gliding strokes.
 - Pay attention to felt sensations when acting as the client and receiving oscillating methods.
 - Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of oscillating methods.
 - Correct one’s body mechanics in response to instructor feedback during the application of oscillating methods.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the way that oscillating methods use momentum to deform tissue. • Discuss the uses, benefits and effects, cautions, and contraindications for oscillating methods. • Discuss the influence of location, depth, pace, and duration on the benefits and effects of oscillating methods (e.g., initially a vibration stroke is stimulating but as the stroke progresses it becomes sedating, and sustained vibration can numb an area, etc.). • Discuss the idea that some oscillating methods apply a bending force to soft tissue in the area where the rocking, shaking, or vibrating movements are initiated (e.g., rhythmic compressions use the momentum of oscillation to soothe the body and relax muscles, but the areas directly under the therapist's hands are also exposed to bending forces which cause elongation and increased tissue pliability, etc.). • If appropriate based on the methods selected by the instructor, compare and contrast the physiological effects of fine vibration with the effects of coarse vibration like rocking or jostling. • Discuss guidelines for the correct application of instructor-selected oscillating methods. • Discuss felt sensations when acting as a client and receiving oscillating methods. • Discuss felt sensations when acting as the therapist and applying oscillating methods. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the correct application of each instructor-selected oscillating method on two body areas or joints as appropriate. • Use appropriate and effective language to communicate with the client about depth, pace, and comfort of oscillating methods. • Correct one's body mechanics based on instructor feedback while applying oscillating methods.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate oscillating methods with all previously learned methods. • Correctly perform oscillating methods on all appropriate body areas, using smooth transitions, different pacing, and different duration and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics.

Sub-Topic: Percussive Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *percussive methods* (e.g., methods that use rapid, rhythmic blows to the body with the hands held in various formations, etc.).
- List two benefits or physiological effects of percussive methods (e.g., stimulate the body, warm muscles, loosen mucus for easier expulsion, etc.).
- Identify two conditions that require caution contraindicate the use of percussive methods.
- List three guidelines for the proper application of percussive methods (e.g., can be applied over dry or lubricated skin, rhythm is important, strokes should be regular, strokes should move up and down and across body areas fluidly, avoid overtreating one area, keep wrists and fingers loose, etc.).
- List three different “anatomical tools” a therapist might use to apply percussive methods (e.g., fists, fingers, palms, cupped palms, etc.).
- Match these percussive methods to their written descriptions: hacking, cupping, beating, slapping, pincement, tapping.
- List two examples of percussive methods used in different massage and bodywork forms or systems (e.g., tapotement in Swedish massage, tapping in Ayurveda, regularly used in pre-event sports massage, etc.).

Conditions: Having viewed an instructor demonstration of percussive methods, the learner will be able to:

- Imitate percussive methods on appropriate areas of the body.
- Imitate light percussive methods applied with the fingertips to the face.
- Try percussive methods with various “anatomical tools.”
- Try percussive methods at three depths (e.g., light, moderate, and deep).
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of percussive methods.
- Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of percussive methods.
- Correct one’s body mechanics in response to instructor feedback during the application of percussive methods.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the uses, benefits and effects, cautions, stroke adaptations, and contraindications for percussive methods. • Compare and contrast the physiological effects of short applications of percussive methods with the effects of longer applications of percussive methods. • Discuss guidelines for the correct application of percussive methods. • Discuss felt sensations when acting as a client and receiving percussive methods. • Discuss felt sensations when acting as the therapist and applying percussive methods. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the correct application of percussive methods on all appropriate body areas. • Demonstrate percussive methods using four different “anatomical tools.” • Use appropriate and effective language to communicate with the client about depth, pace, and comfort of percussive methods. • Correct one’s body mechanics based on instructor feedback. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate percussive methods with gliding strokes, torsion methods, tension methods, shearing methods, and oscillating methods. • Correctly perform percussive methods on all appropriate body areas, using a variety of “tools,” smooth transitions, different pacing, and different depth and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics. 	

Sub-Topic: Static Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review the mechanisms related to the tendon reflex, stretch reflex, and reciprocal inhibition.
- Review the physical characteristics and autonomic phenomena associated with trigger points (e.g., they feel like nodules, they are hypersensitive, they cause hyperirritability in local tissue, they are found in taut bands of muscle, they cause symptoms locally and in regions distant to the point, etc.).
- Review the symptoms of trigger points (e.g., local pain, referred pain, paresthesia, muscle tension, reduced range of motion, general motor function disturbances, sleep disturbances, etc.).
- Define the term *static methods* (e.g., methods that deform soft tissue in various ways using hand positions that are held for usually fixed lengths of time, etc.).
- Match instructor-selected static methods to their written descriptions (e.g., holding strokes, muscle approximation, fascial bending, Golgi tendon organ release, pincer compression, static compression, etc.).
- If an instructor-selected method, explain in one’s own words the type of force used in muscle approximation (e.g., muscle approximation uses a compressive force that deforms the tissue by pushing the ends of a muscle towards one another in order to unload muscle spindles and Golgi tendon organs and reset muscle resting tone, etc.).
- If an instructor-selected method, explain in one’s own words the type of force applied in fascial bending (e.g., fascial bending uses a bending force that deforms the tissue by compressing the inner surface of the tissue and elongating the outer surface of the tissue, etc.).

Conditions: Having viewed an instructor demonstration of static methods, the learner will be able to:

- Imitate instructor-selected static methods on three appropriate areas of the body.
- Imitate static compression with three different “anatomical tools.”
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of static methods.
- Reproduce the language the instructor used to communicate with the client about depth, and comfort of static methods.
- Correct one’s body mechanics in response to instructor feedback during the application of static methods.

- If an instructor-selected method, explain in one's own words the type of force applied in Golgi tendon organ release (e.g., GTO release uses a bending force that deforms the tissue by compressing the inner surface of the tissue and elongating the outer surface of the tissue in order to load the GTOs and cause a reflex effect, etc.).
- If an instructor-selected method, explain in one's own words the type of force used in pincer compression (e.g., in pincer compression, a compressive force is applied to a trigger point nodule; the sides of the nodule are pressed towards each other with the therapist's fingers, etc.).
- If an instructor selected method, explain in one's own words the type of force used in static compression (e.g., in static compression, a compressive force is applied to a trigger point nodule; one side of the nodule is trapped by muscle fibers or a bone and the other side is pressed by the therapists fingers, thumb, or elbow, etc.).
- List two benefits or physiological effects of each instructor-selected static method (e.g., holding strokes introduce the client to touch, elicit the parasympathetic nervous system response, facilitate restful breathing, etc.).
- Identify two cautions or contraindications for each instructor-selected static method.
- List three guidelines for the proper application of each instructor-selected static method (e.g., for static compression guidelines might include to communicate with clients upfront about the potential for discomfort when deactivating a trigger point, encourage clients to breathe during treatment, place muscles in a lengthened position for treatment when possible, warm the tissue before applying static compression, use passive stretches and active range of motion post-treatment, etc.).
- List three different "anatomical tools" a therapist might use to apply static compression (e.g., reinforced thumb, reinforced fingers, elbow, etc.).

	<ul style="list-style-type: none"> List two examples of static methods used in different massage and bodywork forms or systems (e.g., neuromuscular therapy, proprioceptive neuromuscular facilitation, muscle energy technique, strain and counterstrain, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the forces that deform soft tissue for each instructor-selected static method. Discuss the uses, benefits and effects, cautions and contraindications for static methods. Compare and contrast the physiological effects of static methods that influence proprioceptors and static methods that reduce trigger points. Discuss guidelines for the correct application of instructor-selected static methods. Discuss felt sensations when acting as a client and receiving static methods. Discuss felt sensations when acting as the therapist and applying static methods. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate the correct application of instructor-selected static methods on all appropriate body areas. Demonstrate static compression using three different “tools.” Use appropriate and effective language to communicate with the client about depth, and comfort of static methods. Correct one’s body mechanics based on instructor feedback.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Integrate static methods with all other massage and bodywork methods learned so far. Correctly perform instructor-selected static methods on all appropriate body areas, using a variety of “tools,” smooth transitions, and different depths and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics.

Sub-Topic: Joint Movement Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Match these terms to their written descriptions: *active joint movement, active assisted joint movement, active resisted joint movement, passive joint movement, passive stretching, end feel.*
- Review relevant concepts related to joint structure and function learned in other topics.
- List two uses or goals for joint movement techniques (e.g., freedom of movement, encouragement of movement, etc.).
- List one anatomical, one physiological, and one pathological restriction that might limit joint movement.
- List three benefits or physiological effects of joint movement techniques (e.g., encourage movement of lymph, stimulate the production of synovial fluid to lubricate and nourish the joint, stretch muscles and fascia, reeducate the body about its movement potential, etc.).
- Identify two conditions that indicate caution or adaptations are required in the application of joint movement techniques (e.g., presence of pins, plates, screws, or rods, chronic osteoarthritis, history of dislocation, etc.).
- Identify two conditions that contraindicate the use of joint movement techniques (e.g., recent dislocation, acute sprain, rheumatoid arthritis in flare-up, gout, bursitis, etc.).
- List three guidelines for the proper application of active assisted, active resisted, and passive joint movements and passive stretches.

Conditions: Having viewed an instructor demonstration of joint movement methods, the learner will be able to:

- Imitate active resisted methods on two joints.
- Imitate passive joint movement methods on two joints.
- Imitate passive stretching methods on two joints.
- Pay attention to palpatory sensations that signal that soft tissue is changing as a result of joint movement methods.
- Pay attention to felt sensations as a joint nears the end of its range.
- Reproduce the language the instructor used to communicate with the client about comfort during joint movement application.
- Correct one's body mechanics in response to instructor feedback during the application of joint movement methods.

- List two examples of joint movement methods used in different massage and bodywork forms or systems (e.g., neuromuscular therapy uses passive and active movement at the end of sessions, proprioceptive neuromuscular facilitation, Swedish massage, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the uses, benefits and effects, cautions, adaptations, and contraindications for joint movement techniques. • Discuss hard, soft, and firm end feel. • Compare and contrast the physiological effects of active assisted, active resisted, and passive joint movements and passive stretches. • Discuss the types of forces exerted on soft tissue from joint movement methods (e.g., passive stretching exerts a tensile force, passive movements might use momentum to generate forces, etc.). • Discuss guidelines for the correct application of active assisted, active resisted, passive joint movement, and stretches. • Discuss felt sensations when acting as a client and receiving joint movement methods. • Discuss felt sensations when acting as the therapist and applying joint movement methods. 	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the application of active resisted joint movement methods at two joints. • Demonstrate the application of passive joint movement methods at two joints. • Demonstrate the application of passive stretching methods at two joints. • Use appropriate and effective language to communicate with the client about the comfort of joint movement methods. • Correct one’s body mechanics based on instructor feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate joint movement methods with previously learned strokes and techniques. • Correctly perform joint movement methods on all appropriate joints, using technique variations (e.g., active-assisted, active-resisted, and passive joint movements and passive stretches) and smooth transitions and with attention to safe and comfortable client positioning, modest draping, client communication, and effective body mechanics.

Sub-Topic: Hot and Cold Methods

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *homeostasis*.
- Define the term *hydrotherapy*.
- Match these terms to their written descriptions: *cryotherapy, thermotherapy, hydrocollator, hot pack, warm pack, cold pack, ice massage, footbath, ice immersion, paraffin dip, hot, warm, cold, neutral*.
- List two characteristics of water that make it useful as a therapeutic modality (e.g., stores and transmits heat, good conductor, changes states over a narrow temperature range, effective cooling agent, etc.).
- List two general uses or goals for hot or cold methods (e.g., increase the benefits and effects of massage, support relaxation, client enjoyment of sessions, and therapeutic benefits in addition to massage, etc.).
- Describe one factor that influences the degree to which the body is affected by a hot or cold applications (e.g., the greater the temperature difference between the body and the hydrotherapy application the greater the physiological effect on the body, the length of the hydrotherapy application influences the physiological effect on the body, the larger the body area treated by hydrotherapy the greater the effect on the body, etc.).
- Match these temperatures to written descriptions of their physiological effects: hot, neutral, cold, contrasting temperatures.
- Review the stages of the inflammatory response learned in other sub-topics.
- Match effective hot or cold applications to the correct stage of the inflammatory response (e.g., cold applications for the acute stage, hot applications for the maturation stage, etc.).

Conditions: Having viewed one or more instructor demonstrations of hot and cold methods, the learner will be able to:

- Imitate the methods the instructor used to remove a hydrocollator pack from a hydrocollator, wrap it in four to six layers of towels, and apply it to a client.
- Imitate the methods the instructor used to prepare a cold pack by wrapping it in one thin layer and applying it to a client.
- Reproduce the language the instructor used to prepare the client for the application of a hot or cold pack and sensations possibly experienced from hydrotherapy applications.
- Reproduce the language the instructor used to ensure that a hot or cold application remains at a temperature that is comfortable for a client.
- Try applying warm and cold packs to different body areas while gathering feedback about the client's felt experience of different temperatures.
- Imitate the methods an instructor used to apply ice massage to a client.
- Imitate set-up, clean-up, and sanitation methods the instructor used during hot and cold applications.

- Identify two conditions that require extra caution or adaptations to sessions using cold methods.
- Identify two conditions that require extra caution or adaptations to sessions using hot methods.
- Identify two conditions that contraindicate the use of cold methods.
- Identify two conditions that contraindicate the use of hot methods.
- List two guidelines for the proper application of a hydrocollator pack.
- List two guidelines for the proper application of a microwavable warm pack.
- List two guidelines for the proper application of a cold pack.
- List two guidelines for the proper application of ice massage.
- List two guidelines for the proper application of an ice immersion treatment.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the therapeutic characteristics of water. • Discuss homeostasis and factors that influence the degree to which the body is affected by hot and cold methods. • Discuss the uses and goals, general benefits and effects, and cautions and contraindications for hot and cold methods. • Compare and contrast the physiological effects of cold applications with the physiological effects of hot applications. • Analyze the roles of hot and cold applications in the management of pain. • Compare and contrast the use of hot and cold methods for wellness or relaxation sessions with the use of hot and cold methods for health care massage or soft-tissue injury. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate correct methods for removing a hydrocollator pack from a hydrocollator, wrapping it in four to six layers of towels, and applying it to a client. • Demonstrate correct methods to prepare a cold pack by wrapping it in one thin layer and applying it to a client. • Demonstrate correct methods for the application of ice massage to a client. • Demonstrate effective procedures to set up, clean, and sanitize equipment before, during, and after hot and cold applications. • Use effective language to prepare the client for the application of a hot or cold pack and sensations possibly experienced from applications.

	<ul style="list-style-type: none"> • Compare and contrast the effects of applications applied close to body temperature with those applied at greater temperature differences. • Discuss guidelines for the proper application of these hot and cold methods: hydrocollator pack, microwavable warm pack, cold pack, ice massage, ice immersion applications, footbath. • Compare and contrast palpatory findings before and after a heat pack application. • Discuss felt sensations when acting as a client and receiving hot and cold methods. • Discuss felt sensations when acting as the therapist and applying hot and cold methods. 	<ul style="list-style-type: none"> • Use effective language to ensure that a hot or cold application remained at a temperature that is comfortable for the client.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Integrate two different hot or cold methods (e.g., use of a hot pack or ice massage and a warm pack on a different body area, etc.) into a 1-hour massage or bodywork session demonstrating fluid sequencing and transitions between massage strokes and hot or cold methods.

Topic: The Massage or Bodywork Session

Learning Outcomes	<p>Conditions: Having completed 30 hours of instruction in the massage or bodywork session, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to an overview of a massage session, session planning, customization of a session, and suggesting client self-care activities, on a written examination. • Demonstrate a fluid and enjoyable 1-hour session including effective methods for opening the session, sequencing body regions, sequencing strokes and using an enjoyable 10-minute face routine and 20-minute foot routine on a practical evaluation. • Effectively negotiate a customized session and deliver the agreed session via a massage integrating an effective opening, sequencing of body regions to meet the client's specifications, techniques and depth of work to meet the client's specifications, an effective closing, and the suggestion of one appropriate client self-care activity, on a practical evaluation.
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Key Terminology and Concepts

- Auditory cue
- Client expectations
- Client health care goals
- Client self-care
- Client wants/needs
- Client wellness goals
- Closing a session
- Customization of a session
- Diaphragmatic breathing exercise
- Face routine
- Foot routine
- Greeting
- Health care session
- Health intake process
- Massage/bodywork session
- Negotiating a session
- Olfactory cue
- Opening a session
- Pursed-lip breathing exercise
- Rebooking
- Resting/holding strokes
- Routines
- Sequencing body regions
- Sequencing methods
- Wellness session

Use of Terms

The terms in this topic appear to be consistent and widely accepted.

Sub-Topics

- Overview of the Events in a Massage or Bodywork Session
- Integrating Methods into a Form and Session Plan
- Customization of the Session to Meet Client Wants and Needs
- Suggesting Client Self-Care

Sub-Topic: Overview of the Events in a Massage or Bodywork Session

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *wellness session*.
- List three events that commonly occur in a wellness session (e.g., greeting the client, health intake process, showing the client to the treatment room, massage/bodywork application, payment for the session, rebooking the client, the goodbye, etc.).
- Explain in one’s own words two reasons the public seeks out wellness massage/bodywork (e.g., stress reduction, relaxation, relief from minor aches and pains, etc.).
- Review each event in a wellness massage/bodywork session in detail from the moment the client walks in the office door until the client leaves.
- Define the term *health care session*.
- List two events that may occur in a health care session but do not commonly occur in wellness sessions (e.g., formal postural assessment, formal range of motion assessment, formal post-massage/bodywork assessment, etc.).
- Explain in one’s own words two reasons the public seeks out health care massage/bodywork (e.g., to manage the symptoms of a diagnosed condition, for chronic pain management, for soft-tissue injury, etc.).
- List three skills a therapist must use in addition to massage/bodywork during a session (e.g., draping, positioning, communication to obtain client health information, rebooking skills, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss these events in a wellness massage/bodywork session: greeting the client, a tour of the facility, the health intake process, the client interview, showing the client to the treatment room and explaining how to get on the table, opening the session, massage/bodywork application, closing the session, collecting the fee for the session, booking the next session, saying goodbye, charting the session, sanitizing the room for the next client. 		There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Integrating Methods into a Form and Session Plan

Level 1 Knowledge: Attain and Comprehend Skills: Observe and Imitate

Receive Respond

Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:

- Review the term *massage/bodywork session*.
- Review session components (e.g., greeting, health intake process, opening the massage/bodywork session, application of massage/bodywork, closing the session, collection of the fee, rebooking the next session, the goodbye, documentation of the session, etc.).
- List two ways the paradigm of a massage or bodywork form or style might change session component delivery (e.g., assessment methods might be different, the sequencing of strokes might be specific to the form, the sequencing of body regions might be specific to the form, strokes in one system applied to deform tissue in a specific way might be applied in a different form to unblock chi, etc.).
- Define the term *opening* as it relates to a massage/bodywork session (e.g., a formal moment that recognizes the importance of what is coming and helps to frame the massage/bodywork experience, etc.).
- List three ways to formally open a massage/bodywork session (e.g., resting/holding strokes, use of a short breathing activity, use of an auditory cue, use of an olfactory cue, etc.)
- Explain application guidelines for applying a resting or holding stroke to open a massage (e.g., the hands are placed, without lubricant, on the client with the intent to greet the client and allow the client time to become accustomed to the therapist’s touch, etc.).
- Give one example of a short breathing activity that might be used to open a massage session (e.g., based on instructor preferences such as the use of three simple breaths, a diaphragmatic breathing exercise, a pursed-lip breathing exercise, etc.).

Conditions: Having viewed and instructor demonstration, and worked with a peer group to choreograph a foot and face routine in writing, the learner will be able to:

- Imitate the methods an instructor used to:
 - Open a massage/bodywork session effectively.
 - Close a massage/bodywork session effectively.
 - Sequence body regions effectively beginning from a prone position.
 - Sequence body regions effectively beginning from a supine position.
 - Sequence methods effectively to enhance client comfort and enjoyment.
- Observe the methods an instructor used to:
 - Apply a fluid routine of strokes to the face.
 - Apply a fluid routine of strokes to the feet.
- Work with a peer group to:
 - Try different strokes to develop a fluid routine for the face.
 - Try different strokes to develop a fluid routine for the feet.

- Explain the benefits of using an auditory cue to open a massage/bodywork session (e.g., an auditory cue, such as the ringing of a chime, is used at the opening or closing of a session to lend a sense of ritual or more spiritual formality to the session. Over multiple sessions, auditory cues become linked in the client's mind with relaxation and can trigger a relaxation response, etc.).
- Explain the benefits of using an olfactory cue to open a massage/bodywork session (e.g., natural aromas with sedative properties such as lavender or mandarin can cause olfactory responses that support relaxation, etc.).
- List two considerations for planning the sequence of body regions to be addressed during the sessions (e.g., benefits and drawbacks of starting prone or supine, areas where the client wants focused work, if sequencing in a specific order will lead to better therapeutic outcomes, sequencing might be prescriptive based on the paradigm of a particular form or style, etc.).
- List two considerations for planning the sequence of methods during the session (e.g., are the goals of the session relaxation-oriented or is specific focused work required to meet therapeutic outcomes, how much depth has the client requested, how much warm-up is needed based on the client's resistance or openness to specific methods, what will feel most enjoyable and achieve desired results, the paradigm of a particular form or style might dictate the sequence of application methods, etc.).
- Define the term *routine* (e.g., a series of strokes that are planned in advance, delivered to body areas in a preset order, and practiced until they flow smoothly together, etc.).
- Explain in one's own words when the use of a routine is effective and appropriate (e.g., useful in relaxation or wellness sessions because they use a variety of techniques and are practiced to promote fluidity and so feel very enjoyable to receive; might also be used in forms or styles that follow particular protocols or stroke sequences as part of their paradigm, etc.).

- Explain in one’s own words when the use of routines is not effective or appropriate (e.g., in health-care-oriented sessions or in sessions where clients have requested the therapist meet specific therapeutic goals, etc.).
- List two body areas where therapists commonly use routines in wellness, relaxation, or spa settings (e.g., face and feet, etc.).
- List two ways to enhance the client’s enjoyment of a session (e.g., make sure the client is warm, choose relaxing and appropriate session music, keep the session client-centered by eliminating unnecessary chatter, etc.).
- Define the term *closing the session* (e.g., a method used at the end of a session to leave the client feeling complete, peaceful, and balanced, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss methods to open a massage or bodywork session. • List two ways the paradigm of a massage or bodywork form or style might change session component delivery • Discuss considerations for planning the sequence of body regions to be addressed during a session. • Discuss considerations for planning the sequence of massage/bodywork application methods. • Compare and contrast the use of a massage/bodywork routine with the customization of a massage/bodywork session. • Share one’s feelings and ideas about what constitutes an excellent massage/bodywork session. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate an effective opening to a massage/bodywork session. • Demonstrate an effective closing to a massage/bodywork session. • Sequence body regions effectively beginning from a prone position. • Sequence body regions effectively beginning from a supine position. • Sequence methods effectively to enhance client comfort and enjoyment. • Work with peers to refine the choreography for a fluid and enjoyable routine for the face. • Work with peers to refine the choreography for a fluid and enjoyable routine for the feet.

	<ul style="list-style-type: none"> • Outline two different 1-hour sessions including the opening, sequence of body areas, use of methods to enhance client enjoyment of the session, and closing. • Discuss methods for the development of an exceptional foot routine. • Discuss methods for the development of an exceptional face routine. • Work with a peer group to choreograph a fluid and enjoyable 10-minute routine for the face in writing. • Work with a peer group to choreograph a fluid and enjoyable 20-minute routine for the feet in writing. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having participated in ongoing hands-on practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently demonstrate the use of effective opening and closing methods during sessions. • Demonstrate a fluid and enjoyable 10-minute routine for the face. • Demonstrate a fluid and enjoyable 20-minute routine for the feet.

Sub-Topic:

Customization of a Session to Meet Client Wants and Needs

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>customization of a session</i> (e.g., to plan a session specifically to meet the needs and wants of the client). • Describe one reason a therapist might decline meeting a client’s wants or needs (e.g., if the client’s wants or needs are illegal, would cause the therapist to behave unethically, would allow unethical behavior in the client, could potentially exacerbate the client’s symptoms or condition, or are contraindicated, etc.). • List the considerations a therapist makes when customizing a massage/bodywork session for clients (e.g., the client’s previous experience with massage/bodywork, the client’s expectations for session results, the client’s wellness or health care goals, the body regions where the client would like focused massage/bodywork, the body regions where the client would not like massage/bodywork, the types of techniques the client has found effective in the past, the types of techniques the client would like to experience, the amount of depth the client has found effective in the past, the amount of depth the client would like to experience, client preferences for music, client preferences for lubricant, etc.). • Define the term <i>negotiate the session</i> (e.g., a discussion between a therapist and client that results in an agreed plan for the session). • Brainstorm client questions that would help a therapist negotiate and plan a massage/bodywork session. 	<p>Conditions: Having viewed an instructor demonstration of negotiating a customized session with a client, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the methods, language, and behaviors the instructor used to effectively negotiate an agreed session plan.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the reasons a therapist might decline meeting a client’s wants or needs when planning a session. • Discuss the considerations a therapist makes when customizing a massage/bodywork session for a client. • Discuss methods to effectively negotiate sessions with clients. • Conduct client interviews on four different peers and use good follow-up questions to negotiate the sessions. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate effective methods, language, and behaviors to negotiate an agreed plan for a customized session. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.</p>	<p>Conditions: Having participated in ongoing practice sessions and student client, the learner will be able to:</p> <ul style="list-style-type: none"> • Consistently demonstrate effective methods, language, and behaviors to negotiate plans for customized sessions. 	

Sub-Topic: Suggesting Client Self-Care

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having read assigned material and participated in a lecture and/or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>client self-care</i> (or <i>client home-care</i>). • List two benefits of suggesting and demonstrating self-care activities to clients (e.g., they prolong the benefits they experience from massage, provide a means for clients to be proactive about their physical condition, support symptom reduction, etc.). • List three common self-care activities massage therapists suggest to clients (e.g., use of warm packs on chronic muscle tension, lying on a tennis ball to release tight muscles, stretches, etc.). • Describe when and where self-care activities are suggested and demonstrated for the client (e.g., at the end of the session in the treatment room to preserve the client’s privacy, etc.). 	<p>Conditions: Having viewed an instructor’s demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s language and behavior to demonstrate these self-care activities for clients: <ul style="list-style-type: none"> • Use of a warm pack. • Use of an ice pack. • Use of a tennis ball to release tight muscles. • Self-care stretches for three different joints. • Self-massage techniques.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a class discussion and analyzed client scenarios, the learner will be able to:</p> <ul style="list-style-type: none"> • Brainstorm client self-care activities (e.g., use of warm or ice packs, warm baths, lying on a tennis ball, simple strengthening exercises, modifications in work activities, better body mechanics at work, self-massage techniques, stretching, etc.). • Identify two self-care stretches for five different muscles. • Analyze two mock client health forms, interview questions and responses, and assessment data and suggest self-care activities that might benefit the client’s condition. 	<p>Conditions: Having viewed an instructor’s demonstration and participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice using effective language and behavior to demonstrate these self-care activities for clients: <ul style="list-style-type: none"> • Use of a warm pack. • Use of an ice pack. • Use of a tennis ball to release tight muscles. • Self-care stretches for three different joints. • Self-massage techniques.

	<ul style="list-style-type: none"> • Compare and contrast the role of self-care for clients who visit a massage business once and for clients regularly working with a therapist to meet goals outlined in a treatment plan. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Determine one self-care activity for each of five mock clients based on chart notes from mock sessions. • Defend one’s choices of self-care suggestions to peers and instructors. • Critique the choices of peers when they present their self-care suggestions and provide useful feedback. 	<p>Conditions: Having viewed an instructor demonstration and participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Use effective language and behavior to demonstrate appropriate self-care activities for five mock clients.

Topic: Sample Form: Western Integration of Application Methods

Learning Outcomes

Note: Schools can choose to integrate application methods using a Western or Eastern approach or an approach based on their philosophy of massage or bodywork (50 hours total). The ELAP Work Group recommends Swedish massage, myofascial approaches, and neuromuscular approaches because profession stakeholder survey results indicate that these forms are those most widely practiced and valued by professional massage therapists. Swedish massage and “deep tissue” (which incorporates methods from myofascial and neuromuscular approaches) are the forms most widely requested by consumers.

Conditions: Having completed 50 hours of instruction and practice integrating application methods from a Western paradigm, including Swedish massage, myofascial approaches, and neuromuscular approaches, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to Swedish massage, myofascial approaches, and neuromuscular approaches, their therapeutic paradigms, their specific strokes, their physiological effects, their variations, and conditions that require cautious work or session adaptations and contraindications, on a written examination.
- Work from a Swedish massage therapeutic paradigm to integrate application methods in a fluid 1-hour general Swedish massage session with an effective opening, with the traditional sequencing of Swedish strokes, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from a myofascial therapeutic paradigm to integrate application methods in a fluid 1-hour general myofascial massage session with an effective opening, with the correct application and sequencing of myofascial methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from a neuromuscular therapeutic paradigm to integrate application methods in a 1-hour general neuromuscular session using an effective opening, appropriate warm-up of the tissue, correct application and sequencing of neuromuscular methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics, on a practical evaluation.

Key Terminology and Concepts

- Active trigger point
- Associated trigger point
- Attachment trigger point
- Central trigger point
- Closing
- Continuity of the massage*
- Depth
- Direct pressure techniques*
- Effleurage
- Fascia
- Fascial bowing
- Fascial cutting
- Fascial spreading
- Fascial stretching*
- Fascial torqueing*
- Flow of the massage*
- Friction
- Ground substance
- Janet Travell
- Joint movement
- Key trigger point
- Latent trigger point
- Local pain
- Massage/bodywork routine
- Methods
- Motor endplate
- Myofascia
- Myofascial approaches*
- Myofascial skin rolling
- Myofascial stretches
- Neuromuscular approaches*
- Nodule
- Opening
- Pacing
- Paresthesia
- Passive stretches
- Petrissage
- Pincer compression
- Primary trigger point
- Range of motion
- Referred pain
- Restrictions to joint movement
- Sarcomeres
- Satellite trigger point
- Sequencing of body areas*
- Sequencing of strokes/methods*
- Skin rolling
- Sliding filament model
- Static compression
- Stroke depth
- Stroke direction
- Stroke duration
- Stroke pace
- Stroke rhythm
- Strokes
- Swedish massage
- Tapotement
- Techniques
- Thick myofilaments
- Thin myofilaments
- Thixotropy
- Transition*
- Trigger point
- Vibration
- Z-lines

Use of Terms

*These terms are not consistently used or consistently defined in the massage therapy profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Continuity: The continuous contact the therapist makes with the client's body and in which the overall pacing and rhythm of the massage remain consistent.

Direct pressure techniques: Often used interchangeably with *static compression* and *ischemic compression*.

Fascial stretching: Any stroke variation that applies tensile force to myofascial tissues.

Fascial torquing: Any stroke variation that applies bending or rotary forces to myofascial tissues.

Flow: The smooth application of strokes where one stroke flows into another stroke via a smooth transition.

Myofascial approaches: Term used to recognize a number of myofascial forms and systems including connective tissue massage, myofascial mobilization, myofascial release, myofascial therapy, and myofascial unwinding, which address the myofascia of the body to promote therapeutic change.

Neuromuscular Approaches: Term used to recognize a number of forms and systems that address trigger points including *trigger point therapy*, neuromuscular therapy, *trigger point pressure release*. For the purposes of this document, neuromuscular approaches are defined as the treatment of myofascial pain and dysfunction utilizing any combination of techniques specifically directed at deactivating trigger points and/or tender points, restoring optimal muscle resting length, and reducing or normalizing muscular tension.

Sequencing: Refers both to the sequence of strokes (the order in which strokes are applied to a particular body area) and to the overall sequence of the massage (the order in which body areas are massaged).

Transition: Smooth and enjoyable movement from one type of technique to another type of technique, or the efficient progression of skills such as the change from undraping a body area to the introduction of the therapist's hands onto the client's body.

Sub-Topics

- Swedish Massage
- Myofascial Approaches
- Neuromuscular Approaches

Sub-Topic: Swedish Massage

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *Swedish massage*.
- Recall two historical events or people related to the development of Swedish massage.
- List two primary benefits or effects of Swedish massage for clients (e.g., stress reduction, wellness, relief from general muscular soreness, pain, stiffness, etc.).
- List two assessment methods used in the Swedish massage therapeutic paradigm (e.g., mainly general assessment with a health form, client interview, and general observation, etc.).
- List the six strokes used in Swedish massage (effleurage, petrissage, friction, vibration, tapotement, joint movements).
- Match Swedish massage stroke names to previously learned application method categories (e.g., effleurage matches gliding methods, petrissage matches torsion methods, friction matches shearing methods, vibration matches oscillating methods, and tapotement matches percussive methods, etc.).
- List four general cautions, conditions, or situations that require session adaptations for Swedish massage.
- List five conditions that contraindicate the use of Swedish massage.
- List three general guidelines for the application of Swedish massage (e.g., client-centered sessions, moderate use of lubricant, flowing and smooth, etc.).
- List two ways to enhance a client’s enjoyment of a Swedish massage session (e.g., use of effective openings, closings, application of a warm pack to provide additional warmth, fluid application of strokes, etc.).

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the correct application of effleurage, petrissage, friction, vibration, tapotement, and joint movements.
- Imitate the sequencing of Swedish massage strokes and use methods to transition fluidly between strokes.
- Explore options for each Swedish stroke:
 - Pacing: Apply strokes at fast, moderate, and slow speeds.
 - Depth: Apply strokes at light, moderate, and deep depths.
 - Anatomical tools: Try strokes using at least two different “anatomical tools.”
 - Variations: Try at least two variations of each stroke.
- Imitate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined Swedish massage.
- Pay attention to palpatory sensations that signal that soft tissue is changing during the application of strokes.
- Imitate the language an instructor used to communicate effectively with clients about depth, pace, and comfort of strokes.
- Correct one’s body mechanics based on instructor feedback.

	<ul style="list-style-type: none"> Review the terms <i>pacing</i> and <i>leading</i>, <i>engaging tissue</i>, <i>therapeutic edge</i>, <i>rhythm</i>, <i>flow</i>, <i>continuity of strokes</i>, and <i>sequencing</i> in relationship to Swedish massage. 	
Level 2	Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss briefly the history of Swedish massage and its therapeutic paradigm. Discuss the benefits of Swedish massage for clients and the reasons clients seek it. Discuss general assessment methods used in the Swedish massage therapeutic paradigm. Discuss the methods used in the Swedish massage system: <ul style="list-style-type: none"> Stroke names. Comparison to methods already learned (e.g., effleurage to gliding, etc.). Sequencing of methods in the Swedish massage system. Discuss the way Swedish strokes are influenced by pace, depth, rhythm, flow, continuity, and sequencing. Discuss factors that ensure a fluid, flowing, enjoyable, and therapeutic Swedish massage session. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> Practice the correct application of effleurage, petrissage, friction, vibration, tapotement, and joint movements on all appropriate body areas. Practice the sequencing of Swedish massage strokes and use methods to transition fluidly between strokes. Practice options for each Swedish stroke: <ul style="list-style-type: none"> Pacing: Apply strokes at fast, moderate, and slow speeds. Depth: Apply strokes at light, moderate, and deep depths. Anatomical tools: Try strokes using at least two different “anatomical tools.” Variations: Try at least two variations of each stroke. Practice the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined Swedish massage. Pay attention to palpatory sensations that signal that soft tissue is changing during the application of strokes. Practice using effective language to communicate with clients about depth, pace, and comfort of strokes. Correct one’s body mechanics based on instructor feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Work from a Swedish therapeutic paradigm to integrate methods into a fluid and refined 1-hour general Swedish massage session with an effective opening, using all the Swedish strokes, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics.

Sub-Topic: Myofascial Approaches

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>myofascial approaches</i>. • Recall two historical events or people related to the development of myofascial approaches to massage/bodywork. • Review terms and concepts related to the structure and function of fascia learned in other classes (see the subject Anatomy, Physiology, and Pathology and the topic The Fascial System). • List two goals of application methods used in a myofascial therapeutic paradigm (e.g., to reduce myofascial restrictions and promote postural balance and pain-free movement, etc.). • List two primary benefits or effects of myofascial massage/bodywork for clients (e.g., “melt” and “stir” ground substance to improve fascia health, reduce fascial restrictions, break hydrogen bonds that hold adhered strands of tissue together to increase tissue pliability, ensure that separate structures can slide freely over one another, etc.). • List two assessment methods used in the myofascial therapeutic paradigm (e.g., fascial gliding, skin rolling, and passive range of motion might be used in addition to health forms and client interviews to identify fascial restrictions, etc.) • List five methods commonly used in myofascial approaches (e.g., crossed-hand stretch, fascial spreading, fascial torqueing, fascial cutting, fascial bowing, arm and leg pulling, etc.). • Match myofascial methods to previously learned application method categories (e.g., crossed-hands stretch is an elongation method, fascial torqueing is a torsion method, etc.). 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the methods the instructor used to identify fascial restrictions through fascial gliding, slow skin rolling, and passive range of motion. • Review the correct application of myofascial methods learned previously (see the topic Application Methods in this subject): crossed-hand stretches, fascial spreading strokes, fascial torqueing strokes, fascial cutting strokes, fascial bowing strokes, fascial arm pulling and leg pulling. • Try myofascial skin rolling very slowly on two body areas while paying attention to palpatory sensations that signal that tissue is “releasing.” • Try myofascial skin rolling in three directions (longitudinally, horizontally, and at oblique angles) on two body areas. • Try crossed-hand stretches at two different depths (superficially and deeply) on two different body areas. • Try crossed-hand stretches in three directions (longitudinally, horizontally, and at oblique angles) on two body areas. • Try crossed-hand stretches using three different “tools” on two different body areas. • Try fascial torqueing on three different body areas while paying attention to palpatory sensations that signal that tissue is “releasing.” • Try fascial cutting using two different “tools” on three different body areas (e.g., fingers, knuckles, edge of the hand, etc.). • Try S-bowing and C-bowing on two different body areas while paying attention to palpatory sensations that signal that tissue is “releasing.”

	<ul style="list-style-type: none"> • List four general cautions, conditions, or situations that require session adaptations for myofascial massage/bodywork. • List five conditions that contraindicate the use of myofascial massage/bodywork. • List three general guidelines for the application of myofascial approaches (e.g., limited use of lubricant or no lubricant, take out the slack in fascia, work fascia in all directions, work slowly and wait for the tissue to unwind, let the tissue guide you, etc.). 	<ul style="list-style-type: none"> • Imitate the methods the instructor used to adapt myofascial techniques to various body areas (e.g., looser skin in upper back can often be stretched farther than thoracolumbar fascia, etc.). • Imitate the sequencing of myofascial methods the instructor used on all appropriate body regions. • Imitate the methods an instructor used to adapt stroke depth, direction, or pace based on the client’s verbal and nonverbal signals that indicate a stroke is too deep or uncomfortable. • Reproduce the language the instructor used to communicate with the client about depth, pace, and comfort of strokes. • Correct one’s body mechanics in response to instructor feedback during the application of myofascial methods. • Imitate the methods the instructor used to lead a client through active range of motion activities at the conclusion of a myofascial session.
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Level 2	Knowledge: Use and Connect	Psychomotor: Practice and Refine
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Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss briefly the history of myofascial approaches and the myofascial therapeutic paradigm. • Discuss important terms and concepts related to the structure and function of fascia learned in other classes (see the subject Anatomy, Physiology, and Pathology and the topic The Fascial System). • Discuss the goals of application methods used in a myofascial therapeutic paradigm. • Discuss the benefits and effects of myofascial approaches. • Discuss assessment methods used in the myofascial therapeutic paradigm. • Discuss the methods used in myofascial approaches: 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice methods to identify fascial restrictions through fascial gliding, slow skin rolling, and passive range of motion. • Refine the application of myofascial methods learned previously (see the topic Application Methods in this subject): crossed-hand stretches, fascial spreading strokes, fascial torqueing strokes, fascial cutting strokes, fascial bowing strokes, fascial arm pulling and leg pulling. • Demonstrate myofascial skin rolling very slowly on two body areas while paying attention to palpatory sensations that signal that tissue is “releasing.” • Demonstrate myofascial skin rolling in three directions (longitudinally, horizontally, and at oblique angles) on two body areas.
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- Stroke names.
- Comparison to methods already learned (e.g., crossed-hands stretch to elongation methods, etc.).
- Sequencing of methods in the myofascial system.
- Discuss the way myofascial methods are influenced by pace, depth, rhythm, flow, continuity, and sequencing.
- Discuss factors that ensure a therapeutic myofascial session.
- Demonstrate crossed-hand stretches at two different depths (superficially and deeply) on two different body areas.
- Demonstrate crossed-hand stretches in three directions (longitudinally, horizontally, and at oblique angles) on two body areas.
- Demonstrate fascial torquing on three different body areas while paying attention to palpatory sensations that signal that tissue is “releasing.”
- Demonstrate fascial cutting using two different “tools” on three different body areas (e.g., fingers, knuckles, edge of the hand, etc.).
- Demonstrate S-bowing and C-bowing on two different body areas while paying attention to palpatory sensations that signal that tissue is “releasing.”
- Demonstrate effective methods to adapt myofascial techniques to various body areas (e.g., looser skin in upper back can often be stretched farther than thoracolumbar fascia, etc.).
- Demonstrate the effective sequencing of myofascial methods on three body regions.
- Adapt stroke depth, direction, or pace based on the client’s verbal and nonverbal signals that indicate a stroke is too deep or uncomfortable.
- Use effective language to communicate with clients about depth, pace, and comfort of strokes.
- Correct one’s body mechanics in response to instructor feedback during the application of myofascial methods.
- Lead a client through active range of motion activities at the conclusion of a myofascial session.

Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Work from a myofascial therapeutic paradigm to integrate methods into an competent 1-hour general myofascial session with an effective opening, using a variety of myofascial methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics.

Subject- Massage and Bodywork Application, Topic – Western Integration of Application Methods

Sub-Topic: Neuromuscular Approaches			
Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>neuromuscular approaches</i>. • Recall two historical people related to the development of neuromuscular approaches to massage/bodywork (e.g., Dr. Janet Travell, Dr. David Simons, Raymond Nimmo, James Vannerson, Leon Chaitow, Paul St. John, Judith DeLaney, etc.). • List four characteristics of trigger points (e.g., they feel like nodules, they are hypersensitive, they cause hyperirritability in local tissue, they are found in taut bands of muscle, they cause symptoms locally and in regions distant to the point, etc.). • Match these terms related to the formation of trigger points to their written descriptions: <i>sarcomeres, thick myofilaments, thin myofilaments, Z-lines, sliding filament model, motor endplate</i>. 		<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the methods the instructor used to locate trigger points in a particular body area. • Try locating trigger points in three different body areas. • Pay attention to felt sensations that signal trigger point locations. • Imitate the methods the instructor used to warm up the tissue in the region of trigger points before trigger point deactivation. • Imitate the methods the instructor used to apply static compression to four different trigger points. • Try static compression methods with two different “anatomical tools” (e.g., elbow, reinforced fingers, reinforced thumb, etc.). • Try pincer compression on two different trigger points.

- Match these trigger point types to their written descriptions: active, associated, attachment, central, key, latent, primary, satellite.
- List four factors that contribute to the formation of trigger points (e.g., muscle overload, muscle trauma, vitamin or mineral deficiency, metabolic disorders, mental and emotional stress, exposure to cold, infection, conditions like fibromyalgia, etc.).
- List five symptoms of trigger points (e.g., local pain, referred pain, paresthesia, muscle tension, reduced range of motion, general motor function disturbances, sleep disturbances, etc.).
- List three techniques commonly used in neuromuscular therapy (e.g., warm the tissue with massage or hydrotherapy, apply static compression to points, stretch the muscle after deactivation of points, pincer compression might also be used, etc.).
- List three ways one might be alerted to the presence of trigger points during assessment procedures or massage/bodywork (e.g., muscular imbalances that show up during posture assessment indicate regions where trigger points are likely located, reduced range of motion indicates trigger points may be present in restricted muscles, the client complains of pain with compression of specific tissue during massage, a compressed point refers pain out to another location, etc.).
- List two goals or uses of neuromuscular approaches (e.g., locate and treat myofascial trigger points to prevent or reduce chronic pain, etc.).
- List three benefits or physiological effects of neuromuscular approaches (e.g., reduce local and referred pain, reduce or eliminate paresthesia, reduce muscle tension, improve range of motion, promote muscular balance, reduce or prevent chronic pain, improve muscle function, etc.).
- Identify two conditions that require caution or session adaptations for neuromuscular approaches.
- Reproduce the language the instructor used to encourage clients to use a verbal pain scale to describe their experience of static compression or pincer compression methods.
- Pay attention to felt sensations that signal the correct or incorrect use of depth when clients give feedback using a pain scale.
- Imitate methods the instructor used to passively stretch muscles and encourage active movement after trigger point deactivation.
- Correct one's body mechanics in response to instructor feedback.
- Imitate the sequence of methods the instructor used to provide a neuromuscular-based session.

- Identify two conditions that contraindicate the use of neuromuscular approaches.
- List four guidelines for the application of neuromuscular therapy (e.g., communicate with clients upfront about the potential for discomfort when deactivating a trigger point, encourage clients to breathe during treatment, identify areas that contain clusters of trigger points and focus on those areas first, identify the most irritable point in a cluster and deactivate first, treat trigger points that are medial and superior before points that are distal and lateral, treat superficial points before deep points when points occur in muscles stacked in layers, treat muscle bellies before points occurring at attachment sites, place muscles in a lengthened position for treatment when possible, warm the tissue before applying static compression, use passive stretches and active range of motion post treatment, etc.).
- Describe one pain scale method that can be used to help clients communicate about their sensations during neuromuscular sessions.

Level 2	Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss briefly the history of neuromuscular approaches and the neuromuscular therapeutic paradigm. • Discuss theories about how trigger points form. • Discuss the factors that contribute to the formation of trigger points. • Discuss characteristics of trigger points, types of trigger points, locations, and symptoms of trigger points. • Compare and contrast an active trigger point to a latent trigger point. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice the methods the instructor used to locate trigger points in a particular body area. • Locate trigger points in three different body areas. • Describe verbally the felt sensations that signal trigger point locations. • Demonstrate appropriate methods to warm up the tissue in the region of trigger points before trigger point deactivation. • Demonstrate the use of static compression on four different trigger points. • Demonstrate the use of static compression methods with two different “anatomical tools”. • Demonstrate the use of pincer compression on two different trigger points.

	<ul style="list-style-type: none"> • Discuss factors that signal that trigger points may be present in a body area (e.g., present in areas of muscle tension, taut bands of muscle, places where range of motion is decreased, or when the client complains of increased or referred pain when an area of tissue is compressed, etc.). • Discuss the goals and uses, and benefits and effects, of neuromuscular approaches. • Discuss the cautions, session adaptations, and contraindications for neuromuscular approaches. • Discuss application guidelines for use of methods in neuromuscular approaches. • Discuss the use of a fixed verbal pain scale with clients so they can communicate their experience clearly (e.g., a variety of scales such as (1) very little pain and too little pressure, (2) tolerable pain and the right amount of pressure, (3) too much pain and too much pressure, etc.). 	<ul style="list-style-type: none"> • Demonstrate appropriate language to encourage clients to use a verbal pain scale to describe their experience of static compression or pincer compression methods. • Respond appropriately to felt sensations that signal the correct or incorrect use of depth when clients give feedback using a pain scale. • Demonstrate the use of passive stretching and active movement after trigger point deactivation. • Correct one's body mechanics in response to instructor feedback. • Demonstrate effective sequencing of methods to provide a neuromuscular-based session.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Work from a neuromuscular therapeutic paradigm to integrate methods into an competent 1-hour general neuromuscular session with an effective opening, appropriate warm-up of tissue, location of trigger points, the use of appropriate neuromuscular methods, and with attention to time management, safe and comfortable client positioning, modest draping, professional and effective client communication, and proper body mechanics.

Topic: Sample Form: Eastern Integration of Application Methods

Learning Outcomes

Note: Schools can choose to integrate application methods using a Western or Eastern approach or an approach based on their philosophy of massage or bodywork (50 hours total). The ELAP Work Group recommends Swedish massage, myofascial approaches, and neuromuscular approaches because profession stakeholder survey results indicate that these forms are those most widely practiced and valued by professional massage therapists. Swedish massage and “deep tissue” (which incorporates methods from myofascial and neuromuscular approaches) are the forms most widely requested by consumers.

Conditions: Having completed 50 hours of instruction and practice integrating application methods from an Eastern paradigm, including shiatsu, tuina, and Thai massage, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to Traditional Chinese/Japanese Medicine concepts that underlie many Asian bodywork therapies and basic concepts related to shiatsu, tuina, and Thai massage, their therapeutic paradigms, their specific strokes or methods, their physiological effects, their variations, conditions that require cautious work or session adaptations and contraindications, on a written examination.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general shiatsu session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general tuina session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.
- Work from an Eastern therapeutic paradigm to integrate application methods in a 1-hour general Thai massage session demonstrating the correct application of instructor-selected methods, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics, on a practical evaluation.

Key Terminology and Concepts

- Acupoint
- Asian bodywork therapies
- Asking
- Blood
- Body fluid
- Chi
- Collapsed qi
- Consuming relationships
- Controlling relationships
- Deficient qi
- Disharmony of qi
- Earth
- Eastern therapeutic paradigm
- Essential substances
- Excess qi
- Fire
- Hara
- Infinite divisibility
- Interdependence
- Intertransformation
- Jing
- Ki
- Listening
- Meridian system
- Metal
- Movement
- Observation
- Opposition
- Promoting relationships
- Protection
- Qi
- Rebellious qi
- Shen
- Shiatsu
- Sinking qi
- Stabilization
- Stagnant qi
- Supporting relationships
- Thai massage
- Touching
- Traditional Chinese Medicine
- Traditional Japanese Medicine
- Transformation
- Tuina (Tui na)
- Warmth
- Water
- Wood
- Yang
- Yin

Use of Terms

The terms used in this topic appear to be consistent and widely used.

Sub-Topics

- Basic Concepts of Traditional Chinese/Japanese Medicine
- Shiatsu
- Tuina
- Thai Massage

Sub-Topic: Basic Concepts of Traditional Chinese/Japanese Medicine

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *Asian bodywork therapies*.
- Define the term *Traditional Chinese Medicine*.
- Define the term *Traditional Japanese Medicine*.
- Define the term *yin*.
- Define the term *yang*.
- List three phenomena that can be classified as yin.
- List three phenomena that can be classified as yang.
- Match these principles of yin and yang to their written descriptions: opposition, interdependence, consuming and supporting relationship, intertransformation, infinite divisibility.
- List the five essential substances (qi, jing, shen, blood, body fluid).
- Match the five essential substances to their written descriptions.
- Define the term *qi* (also *chi* and *ki*).
- Match the five primary functions of qi in the body to their written descriptions: transformation, movement, stabilization, protection, warmth.
- List three forms of outside energy that might alter the flow of qi in and around the body to influence health and wellness (e.g., changing of the seasons, nutritional value of food, the quality of the air, pathogens, environmental factors like cold and damp, etc.).
- List two reasons that “disharmony of qi” arises in the body (e.g., deficient qi, collapsed or sinking qi, stagnant or excess qi, rebellious qi, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- Explain in one's own words the goal of treatment in Asian bodywork therapies (e.g., promote the harmonious flow of qi through and around the body to positively influence health and wellness, etc.).
- List the five elements (wood, fire, earth, metal, water).
- Match each of the five elements to written descriptions of the physical, mental, emotional, and spiritual characteristics of people.
- Define the term *promoting relationships* in relationship to the five elements.
- Define the term *controlling relationships* in relationship to the five elements.
- Define the term *meridian system*.
- Define the term *acupoint*.
- On diagrams of the body draw the twelve primary channels of the meridian system and their acupoints.
- List three assessment methods commonly used in Asian bodywork therapies (e.g., observation, listening, asking, touching, etc.).
- Match these common assessment methods to their written descriptions: observation, listening, asking, touching.
- Explain in one's words the role of bodywork in Traditional Chinese/Japanese Medicine (e.g., originally, bodywork was one form of treatment used by TCM doctors along with a number of other treatments forms, etc.).

Level 2		Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss broadly the development of Traditional Chinese/Japanese Medicine and its relationship with modern practices of Asian bodywork therapies. • Discuss the concepts of yin and yang and phenomena classified as yin and yang. • Discuss principles of yin and yang including opposition, interdependence, consuming and supporting relationship, intertransformation, and infinite divisibility. • Discuss the five essential substances. • Discuss qi and the primary functions of qi in the body. • Discuss forms of outside energy that alter the flow of qi in and around the body. • Discuss factors that cause “disharmony of qi” to arise in the body. • Discuss the primary goal of treatment in Asian bodywork therapies. • Discuss the five elements and their relationship to the physical, mental, emotional, and spiritual characteristics of people. • Discuss promoting relationships and controlling relationships as they correspond to the five elements. • Discuss the meridian system, the twelve primary channels, and acupoints and their use in Asian bodywork therapies. • Discuss the assessment methods commonly used in Asian bodywork therapies. • Discuss the role of bodywork in Traditional Chinese/Japanese Medicine and the practice of Asian bodywork therapies in the United States. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Shiatsu

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *shiatsu*.
- Recall two historical events or people related to the development of shiatsu as a form of Asian bodywork therapies.
- List two primary benefits or effects of shiatsu for clients.
- List two assessment methods used to assess clients before use of shiatsu methods.
- List six instructor-selected methods used in shiatsu.
- Match instructor-selected methods used in shiatsu to their written descriptions.
- List four general cautions, conditions, or situations that require session adaptations for shiatsu.
- List five conditions that contraindicate the use of shiatsu.
- List three general guidelines for the application of shiatsu (e.g., work from the hara, shiatsu applied to a fully dressed client without lubricant, etc.).

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the use of kneeling or squatting stances used to apply shiatsu methods to a client on a mat.
- Imitate the methods an instructor used to work from hara during application of shiatsu methods.
- Imitate the correct application of instructor-selected shiatsu methods on all appropriate body areas.
- Imitate the sequencing of shiatsu methods used by the instructor.
- Explore options for each shiatsu method as appropriate:
 - Pacing: Apply methods at fast, moderate, and slow speeds as appropriate.
 - Depth: Apply methods at light, moderate, and deep depths as appropriate.
 - Anatomical tools: Try methods using different “anatomical tools” as appropriate.
 - Variations: Try variations of methods as appropriate.
- Imitate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined shiatsu session.
- Pay attention to palpatory sensations that signal that ki harmony is changing during the application of methods.
- Imitate the language an instructor used to communicate effectively with clients about depth, pace, and the comfort of shiatsu methods.
- Correct one’s body mechanics based on instructor feedback.

Level 2	Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss historical events or people related to the development of shiatsu as a form of Asian bodywork therapies. • Discuss the primary benefits or effects of shiatsu for clients. • Discuss assessment methods used to assess clients before the use of shiatsu methods. • Discuss instructor-selected methods used in shiatsu including their therapeutic benefits and effects. • Discuss cautions, contraindications, or session adaptations for shiatsu. • Discuss general guidelines for the application of shiatsu (e.g., work from the hara, shiatsu applied to a fully dressed client without lubricant, etc.). 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice the use of kneeling or squatting stances used to apply shiatsu methods to a client on a mat. • Practice the methods an instructor used to work from hara during application of shiatsu methods. • Practice the correct application of instructor-selected shiatsu methods on all appropriate body areas. • Practice the effective sequencing of shiatsu methods. • Practice options for each shiatsu method as appropriate: <ul style="list-style-type: none"> • Pacing: Apply methods at fast, moderate, and slow speeds as appropriate. • Depth: Apply methods at light, moderate, and deep depths as appropriate. • Anatomical tools: Apply methods using different “anatomical tools” as appropriate. • Variations: Use variations of methods as appropriate. • Demonstrate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined shiatsu session. • Pay attention to palpatory sensations that signal that ki harmony is changing during the application of methods. • Use effective language to communicate with clients about depth, pace, and comfort of shiatsu methods. • Correct one’s body mechanics based on instructor feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Work from a Eastern therapeutic paradigm to integrate methods into a fluid and refined 1-hour general shiatsu session working from the hara, using an effective sequencing of shiatsu methods that are applied correctly, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics.

Sub-Topic: Tuina

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>tuina</i> (or <i>tui na</i>). • Recall two historical events or people related to the development of tuina as a form of Asian bodywork therapies. • List two primary benefits or effects of tuina for clients. • List two assessment methods used to assess clients before use of tuina methods. • List six instructor-selected methods used in tuina. • Match instructor-selected methods used in tuina to their written descriptions. • List four general cautions, conditions, or situations that require session adaptations for tuina. • List five conditions that contraindicate the use of tuina. • List three general guidelines for the application of tuina (e.g., tuina is applied to a fully dressed client without lubricant, etc.). 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the correct application of instructor-selected tuina methods on all appropriate body areas. • Imitate the sequencing of tuina methods used by the instructor. • Explore options for each tuina method as appropriate: <ul style="list-style-type: none"> • Pacing: Apply methods at fast, moderate, and slow speeds as appropriate. • Depth: Apply methods at light, moderate, and deep depths as appropriate. • Anatomical tools: Try methods using different “anatomical tools” as appropriate. • Variations: Try variations of methods as appropriate. • Imitate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined tuina session. • Pay attention to palpatory sensations that signal that client energy is shifting during the application of methods. • Imitate the language an instructor used to communicate effectively with clients about depth, pace, and comfort of tuina methods. • Correct one’s body mechanics based on instructor feedback.
Level 2	Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss historical events or people related to the development of tuina as a form of Asian bodywork therapies. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice the correct application of instructor-selected tuina methods on all appropriate body areas.

- Discuss the primary benefits or effects of tuina for clients.
- Discuss assessment methods used to assess clients before the use of tuina methods.
- Discuss instructor-selected methods used in tuina including their therapeutic benefits and effects.
- Discuss cautions, contraindications, or session adaptations for tuina.
- Discuss general guidelines for the application of tuina.

- Practice the effective sequencing of tuina methods.
- Practice options for each tuina method as appropriate:
 - Pacing: Apply methods at fast, moderate, and slow speeds as appropriate.
 - Depth: Apply methods at light, moderate, and deep depths as appropriate.
 - Anatomical tools: Apply methods using different “anatomical tools” as appropriate.
 - Variations: Use variations of methods as appropriate.
- Demonstrate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined tuina session.
- Pay attention to palpatory sensations that signal that client energy is shifting during the application of methods.
- Use effective language to communicate with clients about depth, pace, and comfort of tuina methods.
- Correct one’s body mechanics based on instructor feedback.

Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in 3 of the cognitive domain.		<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Work from a Eastern therapeutic paradigm to integrate methods into a fluid and refined 1-hour general tuina session using an effective sequencing of tuina methods that are applied correctly, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics.

Sub-Topic: Thai Massage

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *Thai massage*.
- Recall two historical events or people related to the development of Thai massage as a form of Asian bodywork therapies.
- List two primary benefits or effects of Thai massage for clients.
- List two assessment methods used before Thai massage methods.
- List six instructor-selected methods used in Thai massage.
- Match instructor-selected methods used in Thai massage to their written descriptions.
- List four general cautions, conditions, or situations that require session adaptations for Thai massage.
- List five conditions that contraindicate the use of Thai massage.
- List three general guidelines for the application of Thai massage (e.g., Thai massage is applied to a fully dressed client without lubricant who reclines on a mat, etc.).

Conditions: Having viewed an instructor demonstration, the learner will be able to:

- Imitate the correct application of instructor-selected Thai massage methods on all appropriate body areas.
- Imitate the sequencing of Thai massage methods used by the instructor.
- Explore options for each Thai massage method as appropriate:
 - Pacing: Apply methods at fast, moderate, and slow speeds as appropriate.
 - Depth: Apply methods at light, moderate, and deep depths as appropriate.
 - Anatomical tools: Try methods using different “anatomical tools” as appropriate.
 - Variations: Try variations of methods as appropriate.
- Imitate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined Thai massage session.
- Pay attention to palpatory sensations that signal that client energy is shifting during the application of methods.
- Imitate the language an instructor used to communicate effectively with clients about depth, pace, and comfort of Thai massage methods.
- Correct one’s body mechanics based on instructor feedback.

Level 2	Knowledge: Use and Connect	Psychomotor: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture, or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss historical events or people related to the development of Thai massage as a form of Asian bodywork therapies. • Discuss the primary benefits or effects of Thai massage for clients. • Discuss assessment methods used before Thai massage methods. • Discuss instructor-selected methods used in Thai massage including their therapeutic benefits and effects. • Discuss cautions, contraindications, or session adaptations for Thai massage. • Discuss general guidelines for the application of Thai massage. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice the correct application of instructor-selected Thai massage methods on all appropriate body areas. • Practice the effective sequencing of Thai massage methods. • Practice options for each Thai massage method as appropriate: <ul style="list-style-type: none"> • Pacing: Apply methods at fast, moderate, and slow speeds as appropriate. • Depth: Apply methods at light, moderate, and deep depths as appropriate. • Anatomical tools: Apply methods using different “anatomical tools” as appropriate. • Variations: Use variations of methods as appropriate. • Demonstrate the sequencing of body regions and enhancing methods used by the instructor to perform a fluid and refined Thai massage session. • Pay attention to palpatory sensations that signal that client energy is shifting during the application of methods. • Use effective language to communicate with clients about depth, pace, and comfort of Thai massage methods. • Correct one’s body mechanics based on instructor feedback.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in 3 of the cognitive domain.	<p>Conditions: Having completed practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Work from a Eastern therapeutic paradigm to integrate methods into a fluid and refined 1-hour general Thai massage session using an effective sequencing of Thai massage methods that are applied correctly, and with attention to time management, safe and comfortable client positioning, professional and effective client communication, and proper body mechanics.

Entry-Level Education Blueprint

Palpation and Movement

Topic Orientation to Palpation and Movement

- Sub-Topics
- Developing Palpation Skills
 - Basics of Human Movement

Topic The Shoulder and Arm

- Sub-Topics
- Bones and Bony Landmarks
 - Joints, Ligaments, and Range of Motion
 - Muscles and their Actions

Topic The Elbow, Forearm, Wrist, and Hand

- Sub-Topics
- Bones and Bony Landmarks
 - Joints, Ligaments, and Range of Motion
 - Muscles and their Actions

Topic The Spine and Thorax

- Sub-Topics
- Bones and Bony Landmarks
 - Joints, Ligaments, and Range of Motion
 - Muscles and their Actions

Topic The Head, Neck, and Jaw

- Sub-Topics
- Bones and Bony Landmarks
 - Joints, Ligaments, and Range of Motion
 - Muscles and their Actions

Topic The Pelvis and Hip

- Sub-Topics
- Bones and Bony Landmarks
 - Joints, Ligaments, and Range of Motion
 - Muscles and their Actions

Topic The Thigh and Knee

- Sub-Topics
- Bones and Bony Landmarks
 - Joints, Ligaments, and Range of Motion
 - Muscles and their Actions

Topic **The Leg, Ankle, and Foot**

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Topic: Orientation to Palpation and Movement

Learning Outcomes

Conditions: Having completed 4 hours of instruction on an orientation to palpation and movement, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the development of palpation skills and the basics of human movement on a written examination.

Key Terminology and Concepts

- Abduction
- Active range of motion
- Adduction
- Adhesion
- Agonists
- Amphiarthrotic
- Anatomical restrictions
- Anatomical tools
- Antagonists
- Anterior
- Anterior tilt
- Attachment sites
- Ball and socket
- Bilateral
- Bone
- Bony landmarks
- Bursae
- Bursitis
- Cartilaginous
- Cognitive skills
- Communication skills
- Concentric contraction
- Conductivity
- Contractility
- Coxal
- Deep
- Depression
- Diarthrotic
- Distal
- Downward rotation
- Eccentric contraction
- Elasticity
- Elevation
- Ellipsoid/condyloid
- Eversion
- Excitability
- Joint capsule
- Joint cavity
- Joints
- Kinesthetic skills
- Lateral
- Lateral flexion
- Lateral (external) rotation
- Layers of tissue
- Ligaments
- Longitudinal axis
- Medial
- Medial (internal) rotation
- Motor unit recruitment
- Muscle bellies
- Muscle spindle
- Muscles
- Palpate
- Palpation
- Passive range of motion
- Physical characteristics
- Physiological restrictions
- Pivot
- Posterior
- Posterior tilt
- Proprioception
- Protraction
- Proximal
- Quality of movement
- Radiocarpal joint
- Radioulnar joint
- Range of motion
- Resisted range of motion
- Restricted
- Retraction
- Rotation
- Scapulothoracic joint

- Extensibility
- Extension
- Fascia
- Fast twitch fibers
- Fiber direction
- Fibrous
- Firm end feel
- Flexion
- Frontal axis
- Frontal plane
- Glenohumeral joint
- Gliding
- Golgi tendon organ
- Hard end feel
- Hinge
- Healthy
- Humeroradial joint
- Humeroulnar joint
- Hypertonic
- Hypotonic
- Inferior
- Inflammation
- Intermediate fibers
- Inversion
- Irregular
- Isometric contraction
- Isotonic
- Saddle
- Sagittal axis
- Sagittal plane
- Skeletal muscles
- Slow twitch fibers
- Smooth
- Soft end feel
- Spinal joints
- Structural asymmetry
- Superficial
- Superficial fascia
- Superior
- Symmetry
- Synarthrotic
- Synergists
- Synovial
- Synovial fluid
- Synovial membrane
- Talocrural joint
- Target muscle
- Temperature differences
- Tendons
- Tissue quality
- Tissue texture
- Transverse plane
- Upward rotation

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Developing Palpation Skills
- Basics of Human Movement

Sub-Topic: Developing Palpation Skills

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having read assigned material, participated in a lecture, and completed a written assignment, the learner will be able to:

- Define the term *palpation*.
- List three or more reasons massage therapists should develop good palpation skills (e.g., better understand the health of the client’s tissue, locate specific structures, compare tissue from one session to the next, choose effective techniques during a massage, inform session goal setting, etc.).
- List three anatomical “tools” massage therapists use to palpate tissue (e.g., fingertips, palms, knuckles, forearms, elbows, etc.).
- List three general goals of palpation (e.g., detect irregularity in tissue textures, detect irregularity in tissue tone, sense differences in tissue temperature, notice variations in tissue hydration, spot structural asymmetry, identify restrictions that are causing a reduction in range of motion, recognize areas that are painful, locate a specific structure, identify fiber direction of a muscle to apply a specific technique correctly, distinguish between changes in tissue from the beginning of a session to the end of a session, etc.).
- Match these general palpation skills to their written descriptions: cognitive skills (e.g., the knowledge that informs touch such as the ability to name body landmarks in a particular region), kinesthetic discrimination skills (e.g., *the ability to sense, feel and interpret normal and altered qualities of the body’s tissues such as temperature, texture, fiber direction, density, depth, hydration, and tone*, etc.), communication skills (e.g., the ability to use correct terminology and name sensations so that perceptions of tissue can be categorized and analyzed more easily, etc.).

Conditions: With ongoing guidance from an instructor during one or more palpation activities, the learner will be able to:

- Imitate the methods an instructor uses and notice physical characteristics during a palpation exploration:
 - Sense possible temperature differences when palpating regions of the body (e.g., some regions may feel noticeably warmer while others feel noticeably cooler).
 - Sense tissue quality and notice tissue variations during palpation of the skin’s surface (e.g., notice dryness, moistness, bumps, roughness, decreased elasticity, skin color, skin temperature, etc.).
 - Sense tissue quality and notice tissue variations during palpation of the superficial fascia (e.g., notice if lymph nodes can be felt, amount of “lift,” if fascia is “glued down,” can it glide easily over underlying muscle, etc.).
 - Sense tissue quality and notice tissue variations during palpation of bony landmarks (e.g., notice that bones feel hard, have irregular shapes with knobs, grooves, holes, spines, depressions, and angles, etc.).
 - Sense tissue quality and notice tissue variations during palpation of skeletal muscles (e.g., notice that muscles are layered and that deeper muscles are palpated by dropping through superficial layers, notice if muscles glide easily past or over one another, notice the differences between muscle bellies and where the muscle transitions into tendon at attachment sites, notice if the edges of muscles can be felt, notice if muscle feels “plump,” “springy,” “full,” “pliable,” “dense,” “hard,” “ropey,” etc.).

- Match these specific palpation skills to examples of each skill in action:
 - Locate a specific structure through touch (e.g., find the gastrocnemius).
 - Differentiate between two structures in the same region (e.g., “I know that I am on the teres minor and not on the infraspinatus because...”, etc.).
 - Differentiate layers of tissue through touch (e.g., “I know I have sunk through the gluteus maximus to palpate the piriformis because...”, etc.).
 - Assess the quality or condition of soft-tissue structures through touch (e.g., the ability to recognize if a muscle is hypertonic, hypotonic, or healthy).
 - Make comparisons between tissues bilaterally, before and after sessions, or from one session to another through touch (e.g. “the right scalene feels like X while the left scalene feels like Y”).
 - Verbally describe palpable findings using the correct pronunciation of structure names and technical language (e.g., “There is a palpable hypertonicity in the muscle just inferior to the proximal attachment site”).
 - Verbally describe palpable findings using a rich vocabulary of personal descriptive words (e.g., “This tendon feels bound, ropy, and grainy”).
- Sense tissue quality and notice tissue variations during palpation of tendons and ligaments (e.g., notice that tendon feels smoother and denser than muscle, notice that ligaments tend to feel taut regardless of the position of the joint, etc.).
- Verbally describe three palpable findings for each palpation step during a palpation exploration (e.g., describe the muscle as feeling “plump,” “springy,” “full,” “pliable,” “dense,” “hard,” “ropey,” etc.).

- Outline a specific step-by-step approach to the palpation of a region (e.g., the school or instructor should determine the approach students are expected to take when palpating structures in a region; in a general example one approach might be to (a) review the anatomical structures present in a specific region and make a list of structures to palpate, (b) look at the surface area of the region to palpate and visualize the structures using a textbook, (c) use a full palmar surface to palpate, (d) work from superficial layers to deeper layers, (e) palpate “normal” first, (f) palpate muscle tissue in at least two different directions, (g) utilize isometric muscle contractions to make the target muscle easier to identify, (h) ask the client to give feedback on the sensations noticed while the tissue is palpated).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a class discussion and completed an activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss three or more reasons massage therapists should develop good palpation skills (e.g., to better understand the health of the client’s tissue, to locate specific structures, to compare tissue from one session to the next, to support the therapist in choosing effective techniques during a massage, to inform session goal setting, etc.). • Discuss the general goals of palpation (see the example list of general goals of palpation in level 1). • Discuss general palpation skills and their components (e.g., cognitive skills, kinesthetic differentiation skills, and communication skills). • Discuss specific palpation skills and their components (see the example list of specific palpation skills in level 1). • Compare and contrast palpable findings noticed when palpating these structures: skin’s surface, superficial fascia, skeletal muscle, tendon, ligament, and bones (e.g., how do you know you’re on a tendon and not a muscle?). 	<p>Conditions: Having completed a written outline of the school’s or instructor’s approach to palpation, the learner will be able to use it in one or more practice sessions. For example:</p> <ul style="list-style-type: none"> • Identify one region to palpate and list palpable anatomical structures present in that region. • Look at the surface area of the selected region and visualize the superficial structures. • Verbally describe temperature differences in the region while palpating the body’s surface. • Verbally describe palpable findings while palpating the skin’s surface in the selected region. • Verbally describe palpable findings while palpating the superficial fascia in the selected region. • Palpate bony landmarks in the selected region. • Palpate the muscle bellies, attachment sites, edges, and fiber directions of three superficial muscles in the selected region.

- Verbally describe palpable findings related to quality of tissue while palpating superficial muscles in the selected region.
- Palpate the muscle bellies, attachment sites, edges, and fiber directions of three deeper muscles in the selected region.
- Verbally describe palpable findings related to quality of tissue while palpating deeper muscles in the selected region.
- Verbally describe palpable findings related to muscle differences while palpating one muscle on the left and the same muscle on the right in the selected region.
- Palpate ligaments in the selected region.
- Verbally describe palpable findings that differentiate tendon, muscle, and ligament.
- Use passive range of motion to palpate quality of movement in joints located in the selected region.
- Verbally describe palpable findings while palpating the passive range of motion of one or more joints.
- Utilize isometric contractions midway through the joint's range of motion in order to make the target muscle easier to identify through palpation.

Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Basics of Human Movement

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive review, the learner will be able to:

- Review the structures involved in human movement (joint, bone, ligament, muscle, tendon, fascia).
- Review the function that each of these structures play in human movement: bone, ligament, muscle, tendon, and fascia.
- Review these directional terms: *superior, inferior, posterior, anterior, proximal, distal, lateral, medial, superficial, deep.*
- Review these body planes: sagittal plane, frontal plane, transverse plane.
- Review these axes: frontal axis, sagittal axis, longitudinal axis.
- Match each plane (sagittal, frontal, transverse) and axis (frontal, sagittal, and longitudinal) to these movements: flexion, extension, abduction, adduction, rotation (e.g., sagittal plane and frontal axis would be matched with flexion, etc.).
- Review the structure and function of bones as they relate to movement (e.g., bones act as rigid levers upon which muscles pull to produce movement; bones articulate to form joints; when the body is stationary, bones, muscles, and outside forces such as gravity work to maintain the body's position in space; etc.).
- Review the three categories used to describe a joint's structure (e.g., fibrous, cartilaginous, and synovial).
- Review the three categories used to describe a joint's function (e.g., synarthrotic, amphiarthrotic, diarthrotic).
- Review the unique features related to the structure of synovial joints (e.g., joint capsule including the fibrous capsule and synovial membrane, synovial fluid, joint cavity, bursae, articular cartilage, fibrous cartilage, etc.).

Conditions: While working with a peer and consulting a textbook as needed, the learner will be able to:

- Move his or her body actively through these actions:
 - Flexion and extension of the neck at the cervical spinal joints.
 - Right and left lateral flexion of the neck at the cervical spinal joints.
 - Right and left rotation of the neck at the cervical spinal joints.
 - Flexion and extension of the trunk at the spinal joints.
 - Right and left lateral flexion of the trunk at the spinal joints.
 - Right and left rotation of the trunk at the spinal joints.
 - Posterior tilt of the pelvis at the lumbosacral joint and coxal joints while standing.
 - Anterior tilt of the pelvis at the lumbosacral joint and coxal joints while standing.
 - Flexion and extension of the thigh at the coxal joint.
 - Abduction and adduction of the thigh at the coxal joint.
 - Lateral and medial rotation of the thigh at the coxal joint.
 - Flexion and extension of the leg at the tibiofemoral joint.
 - Lateral and medial rotation of the leg at the tibiofemoral joint.
 - Dorsiflexion and plantar flexion of the foot at the talocrural joint.
 - Eversion and inversion of the foot at the tarsal joints.

- Review synovial joint types that allow different movement possibilities (ball and socket, hinge, pivot, ellipsoid/condyloid, saddle, gliding).
- Review the properties of skeletal muscle (extensibility, elasticity, excitability, conductivity, contractility).
- Review the physiology of muscle contraction (e.g., how nerves and muscles communicate during muscle contraction).
- Review concepts related to motor unit recruitment.
- Review skeletal muscle fiber types (e.g., slow twitch fibers, fast twitch fibers, intermediate fibers, and distribution of fiber types).
- Review types of muscle contractions (isometric, isotonic, concentric, eccentric and integrating contraction types in human movement).
- Review muscle roles and relationships (agonists, synergists, antagonists).
- Review these terms: *proprioception, range of motion*.
- Match these proprioceptors to their written descriptions: muscle spindle, Golgi tendon organ.
- List two normal factors that naturally limit a joint's range of motion (e.g., anatomical restrictions caused by the structures that make up the joint, and physiological restrictions that limit the movement of a joint before anatomical restrictions are reached such as when muscles reach the extent of their ability to lengthen, etc.).
- Match the three different types of end feel (hard, soft, firm) to their written descriptions.
- Review two possible pathological restrictions that might abnormally limit a joint's range of motion (e.g., inflammation and fluid accumulation in the area, injury, adhesions in muscle or fascia, weakened muscles, degeneration of joint cartilage, bursitis, etc.).
- Elevation and depression of the scapula at the scapulothoracic joint
- Upward rotation and downward rotation of the scapula at the scapulothoracic joint.
- Protraction (abduction) and retraction (adduction) of the scapula at the scapulothoracic joint.
- Flexion and extension of the arm at the glenohumeral joint.
- Abduction and adduction of the arm at the glenohumeral joint.
- Lateral rotation and medial rotation of the arm at the glenohumeral joint.
- Flexion and extension of the forearm at the humeroulnar and humeroradial joint.
- Pronation and supination of the forearm at the radioulnar joint.
- Flexion and extension of the hand at the radiocarpal joint.
- Radial deviation (abduction) and ulnar deviation (adduction) of the hand at the radiocarpal joint.
- Sense movement quality while moving all joints listed above passively through their respective movements (e.g., notice if the movement feels free, smooth, full, or irregular, restricted, stiff, or shortened, etc.).

	<ul style="list-style-type: none"> Review these terms and concepts related to range of motion: <i>range of motion, active range of motion, passive range of motion, resisted range of motion.</i> Verbally describe each of these general movements: flexion, extension, abduction, adduction, lateral flexion, rotation. 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Shoulder and Arm

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the shoulder and arm, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the shoulder and arm, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles and identify muscle fiber direction and muscle actions, on a practical evaluation.

Key Terminology and Concepts

- Abduction
- Acromial end
- Acromioclavicular joint (AC)
- Acromioclavicular ligaments
- Acromion
- Action
- Adduction
- Antagonist
- Articulations
- Attachment sites
- Biceps brachii
- Body mechanics
- Brachialis
- Circumduction
- Clavicle
- Conoid
- Coracobrachialis
- Coracoid process
- Deltoid
- Deltoid tuberosity
- Depression
- Downward rotation
- Elevation
- Extension
- Fiber direction
- Flexion
- Frozen shoulder
- Glenohumeral joint (GH).
- Glenoid cavity
- Greater tubercle
- Head of the humerus
- Horizontal abduction
- Horizontal adduction
- Lateral edge
- Lateral rotation
- Latissimus dorsi
- Lesser tubercle
- Ligament
- Mechanical function
- Medial border
- Medial rotation
- Muscle bellies
- Origin
- Palpable findings
- Palpate
- Palpation
- Pectoralis major
- Pectoralis minor
- Physical characteristics
- Posture
- Pronunciation
- Protraction
- Range of motion
- Retraction
- Rhomboid major
- Rhomboid minor
- Rotation
- Scapula
- Scapulothoracic articulation (ST)
- Serratus anterior
- Shoulder separation
- Spine of the scapula
- Sternal end
- Sternoclavicular joint (SC)
- Sternum
- Subscapular fossa

- Humerus
- Inferior angle
- Infraglenoid tubercle
- Infraspinatus
- Infraspinous fossa
- Insertion
- Isometric muscle contraction
- Intertubercular groove
- Joint
- Labrum of the glenohumeral joint
- Landmarks
- Lateral border
- Subscapularis
- Superior angle
- Supraglenoid tubercle
- Supraspinatus
- Supraspinous fossa
- Teres major
- Teres minor
- Tissue quality
- Trapezoid
- Triceps brachii
- Upward rotation

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:</p> <ul style="list-style-type: none"> • List the three bones that make up the shoulder girdle (scapula, humerus, clavicle). • Identify the bone that the medial end of the clavicle articulates with (sternum). • Label these bones and/or landmarks of the shoulder and arm on diagrams with the aid of a reference book: <ul style="list-style-type: none"> i. Scapula, acromion, coracoid process, superior angle, medial border, subscapular fossa, inferior angle, lateral border, infraglenoid tubercle, glenoid cavity, supraglenoid tubercle, infraspinous fossa, spine of the scapula, and supraspinous fossa. ii. Humerus, greater tubercle, head of the humerus, lesser tubercle, intertubercular groove, deltoid tuberosity. iii. Clavicle, acromial end, sternal end. • Label seven bones and/or landmarks from memory on a diagram of the shoulder and arm. 	<p>Conditions: With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s pronunciation of the bones and/or landmarks of the shoulder and arm. • Imitate the instructor’s palpation method while palpating the following bones and/or landmarks of the shoulder and arm on a physical model of the skeleton: <ul style="list-style-type: none"> a. Scapula, spine of the scapula, acromion, medial border, inferior angle, superior angle, lateral border, infraspinous fossa, supraspinous fossa, subscapular fossa. b. Humerus, greater tubercle, intertubercular groove, lesser tubercle. c. Clavicle, acromial end, sternal end. • Imitate the instructor’s body mechanics and client positioning methods while palpating the following bones and/or landmarks of the shoulder and arm on a partner: <ul style="list-style-type: none"> • Scapula, spine of the scapula, acromion, medial border, inferior angle, superior angle, lateral border, infraspinous fossa, supraspinous fossa, subscapular fossa. • Humerus, greater tubercle, intertubercular groove, lesser tubercle. • Clavicle, acromial end, sternal end.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.</p>	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and/or landmarks of the shoulder and arm. • Demonstrate proper body mechanics and client positioning methods while palpating bones and/or landmarks of the shoulder and arm.

		<ul style="list-style-type: none"> • Locate through palpation eight instructor-selected bones and/or landmarks of the shoulder and arm. • Compare and contrast palpable findings related to the physical characteristics of bones and/or landmarks of the shoulder and arm using correct technical language.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following joints/articulations of the shoulder complex on diagrams with the aid of a reference book: sternoclavicular joint (SC), acromioclavicular joint (AC), scapulothoracic articulation (ST), glenohumeral joint (GH).
 - Define the SC joint by describing the joint type and the bones that articulate to make up the joint (e.g., the sternoclavicular joint is a gliding synovial joint where the sternal end of the clavicle articulates with the upper lateral edge of the sternum).
 - Label the following major ligament(s) of the SC joint on diagrams with the aid of a reference book: costoclavicular ligament, interclavicular ligament, and anterior and posterior sternoclavicular ligaments.
 - Name the movements possible at the SC joint (elevation, depression, protraction, retraction, and rotation).
 - Define the AC joint by describing the joint type and the bones that articulate to make up the joint (e.g., the acromioclavicular joint is a gliding synovial joint in which the lateral aspect of the clavicle articulates with the acromion of the scapula).
 - Label the following major ligaments of the AC joint on diagrams with the aid of a reference book: superior and inferior acromioclavicular ligaments, trapezoid, conoid.
 - Name the movements possible at the AC joint (rotation of the clavicle, rotation of the scapula).
 - Define the scapulothoracic articulation (e.g., the scapulothoracic articulation describes the movement of the scapula across the posterior surface of the thorax; it does not have the usual joint components and so is considered a false joint, etc.).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of the joints/articulations of the shoulder and arm.
 - Imitate the instructor’s pronunciation of the names of selected ligaments of the shoulder and arm.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating the joints/articulations and ligaments of the shoulder and arm.
 - Palpate the joints/articulations of the shoulder and arm using a reference book as a guide.
 - Actively move one’s own body through these movements of the shoulder using a reference book as a guide: flexion, extension, medial rotation, lateral rotation, abduction, adduction, horizontal abduction, horizontal adduction, circumduction, elevation, depression, retraction, protraction.
 - Working with a partner, passively move the shoulder through these movements with guidance from the instructor: flexion, extension, medial rotation, lateral rotation, abduction, adduction, horizontal abduction, horizontal adduction, circumduction, elevation, depression, retraction, protraction.

	<ul style="list-style-type: none"> Name the movements possible at the scapulothoracic articulation (elevation, depression, adduction, abduction, upward rotation, downward rotation). Define the glenohumeral joint by describing the joint type and the bones that articulate to make up the joint (e.g., the glenohumeral joint is a ball and socket synovial joint consisting of the glenoid fossa of the scapula and the head of the humerus). Describe the function of the labrum of the glenohumeral joint (e.g., deepens the glenoid cavity to add stability to the joint, etc.). Name the movements possible at the glenohumeral joint (flexion, extension, abduction, adduction, medial rotation, lateral rotation, horizontal adduction, horizontal abduction and circumduction). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the structure of the following joints/articulations of the shoulder and arm: SC joint, AC joint, ST articulations, GH joint. Discuss the action of the following joints/articulations of the shoulder and arm: SC joint, AC joint, ST articulation, GH joint. Discuss basic dysfunction and injury related to the AC joint (e.g., a fall on the shoulder can tear the acromioclavicular ligament and cause the clavicle to ride on top of the acromion, called a shoulder separation, etc.). Discuss dysfunction and injury related to the glenohumeral joint (e.g., the joint is susceptible to dislocation and resulting long-term shoulder instability; the joint capsule may develop “frozen shoulder,” the joint may experience impingement syndromes or bursitis, etc.). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of instructor-selected structures of the shoulder and arm. Demonstrate proper body mechanics and client positioning methods while palpating structures of the shoulder and arm. Locate through palpation, each joint of the shoulder and arm. Locate through palpation, instructor-selected ligaments of the shoulder and arm. Actively produce on one’s own body the movements of the joints of the shoulder and arm from memory. Demonstrate on a partner the correct methods while passively moving the joints of the shoulder and arm through their available movements.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following muscles of the shoulder and arm on diagrams showing anterior, posterior, and lateral views and views showing both superficial and deep muscles: deltoid, supraspinatus, infraspinatus, teres minor, teres major, latissimus dorsi, rhomboid major, rhomboid minor, pectoralis major, serratus anterior, biceps brachii, triceps brachii, subscapularis, pectoralis minor, coracobrachialis, brachialis.
 - Write out in correct technical language the origin, insertion, and actions of the following muscles of the shoulder and arm on a worksheet with guidance from a reference book: deltoid, supraspinatus, infraspinatus, teres minor, teres major, latissimus dorsi, rhomboid major, rhomboid minor, pectoralis major, serratus anterior, biceps brachii, triceps brachii.
 - State the primary action and general location of the following muscles of the shoulder and arm: subscapularis, pectoralis minor, coracobrachialis, brachialis. (e.g., subscapularis: medial rotation, anterior surface of scapula).
 - List three muscles that flex the shoulder joint (e.g., anterior deltoid, pectoralis major, biceps brachii, coracobrachialis, etc.).
 - List three muscles that are antagonists to flexion at the shoulder joint (e.g., muscles that extend the shoulder joint).
 - List three muscles that extend the shoulder joint (e.g., posterior deltoid, latissimus dorsi, teres minor, triceps brachii, etc.).
 - List three muscles that are antagonists to extension at the shoulder joint (muscles that flex the shoulder joint).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of muscles of the shoulder and arm.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating muscles and tendons of the shoulder and arm.
 - Imitate the methods an instructor uses to locate through palpation the muscle bellies and accessible attachment sites of muscles of the shoulder and arm.
 - Try to palpate muscle bellies, tendons, and attachment sites of the following muscles of the shoulder and arm: deltoid, supraspinatus, infraspinatus, teres minor, teres major, latissimus dorsi, rhomboid major, rhomboid minor, pectoralis major, serratus anterior, biceps brachii, triceps brachii.
 - Identify three easily palpated muscle bellies of the shoulder and arm.
 - Identify two easily palpated attachment sites of muscles of the shoulder and arm.
 - Identify two muscle bellies of the shoulder and arm that are more difficult to palpate or inaccessible.
 - Identify four attachment sites of muscles of the shoulder and arm that are more difficult to palpate or inaccessible.
 - Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the shoulder and arm.
 - Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the shoulder and arm.

- List three muscles that perform medial rotation at the shoulder joint (e.g., pectoralis major, latissimus dorsi, teres major, anterior deltoid, etc.).
 - List three muscles that are antagonists to medial rotation at the shoulder joint (muscles that laterally rotate the shoulder joint).
 - List three muscles that perform lateral rotation at the shoulder joint (e.g., infraspinatus, teres minor, posterior deltoid).
 - List three muscles that are antagonists to lateral rotation at the shoulder joint (muscles that medially rotate the shoulder joint).
 - List two muscles that perform abduction at the shoulder joint (e.g., deltoid, supraspinatus, biceps brachii).
 - List three muscles that are antagonists to abduction at the shoulder joint (muscles that adduct the shoulder joint).
 - List three muscles that perform adduction at the shoulder joint (e.g., latissimus dorsi, pectoralis major, biceps brachii, triceps brachii, etc.).
 - List two muscles that are antagonists to adduction at the shoulder joint (muscles that abduct the shoulder joint).
 - List four muscles, each of which can perform one of the following movements of the shoulder: elevation, depression, protraction, and retraction (e.g., serratus anterior: protraction, etc.).
 - List the four primary muscles that stabilize the scapula (rhomboids, trapezius, levator scapula, and serratus anterior) .
 - List the four muscles of the rotator cuff (supraspinatus, infraspinatus, teres minor, and subscapularis).
- Actively move one's body through the movements produced by each of the following muscles using a reference book as a guide: deltoid, supraspinatus, infraspinatus, teres minor, teres major, latissimus dorsi, rhomboid major, rhomboid minor, pectoralis major, serratus anterior, biceps brachii, triceps brachii, subscapularis, pectoralis minor, coracobrachialis, brachialis.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the origins, insertions, actions, and roles of the muscles of the shoulder and arm. • Discuss palpable findings related to quality and condition of tissue and a comparison of tissue bilaterally from palpation sessions. • Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the shoulder and arm. • Discuss in a simple way the function of the four primary muscles that stabilize the scapula (e.g., the rhomboids, trapezius, levator scapula, and serratus anterior must contract to stabilize the scapula against the rib cage before the rotator cuff and deltoid contract to elevate the arm). • Discuss in a simple way the function of the rotator cuff muscles (e.g., they act to dynamically stabilize the genohumeral joint especially when the arm is elevated). • Discuss in a simple way common shoulder region muscular imbalances (e.g., a protracted shoulder can be caused by overdevelopment of the pectoralis and subscapularis and weakness in the rhomboids and middle trapezius, etc.). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of muscles of the shoulder and arm. • Demonstrate proper body mechanics and client positioning methods while palpating muscles of the shoulder and arm. • Locate through palpation the muscle bellies of five instructor-selected muscles of the shoulder and arm. • Locate through palpation the attachment sites of one instructor-selected muscle of the shoulder and arm. • Identify through palpation the edges and fiber directions of two instructor-selected muscles of the shoulder and arm. • Demonstrate correct body mechanics while passively moving a partner's body through the actions of four instructor-selected muscles of the shoulder and arm. • Palpate four muscles of the shoulder and arm bilaterally on a partner, and verbally describe physical characteristics in muscle quality. • Palpate three muscles of the shoulder and arm consecutively on two partners, and verbally describe physical characteristics in muscle quality. • Use an isometric muscle contraction to isolate five instructor-selected muscles of the shoulder and arm, using a reference book as a guide and with support from an instructor. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Topic: The Elbow, Forearm, Wrist, and Hand

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the elbow, forearm, wrist, and hand, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the elbow, forearm, wrist, and hand, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, muscles and identify muscle fiber direction, and muscle actions, on a practical evaluation.

Key Terminology and Concepts

- Abduction (radial deviation)
- Action
- Adduction (ulnar deviation)
- Annular ligament
- Antagonist
- Body mechanics
- Brachioradialis
- Capitate
- Capitulum
- Carpal ligament
- Carpal tunnel
- Carpals
- Carpometacarpal joints
- Coronoid fossa
- Coronoid process
- Distal interphalangeal joints
- Distal radioulnar joint
- Elbow
- Ellipsoid synovial
- Extension
- Extensor carpi radialis brevis
- Extensor carpi radialis longus
- Extensor carpi ulnaris
- Extensor digitorum
- Extensor retinaculum
- Fiber direction
- Flexion
- Flexor carpi radialis
- Flexor carpi ulnaris
- Flexor digitorum profundus
- Flexor digitorum superficialis
- Flexor retinaculum
- Forearm
- Medial condyle (trochlea)
- Medial epicondyle
- Medial supracondylar ridge
- Metacarpals
- Metacarpophalangeal joints
- Midcarpal joints
- Middle and distal interphalangeal joints
- Muscle bellies
- Neck
- Olecranon process
- Opposition
- Origin
- Palmar aponeurosis
- Palmaris longus
- Palpable findings
- Palpate
- Palpation
- Phalanges
- Physical characteristics
- Pisiform
- Posture
- Pronation
- Pronator teres
- Pronunciation
- Proximal
- Proximal interphalangeal joints
- Proximal radioulnar joint
- Radial collateral ligament
- Radial notch
- Radial tuberosity
- Radiocarpal joint
- Radius
- Saddle joint

- Hamate
- Hand
- Head
- Humeroradial joint
- Humeroulnar joint
- Humerus
- Interosseous membrane in the forearm
- Insertion
- Intercarpal joints
- Isometric muscle contraction
- Landmarks
- Lateral condyle (capitulum)
- Lateral epicondyle
- Lateral supracondylar ridge
- Lunate
- Mechanical function
- Scaphoid
- Shaft
- Styloid process
- Supination
- Supinator
- Synovial hinge
- Tissue quality
- Transverse carpal ligament
- Trapezium
- Trapezoid
- Triquetrum
- Trochlear notch
- Ulna
- Ulnar collateral ligament
- Wrist

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- List the two bones that make up the forearm (e.g., radius and ulna).
 - Identify the bone that the radius and ulna articulate with to form the elbow joint (humerus).
 - List the three groups of bones that make up the wrist and hand (carpals, metacarpals, and phalanges).
 - Identify the carpal bones on a skeletal model of the elbow, forearm, wrist, and hand (triquetrum, lunate, scaphoid, trapezium, trapezoid, capitate, hamate, pisiform).
 - Label these bones and/or landmarks of the elbow, forearm, wrist, and hand on diagrams with the aid of a reference book:
 - Humerus, medial condyle (trochlea), medial epicondyle, medial supracondylar ridge, coronoid fossa, lateral condyle (capitulum), lateral epicondyle, lateral supracondylar ridge.
 - Radius, head, neck, radial tuberosity, shaft, styloid process.
 - Ulna, olecranon process, trochlear notch, radial notch, coronoid process, shaft, head, styloid process.
 - Carpals.
 - Metacarpals.
 - Phalanges.
 - Label eight bones and/or landmarks from memory on a diagram of the elbow, forearm, wrist, and hand.

- Conditions:** With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:
- Imitate the instructor’s pronunciation of the bones and landmarks of the elbow, forearm, wrist, and hand.
 - Imitate the instructor’s palpation method while palpating the following bones and landmarks of the elbow, forearm, wrist, and hand on a physical model of the skeleton:
 - Humerus, medial epicondyle, medial supracondylar ridge, lateral epicondyle, lateral supracondylar ridge.
 - Radius, head, shaft, styloid process.
 - Ulna, olecranon process, shaft, styloid process.
 - Carpals as a group.
 - Metacarpals, heads, shafts.
 - Phalanges.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating the following bones and/or landmarks of the elbow, forearm, wrist and hand on a partner:
 - Humerus, medial epicondyle, medial supracondylar ridge, lateral epicondyle, lateral supracondylar ridge.
 - Radius, head, shaft, styloid process.
 - Ulna, olecranon process, shaft, styloid process.
 - Carpals.
 - Metacarpals, heads, shafts.
 - Phalanges.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.		<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and landmarks of the elbow, forearm, wrist, and hand. • Demonstrate proper body mechanics and client positioning methods while palpating bones and landmarks of the elbow, forearm, wrist, and hand. • Locate through palpation eight instructor-selected bones or landmarks of the elbow, forearm, wrist, and hand. • Compare and contrast palpable findings related to the physical characteristics of bones and landmarks of the elbow, forearm, wrist, and hand using correct technical language.
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:

- Label the following joint(s) of the elbow, forearm, wrist, and hand on diagrams with the aid of a reference book: humeroulnar joint, humeroradial joint, proximal radioulnar joint, distal radioulnar joint, radiocarpal joint, midcarpal joints, carpometacarpal joints, metacarpophalangeal joints, proximal, middle and distal interphalangeal joints.
- Define the humeroulnar joint by describing the joint type and the bones that articulate to make up the joint (e.g., the humeroulnar joint is a synovial hinge joint where the trochlea of the humerus articulates with the trochlear notch of the ulna, etc.).
- Name the movements possible at the humeroulnar joint (flexion, extension).
- Define the humeroradial joint by describing the joint type and the bones that articulate to make up the joint (e.g., a synovial hinge joint formed between an articulation of the capitulum of the humerus and the head of the radius).
- Name the movements possible at the humeroradial joint (flexion, extension).
- Define the proximal and distal radioulnar joints by describing the joint type and the bones that articulate to make up these joints (e.g., synovial pivot joint formed between the radius and the ulna).
- Name the movements possible at the proximal and distal radioulnar joints (e.g., pronation and supination of the forearm involving the radius crossing over the ulna).
- Using a reference book, label these major ligaments of the elbow and forearm: ulnar collateral ligament, radial collateral ligament, annular ligament.
- Identify the location of the interosseous membrane in the forearm.

Conditions: With ongoing instructor guidance, the learner will be able to:

- Imitate the instructor’s pronunciation of the names of the joints of the elbow, forearm, wrist, and hand.
- Imitate the instructor’s pronunciation of the names of selected ligaments of the elbow, forearm, wrist, and hand.
- Imitate the instructor’s body mechanics and client positioning methods while palpating the joints and ligaments of the elbow, forearm, wrist, and hand.
- Palpate the joint(s) of the elbow, forearm, wrist, and hand using a reference book as a guide.
- Palpate instructor-selected ligaments of the elbow joint using a reference book as a guide.
- Actively move one’s own body through these movements of the humeroulnar and humeroradial joints using a reference book as a guide: flexion, extension.
- Actively move one’s own body through these movements of the proximal and distal radioulnar joints using a reference book as a guide: supination, pronation.
- Actively move one’s own body through these movements of the radiocarpal and intercarpal joints using a reference book as a guide: abduction (radial deviation), adduction (ulnar deviation), flexion, extension.
- Actively move one’s own body through these movements of the metacarpophalangeal joints using a reference book as a guide: extension, flexion, abduction, adduction.
- Actively move one’s own body through these movements of the proximal and distal interphalangeal joints using a reference book as a guide: extension, flexion.

- Define the radiocarpal joint by describing the joint type and the bones that articulate to make up the joint (e.g., the radiocarpal joint is an ellipsoid synovial joint where the distal end of the radius articulates with the proximal row of carpal bones).
- Define the intercarpal joints by describing the joint type and the bones that articulate to make up the joint (e.g., the intercarpal joints are synovial gliding joints made up by the articulation of the proximal row of carpals with the distal row of carpals).
- On a diagram label these major ligaments and structures of the wrist: transverse carpal ligament, flexor retinaculum, palmar aponeurosis, extensor retinaculum.
- Name the movements possible at the radiocarpal and intercarpal joints (e.g., the wrist has four basic movements: abduction, adduction, flexion, extension).
- Define the carpometacarpal joints by describing the joint type and the bones that articulate to make the joint (e.g., the carpometacarpal joints are formed by the distal row of carpal bones and the base of the metacarpals; the first carpometacarpal joint is the thumb and is described as a saddle joint with the following movements: flexion, extension, abduction, adduction, opposition).
- Define the metacarpophalangeal joints by describing the joint type and the bones that articulate to make up the joint (e.g., these joints are ellipsoid joints formed by articulations between the heads of metacarpals and the bases of the phalanges).
- Define the interphalangeal joints by describing the joint type and the bones that articulate to make up the joints (e.g., synovial hinge joints formed by articulations between the proximal and distal phalanges).
- Name the possible movements of the fingers (e.g., fingers: flexion, extension, adduction, abduction; thumb: flexion, extension, abduction, adduction, opposition).
- Actively move one's own thumb through opposition using a reference book as a guide.
- Working with a partner, passively move the humeroulnar and humeroradial joints through these movements with guidance from an instructor: flexion, extension.
- Working with a partner, passively move the proximal and distal radioulnar joints through these movements with guidance from an instructor: supination, pronation.
- Working with a partner, passively move the radiocarpal and intercarpal joints through these movements with guidance from an instructor: abduction (radial deviation), adduction (ulnar deviation), flexion, extension.
- Working with a partner, passively move the metacarpal phalangeal joints through these movements with guidance from an instructor: extension, flexion, abduction, adduction.
- Working with a partner, passively move the interphalangeal joints through these movements with guidance from an instructor: extension, flexion.
- Working with a partner, passively move the thumb through opposition with guidance from an instructor.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the structure of the following joints of the elbow, forearm, wrist, and hand: humeroulnar joint, humeroradial joint, proximal radioulnar joint, distal radioulnar joint, radiocarpal joint, midcarpal joints, carpometacarpal joints, metacarpophalangeal joints, proximal, middle and distal interphalangeal joints. • Discuss the action of the following joints of the elbow, forearm, wrist, and hand: humeroulnar joint, humeroradial joint, proximal radioulnar joint, distal radioulnar joint, radiocarpal joint, midcarpal joints, carpometacarpal joints, metacarpophalangeal joints, proximal and distal interphalangeal joints. • Discuss simply the function of the transverse carpal ligament (e.g., forms part of the carpal tunnel through which the median nerve travels, along with the nine flexor tendons of the thumb and fingers). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of instructor-selected structures of the elbow, forearm, wrist, and hand. • Demonstrate proper body mechanics and client positioning methods while palpating structures of the elbow, forearm, wrist, and hand. • Locate through palpation each joint of the elbow, forearm, wrist, and hand. • Locate through palpation instructor-selected ligaments of the elbow, forearm, wrist, and hand. • Actively produce in one's own body the movements of the joints of the elbow, forearm, wrist, and hand from memory. • Demonstrate on a partner correct methods of passively moving the joints of the elbow, forearm, wrist, and hand through their available movements. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:

- Label the following muscles of the elbow, forearm, wrist, and hand on diagrams showing anterior, posterior, lateral views and views showing both superficial and deep muscles: brachioradialis, extensor digitorum, extensor carpi radialis longus, extensor carpi ulnaris, palmaris longus, flexor carpi ulnaris, flexor carpi radialis, extensor carpi radialis brevis, flexor digitorum superficialis, flexor digitorum profundus, pronator teres, supinator.
- Write out in correct technical language the origin, insertion, and actions of the following muscles of the elbow, forearm, wrist, and hand on a worksheet with guidance from a reference book: brachioradialis, extensor digitorum, extensor carpi radialis longus, extensor carpi ulnaris, palmaris longus, flexor carpi ulnaris, flexor carpi radialis.
- State the primary action and general location the following muscles of the elbow, forearm, wrist, and hand: extensor carpi radialis brevis, flexor digitorum superficialis, flexor digitorum profundus, pronator teres, supinator (e.g., pronator teres: forearm pronation, anterior/proximal forearm).
- List three muscles that flex the elbow joint (e.g., brachialis, biceps brachii, brachioradialis).
- List one muscle that is antagonistic to elbow flexion (any of the muscles that extend the elbow joint).
- List one muscle that extends the elbow joint (e.g., triceps brachii).
- List three muscles that are antagonists to elbow extension (muscles that flex the elbow joint).

Conditions: With ongoing instructor guidance, the learner will be able to:

- Imitate the instructor’s pronunciation of the names of muscles of the elbow, forearm, wrist, and hand.
- Imitate the instructor’s body mechanics and client positioning methods while palpating muscles and tendons of the elbow, forearm, wrist, and hand.
- Imitate the methods an instructor uses to locate through palpation the muscle bellies and accessible attachment sites of muscles of the elbow, forearm, wrist, and hand.
- Try to palpate muscle bellies, tendons, and attachment sites of these muscles of the elbow, forearm, wrist, and hand: brachioradialis, extensor digitorum, extensor carpi radialis longus, extensor carpi ulnaris, palmaris longus, flexor carpi ulnaris, flexor carpi radialis.
- Identify four easily palpated muscle bellies of muscles of the elbow, forearm, wrist, and hand.
- Identify four easily palpated tendons or attachment sites of the elbow, forearm, wrist, and hand.
- Identify two muscle bellies of the elbow, forearm, wrist, and hand that are more difficult to palpate or inaccessible.
- Identify four attachments sites of muscles of the elbow, forearm, wrist, and hand that are more difficult to palpate or inaccessible.
- Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the elbow, forearm, wrist, and hand.
- Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the elbow, forearm, wrist, and hand.

	<ul style="list-style-type: none"> List three muscles that extend the wrist joint (e.g., extensor carpi radialis longus, extensor carpi ulnaris, extensor carpi radialis brevis). List three muscles that are antagonists to wrist extension (the muscles that flex the wrist). List three muscles that flex the wrist joint (e.g., flexor carpi ulnaris, flexor carpi radialis, palmaris longus). List three muscles that are antagonists to wrist flexion (the muscles that extend the wrist). 	<ul style="list-style-type: none"> Verbally describe two palpable findings related to the quality and condition of five instructor-selected muscles of the elbow, forearm, wrist, and hand. Actively move one's body through the movements produced by each of the following muscles using a reference book as a guide: brachioradialis, extensor digitorum, extensor carpi radialis longus, extensor carpi ulnaris, palmaris longus, flexor carpi ulnaris, flexor carpi radialis, extensor carpi radialis brevis, flexor digitorum superficialis, flexor digitorum profundus, pronator teres, supinator.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the origins, insertions, actions, and roles of the muscles of the elbow, forearm, wrist, and hand. Discuss palpable findings related to quality and condition of the tissue and a comparison of the tissue bilaterally from palpation sessions. Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the elbow, forearm, wrist, and hand. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of muscles of the elbow, forearm, wrist, and hand. Demonstrate proper body mechanics and client positioning methods while palpating muscles of the elbow, forearm, wrist, and hand. Locate through palpation the muscle bellies of five instructor-selected muscles of the elbow, forearm, wrist, and hand. Locate through palpation the attachment sites of three instructor-selected muscles of the elbow, forearm, wrist, and hand. Identify through palpation the edges and fiber direction of two instructor-selected muscles of the elbow, forearm, wrist, and hand. Demonstrate correct body mechanics while passively moving a partner's body through the actions of five instructor-selected muscles of the elbow, forearm, wrist, and hand. Palpate four muscles of the elbow, forearm, wrist, and hand bilaterally on a partner and verbally describe physical characteristics in muscle quality.

		<ul style="list-style-type: none"> • Palpate four muscles of the elbow, forearm, wrist, and hand consecutively on two partners and verbally describe physical characteristics in muscle quality. • Use an isometric muscle contraction to isolate five instructor-selected muscles of the elbow, forearm, wrist, and hand, using a reference book as a guide and with support from an instructor.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Spine and Thorax

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the spine and thorax, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the spine and thorax, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles, and identify muscle fiber direction and muscle actions, on a practical evaluation.

Key Terminology and Concepts

- Action
- Angle
- Antagonist
- Anterior longitudinal ligament
- Articular facet
- Articulations
- Atlanto-axial joint
- Atlanto-occipital joint
- Atlas (C1)
- Attachment sites
- Axis (C-2)
- Body mechanics
- Body of the sternum
- Cervical vertebrae
- Clavicle
- Coccyx
- Collapse
- Costal cartilage
- Costochondral joints
- Costovertebral joints
- Costovertebral joints
- Depression
- Diaphragm
- Disc degeneration
- Disc disorders
- Elevation
- Erector spinae group
- Expansion
- External obliques
- External occipital protuberance
- False ribs 8-12
- First rib
- Floating ribs 11-12
- Ligamentum nuchae
- Longissimus
- Lumbar vertebrae
- Manubrium
- Mechanical function
- Multifidi
- Muscle bellies
- Neck
- Odontoid process
- Origin
- Palpable findings
- Palpate
- Palpation
- Passively
- Physical characteristics
- Posterior longitudinal ligament
- Posterior tubercle
- Posture
- Pronunciation
- Primary function
- Quadratus lumborum
- Rectus abdominis
- Respiratory diaphragm
- Ribs
- Rotatores
- Sacrum
- Scoliosis
- Skeleton
- Spinalis
- Spine
- Spinous processes
- Sternocostal joints
- Supraspinous ligament

- Head
- Hyperkyphosis
- Hyperlordosis
- Iliocostalis
- Inferior facets
- Insertion
- Internal obliques
- Interspinous ligament
- Intertransverse ligament
- Intervertebral discs
- Intervertebral joints
- Isometric muscle contraction
- Jugular notch of the sternum
- Lamina
- Lamina groove
- Landmarks
- Sternal angle
- Sternum
- Superior facets
- Thoracic vertebrae
- Thoracolumbar aponeurosis
- Thorax
- Tissue quality
- Transverse abdominis
- Transverse foramen
- Transverse processes
- True ribs 1-7
- Tubercle
- Vertebral foramen
- Vertebral spinous process
- Xiphoid process

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- List the names and/or numbers of the 24 vertebrae of the vertebral column (atlas C1, axis C-2, cervical vertebrae C3-C7, thoracic vertebrae T1-T12, and lumbar vertebrae L1-L5).
 - Define the term *lamina groove*.
 - Label these bones and landmarks of the spine and thorax on diagrams with the aid of a reference book:
 - Anterior view of the spine and thorax: clavicle, ribs, costal cartilage, intervertebral discs, xiphoid process, body of the sternum, sternal angle, manubrium, first rib.
 - Posterior view of the spine and thorax: atlas, axis, C3-C7, T1-T12, L1-L5, ribs, sacrum, coccyx.
 - Lateral and superior views of the atlas (C-1): posterior tubercle, transverse process, transverse foramen, superior and inferior facets, articular facet for odontoid process, transverse process, vertebral foramen.
 - Lateral and superior views of the axis (C-2): spinous process, transverse process, transverse foramen, superior and inferior facets, odontoid process (or dens), vertebral foramen.
 - Lateral and superior view of a cervical vertebra: transverse process, spinous process, canal for spinal nerve, transverse foramen, body, lamina groove, superior and inferior facets.
 - Lateral and superior view of a thoracic vertebra: transverse process, superior and inferior facets, body, costal facets, spinous process, vertebral foramen, body, lamina groove, lamina.

- Conditions:** With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:
- Imitate the instructor’s pronunciation of the bones and landmarks of the spine and thorax.
 - Imitate the instructor’s palpation method while palpating the following bones and landmarks of the spine and thorax on a physical model of the skeleton:
 - Vertebral spinous processes: cervical, thoracic, and lumbar.
 - Vertebral transverse processes: cervical, thoracic, and lumbar.
 - Lamina groove: cervical, thoracic, and lumbar.
 - C2 vertebra: differentiate between the spinous process and the external occipital protuberance.
 - Sternum: jugular notch, manubrium, body of the sternum, and xiphoid process.
 - Ribs and costal cartilage.
 - Twelfth rib: follow its shaft to the spinous process of T12.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating the following bones and landmarks of the spine and thorax on a partner:
 - Vertebral spinous processes: cervical, thoracic, and lumbar.
 - Vertebral transverse processes: cervical.
 - Lamina groove: cervical, thoracic, and lumbar.
 - C2 vertebra: differentiate between the spinous process and the external occipital protuberance.

	<ul style="list-style-type: none"> • Lateral and superior view of a lumbar vertebra: spinous process, transverse process, body, superior and inferior facets, lamina groove, vertebral foramen. • Sternum: manubrium, body, xiphoid. • Thorax: true ribs 1-7, false ribs 8-12, floating ribs 11-12. • Rib: sternal end, vertebral end, head, neck, tubercle, angle (note: the first rib has no angle.). • On a diagram of the spine and thorax, label ten instructor-selected bones and/or landmarks from memory. 	<ul style="list-style-type: none"> • Sternum: jugular notch, manubrium, body of the sternum, and xiphoid process. • Ribs and costal cartilage. • Twelfth rib: follow its shaft to the spinous process of T12. • Verbalize physical characteristics in the shape and spacing of the cervical, thoracic, and lumbar spinous processes (e.g., the spinous processes of the lumbar vertebrae are larger than the thoracic or cervical and there is more space between them, etc.). • Verbalize physical characteristics in the shape and angle of the ribs and the spaces between them (e.g., notice how the angle of the ribs changes in different places, notice how the spaces between the ribs changes with a deep inward breath or exhalation, etc.).
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Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
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Apply	<p>There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.</p>	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and landmarks of the spine and thorax. • Demonstrate proper body mechanics and client positioning methods while palpating bones and landmarks of the spine and thorax. • Locate through palpation ten instructor-selected bones and/or landmarks of the spine and thorax. • Locate through palpation the twelfth rib and follow its shaft to the spinous process of T12. • Locate through palpation C2 and the external occipital protuberance. • Compare and contrast palpable findings related to the physical characteristics of bones and landmarks of the spine and thorax using correct technical language (e.g., “the angle of this rib is different from the same rib on the left side, the spaces between these ribs on the left gets tighter during inhalation than the same ribs on the right,” etc.).
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Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Subject - Palpation and Movement, Topic – The Spine and Thorax

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1		Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:</p> <ul style="list-style-type: none"> Label the following joints of the spine and thorax on diagrams with the aid of a reference book: atlanto-occipital joint, atlanto-axial joint, intervertebral joints, costotransverse joints, costovertebral joints, sternocostal joints, costochondral joints. Name the movements possible at the following joints: <ul style="list-style-type: none"> Atlanto-occipital joint (slight flexion and extension for nodding movements, and slight lateral flexion of the head). Atlanto-axial joint (e.g., the pivot of the odontoid process of the axis and anterior arch of the atlas allows rotation, flexion, extension, slight lateral flexion, slight rotation). Cervical, thoracic and lumbar vertebral joints (flexion, extension, lateral flexion, rotation). Match these major ligaments of the spine to written descriptions of their functions: ligamentum nuchae, anterior longitudinal ligament, posterior longitudinal ligament, interspinous ligaments, supraspinous ligament, intertransverse ligaments. 	<p>Conditions: With ongoing instructor guidance, the learner will be able to:</p> <ul style="list-style-type: none"> Imitate the instructor’s pronunciation of the names of the joints of the spine and thorax. Imitate the instructor’s pronunciation of the names of selected ligaments of the spine and thorax. Imitate the instructor’s body mechanics and client positioning methods while palpating the joints and ligaments of the spine and thorax. <ul style="list-style-type: none"> Joint: sternocostal. Ligaments: ligamentum nuchae, supraspinous ligament. Verbally describe one physical characteristic when palpating the joints and ligaments of the spine and thorax (e.g., “I can feel the difference in texture as I move from the sternum to the branch of the rib”). Using a reference book as a guide, actively move one’s own body through these movements of the head and neck at the cervical vertebral joints: flexion, extension, lateral flexion, rotation. Using a reference book as a guide, actively move one’s own body through these trunk movements of the vertebral joints: flexion, extension, rotation, lateral flexion. 	

		<ul style="list-style-type: none"> Using a reference book as a guide, actively move one's own body through these movements of the ribs: elevation/expansion, depression/collapse.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the general structure (articulations) of these joints of the spine and thorax: atlanto-occipital joint, atlanto-axial joint, intervertebral joints. Discuss the function of these joints of the spine and thorax: atlanto-occipital joint, atlanto-axial joint, intervertebral joints. Discuss the functions of selected ligaments of the spine and thorax (e.g., the supraspinous ligament extends inferiorly from the ligamentum nuchae and continues down the spine to attach to the spinous processes of the thoracic and lumbar vertebrae and support the vertebral column, etc.). Discuss in a simple way common factors leading to disc disorders like degeneration of the vertebral facets or disc herniation. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of instructor-selected structures of the spine and thorax. Demonstrate correct body mechanics and client positioning methods while palpating the joints and ligaments of the spine and thorax. Actively move one's body through the movements of the joints of the spine and thorax from memory. Passively move the joints of the cervical spine and thorax through their movements using correct methods (e.g., hold the head securely to provide safety and stability, etc.). Demonstrate these movements of the ribs in oneself: elevation/expansion, depression/collapse.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following muscles of the spine and thorax on diagrams showing anterior, posterior, and lateral views and views showing both superficial and deep muscles: rectus abdominis, external obliques, internal obliques, erector spinae group, quadratus lumborum, transverse abdominis, spinalis, longissimus, iliocostalis, multifidi, rotatores, respiratory diaphragm.
 - Write out in correct technical language the origin, insertion, and actions of the following muscles of the spine and thorax on a worksheet with guidance from a reference book: rectus abdominis, external obliques, internal obliques, erector spinae group, quadratus lumborum.
 - State the primary action and general location of the following muscles of the spine and thorax: transverse abdominis, spinalis, longissimus, iliocostalis, multifidi, rotatores, respiratory diaphragm. (e.g., transverse abdominis: compresses abdominal contents, abdominal region deep to internal obliques).
 - Define the term *thoracolumbar aponeurosis* (e.g., a broad, flat tendon stretching across the thorax and lumbar regions).
 - Name the primary function of the thoracolumbar aponeurosis (e.g., serves as an anchor for several muscles of the thorax and hips).
 - List the three muscles of the erector spinae group (spinalis, longissimus, iliocostalis).
 - List the four muscles commonly called the abdominals (rectus abdominis, external oblique, internal oblique, transverse abdominis).
 - List two muscles that flex the torso (e.g., rectus abdominis, external oblique, internal oblique).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of muscles of the spine and thorax.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating muscles and tendons of the spine and thorax.
 - Imitate the methods an instructor uses to locate through palpation the muscle bellies and accessible attachment sites of muscles of the spine and thorax.
 - Try to palpate muscle bellies, tendons, and attachment sites of the following muscles of the spine and thorax: rectus abdominis, external obliques, internal obliques, erector spinae group, quadratus lumborum.
 - Identify three easily palpated muscle bellies of the spine and thorax.
 - Identify two easily palpated attachment sites of muscles of the spine and thorax.
 - Identify two muscle bellies of the spine and thorax that are more difficult to palpate or inaccessible.
 - Identify four attachment sites of muscles of the spine and thorax that are more difficult to palpate or inaccessible.
 - Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the spine and thorax.
 - Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the spine and thorax.

- List two muscles that are antagonists to flexion of the torso (muscles that extend the torso).
- List two muscles that extend the torso (e.g., spinalis, longissimus, iliocostalis).
- List two muscles that are antagonists to extension of the torso (muscles that flex the torso).
- List two muscles that perform rotation of the torso (e.g., external oblique, internal oblique, multifidi, rotatores).
- List two muscles that perform lateral flexion of the torso (e.g., quadratus lumborum, iliocostalis, multifidi).
- Identify the primary function of the respiratory diaphragm. (e.g., increase space in thoracic cavity to create a vacuum that draws air into the lungs).

- Actively move one's body through the movements produced by each of the following muscles using a reference book as a guide: rectus abdominis, external obliques, internal obliques, erector spinae group, quadratus lumborum, transverse abdominis, spinalis, longissimus, iliocostalis, multifidi, rotatores, respiratory diaphragm.
- Use an isometric muscle contraction to isolate four instructor-selected muscles of the spine and thorax, using a reference book as a guide and with support from an instructor.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the origins, insertions, actions, and roles of the muscles of the spine and thorax. • Discuss palpable findings related to quality and condition of tissue and a comparison of tissue bilaterally from palpation sessions. • Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the spine and thorax. • Discuss the role of the diaphragm in respiration. • Discuss the structure and organization of the erector spinae group and the thoracolumbar aponeurosis. • Discuss the structure, organization, and special function of the abdominal muscles (e.g., they form a muscular girdle through their span and overlapping arrangement that helps to stabilize the core of the body, etc.). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of muscles of the spine and thorax. • Demonstrate proper body mechanics and client positioning methods while palpating muscles of the spine and thorax. • Locate through palpation the muscle bellies of four instructor-selected muscles of the spine and thorax. • Locate through palpation the attachment sites of three instructor-selected muscles of the spine and thorax. • Identify through palpation the edges and fiber directions of two instructor-selected muscles of the spine and thorax. • Palpate three muscles of the spine and thorax bilaterally on a partner, and verbally describe physical characteristics in muscle quality. • Palpate three muscles of the spine and thorax consecutively on two partners, and verbally describe physical characteristics in muscle quality. 	

	<ul style="list-style-type: none"> Discuss simply one common muscular imbalance of the spine and thorax related to postural faults like hyperkyphosis, hyperlordosis, or scoliosis (e.g., muscle imbalances related to a hyperlordosis include short and tight erector spinae, quadratus lumborum, and decreased spinal mobility, etc.). 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Head, Neck, and Jaw

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the head, neck, and jaw, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the head, neck, and jaw, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles, and identify muscle fiber direction and muscle actions of the head, neck, and jaw, on a practical evaluation.

Key Terminology and Concepts

- Action
- Actively
- Angle of the mandible
- Antagonist
- Anterior scalene
- Articular disc
- Atlanto-axial joint
- Atlanto-occipital joint
- Body
- Body mechanics
- Cervical intervertebral joints
- Clenching
- Condyle
- Coronal suture
- Coronoid process
- Depression
- Deviation
- Elevation
- Ethmoid bone
- External auditory meatus
- External occipital protuberance
- Fossa
- Frontal bone
- Frontalis
- Grinding
- Inferior facets
- Insertion
- Intervertebral joints
- Isometric muscle contraction
- Lacrimal bone
- Landmarks
- Levator scapulae
- Modified synovial hinge
- Muscle bellies
- Muscle strain
- Nasal bone
- Nuchal line
- Occipitalis
- Occiput
- Origin
- Palpable findings
- Palpate
- Palpation
- Parietal bone
- Passively
- Physical characteristics
- Posterior scalene
- Posture
- Pronunciation
- Protraction
- Ramus of the mandible
- Retraction
- Skull
- Sphenoid
- Splenius capitis
- Sternocleidomastoid
- Styloid process of the temporal bone
- Submandibular fossa
- Superior facets
- Sutures
- Temporal bone
- Temporal lines of the parietal bones
- Temporalis
- Temporomandibular joint

- Ligamentum nuchae
- Mandible
- Masseter
- Mastoid process
- Maxilla
- Mechanical function
- Mental foramen
- Middle scalene
- Tissue quality
- Trapezius
- Vomer
- Whiplash
- Zygomatic bone
- Zygomatic arch

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Some knowledge and skill components related to the cervical vertebrae are discussed in the topic: The Spine and Thorax.

Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:

- Label these bones and landmarks of the head, neck, and jaw on diagrams with the aid of a reference book:
 - Skull: frontal, temporal, ethmoid, lacrimal, maxilla, parietal, sphenoid, nasal, zygomatic, vomer, mandible, occiput, external occipital protuberance, temporal lines of the parietal bones, coronal suture, external auditory meatus, mastoid process, styloid process of the temporal bone, zygomatic arch.
 - Mandible, body, submandibular fossa, angle, ramus, condyle, mental foramen, coronoid process.
- On a diagram of the skull, label six instructor-selected bones, landmarks, or structures from memory.

Conditions: With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:

- Imitate the instructor’s pronunciation of the bones and landmarks of the head, neck, and jaw.
- Imitate the instructor’s palpation method while palpating the following bones and landmarks of the head, neck, and jaw on a physical model of the skeleton:
 - Skull: occiput, external occipital protuberance, superior nuchal lines, parietal bone, temporal bone, mastoid process, zygomatic arch, styloid process, frontal bone, zygomatic, and maxilla.
 - Mandible: body, angle, ramus, coronoid process, condyle.
- Imitate the instructor’s body mechanics and client positioning methods while palpating the following bones and landmarks of the head, neck, and jaw on a partner:
 - Skull: occiput, external occipital protuberance, superior nuchal lines, parietal bone, temporal bone, mastoid process, zygomatic arch, styloid process, frontal bone, zygomatic, and maxilla.
 - Mandible: body, angle, ramus, coronoid process, condyle.
- Verbalize physical characteristics in the shape and textures of the external occipital protuberance and superior nuchal lines (e.g., “the external occipital protuberance feels like a point while the superior nuchal lines feel like thin bumpy ridges”).
- Verbalize physical characteristics in the shape and texture of the mastoid process, styloid process, and zygomatic arch (e.g., “the mastoid process feels like a large bump right behind the ear, while the styloid process feels like a hole too deep to actually palpate”).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.		<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and landmarks of the head, neck, and jaw. • Demonstrate proper body mechanics and client positioning methods while palpating bones and landmarks of the head, neck, and jaw. • Locate through palpation eight instructor-selected bones and/or landmarks of the head, neck, and jaw. • Compare and contrast palpable findings related to the physical characteristics of bones and landmarks of the head, neck, and jaw using correct technical language (e.g., “the external occipital protuberance feels like a large bump on Jim but like a small ridge on Kathy,”).
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: Some knowledge and skill components related to the cervical vertebrae are discussed in the topic The Spine and Thorax.

Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:

- Label the following joints of the head, neck, and jaw on diagrams with the aid of a reference book: atlanto-occipital joint, atlanto-axial joint, cervical intervertebral joints, superior and inferior facets, temporomandibular joint.
- Review the articulations and functions of the following cervical joints (see The Spine and Thorax sub-topic):
 - Atlanto-occipital.
 - Atlanto-axial.
 - Intervertebral joints.
 - Superior and inferior facets.
- Review the following ligament of the cervical region: ligamentum nuchae.
- Define the temporomandibular joint (TMJ) by describing the joint type and the bones that articulate to make the joint (e.g., a modified synovial hinge joint formed by the temporal bone, articular disk, and the mandible).
- Name the movements possible at the TMJ (e.g., elevation of the mandible, depression of the mandible, protraction of the mandible, retraction of the mandible, left and right lateral deviation of the mandible).

Conditions: With ongoing instructor guidance, the learner will be able to:

- Imitate the instructor’s pronunciation of the names of the joints of the head, neck, and jaw.
- Imitate the instructor’s pronunciation of the names of selected ligaments of the head, neck, and jaw.
- Imitate the instructor’s body mechanics and client positioning methods while palpating the joints and ligaments of the head, neck, and jaw.
- Using a reference book as a guide, attempt to palpate the temporomandibular joint.
- Verbally describe one palpable finding when palpating the temporomandibular joint (e.g., “I can feel the condyle shift as the client opens and closes his mouth at the TMJ”).
- Using a reference book as a guide, actively move one’s own body through these movements of the mandible at the temporomandibular joint: elevation, depression, protraction, retraction, lateral deviation.
- Using a reference book as a guide, actively move one’s own body through these movements of the cervical vertebral joints: flexion, extension, left and right rotation, left and right lateral flexion.
- With guidance from the instructor, passively move the cervical vertebral joints through these movements: flexion, extension, rotation, lateral flexion.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the structure (type, ligaments, articulations, etc.) of these joints of the head, neck, and jaw: sutures, atlanto-occipital joint, atlanto-axial joint, cervical vertebral joints, intervertebral joints, temporomandibular joints. • Discuss the function of these joints of the head, neck, and jaw: sutures, atlanto-occipital joint, atlanto-axial joint, cervical vertebral joints, intervertebral joints, temporomandibular joints. • Compare and contrast the atlanto-occipital, atlanto-axial, and intervertebral joints C-3 through C-7 (e.g., no discs between vertebrae in atlanto-occipital and atlanto-axial joints providing less stability, etc.). • Discuss simply basic dysfunctions and injury related to the cervical spine (e.g., whiplash is caused by any jolt to the head and neck, such as a rear-end auto collision, fall off a bike or horse, or sports accident that causes injuries to ligaments, cartilage of the facets, discs, nerves, and muscles, etc.). • Discuss simply basic dysfunction and injury related to the temporomandibular joint (e.g., clenching or grinding causing wear and tear leading to pain and loss of function, muscle strain, etc.). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of instructor-selected structures of the head, neck, and jaw. • Demonstrate correct body mechanics and client positioning methods while palpating the temporomandibular joint. • Actively move one's own body through the movements of the joints of the head, neck, and jaw from memory. • Working with a partner, passively move the joints of the head, neck, and jaw through their movements using correct methods. (e.g., hold the head securely to provide safety and stability, etc.). 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following muscles of the head, neck, and jaw on diagrams showing anterior, posterior, and lateral views and views showing both superficial and deep muscles: trapezius, levator scapulae, sternocleidomastoid, anterior scalene, middle scalene, posterior scalene, masseter, temporalis, splenius capitis, frontalis, occipitalis.
 - Write out in correct technical language the origin, insertion, and actions of the following muscles of the head, neck, and jaw on a worksheet with guidance from a reference book: trapezius, levator scapulae, sternocleidomastoid, anterior scalene, middle scalene, posterior scalene, masseter, temporalis.
 - State the primary action and general location of the following muscles of the head, neck, and jaw: splenius capitis, frontalis, occipitalis (e.g., splenius capitis: extension of the head, located on posterior aspect of neck).
 - List two muscles that flex the head and neck (e.g., sternocleidomastoid, anterior scalene).
 - List two muscles that are antagonists to flexion of the head and neck (muscles that extend the head and neck).
 - List two muscles that extend the head and neck (e.g., trapezius, splenius capitis).
 - List two muscles that are antagonists to extension of the head and neck (muscles that flex the head and neck).
 - List two muscles that perform rotation of the head and neck (e.g., sternocleidomastoid, trapezius).
 - List two muscles that perform lateral flexion of the head and neck (e.g., sternocleidomastoid, upper trapezius).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of muscles of the head, neck, and jaw.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating muscles and tendons of the head, neck, and jaw.
 - Imitate the methods an instructor uses to locate through palpation the muscle bellies and accessible attachment sites of muscles of the head, neck, and jaw.
 - Try to palpate muscle bellies, tendons, and attachment sites of the following muscles of the head, neck, and jaw: trapezius, levator scapulae, sternocleidomastoid, anterior scalene, middle scalene, posterior scalene, masseter, temporalis.
 - Identify three easily palpated muscle bellies of the head, neck, and jaw.
 - Identify two easily palpated attachment sites of muscles of the head, neck, and jaw.
 - Identify two muscle bellies of the head, neck, and jaw that are more difficult to palpate or inaccessible.
 - Identify four attachment sites of muscles of the head, neck, and jaw that are more difficult to palpate or inaccessible.
 - Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the head, neck, and jaw.
 - Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the head, neck, and jaw.

	<ul style="list-style-type: none"> List two muscles that elevate the mandible (e.g., masseter, temporalis). 	<ul style="list-style-type: none"> Actively move one's body through the movements produced by each of the following muscles using a reference book as a guide: trapezius, levator scapulae, sternocleidomastoid, anterior scalene, middle scalene, posterior scalene, masseter, temporalis, splenius capitis, frontalis, occipitalis. Use an isometric muscle contraction to isolate five instructor-selected muscles of the head, neck, and jaw using a reference book as a guide and with support from an instructor.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the origins, insertions, actions, and roles of the muscles of the head, neck, and jaw. Discuss palpable findings related to quality and condition of tissue and a comparison of tissue bilaterally from palpation sessions. Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the head, neck, and jaw. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of muscles of the head, neck, and jaw. Demonstrate proper body mechanics and client positioning methods while palpating muscles of the head, neck, and jaw. Locate through palpation the muscle bellies of five instructor-selected muscles of the head, neck, and jaw. Locate through palpation the attachment sites of one instructor-selected muscle of the head, neck, and jaw. Identify through palpation the edges and fiber directions of two instructor-selected muscles of the head, neck, and jaw. Demonstrate correct body mechanics while passively moving a partner's body through the actions of four instructor-selected muscles of the head, neck, and jaw. Palpate four muscles of the head, neck, and jaw bilaterally on a partner, and verbally describe physical characteristics in muscle quality. Palpate three muscles of the head, neck, and jaw consecutively on two partners, and verbally describe physical characteristics in muscle quality.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Pelvis and Hip

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the pelvis and hip, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the pelvis and hip, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles, and identify muscle fiber direction and muscle actions of the pelvis and hip, on a practical evaluation.

Key Terminology and Concepts

- Abduction
- Acetabulum
- Action
- Actively
- Adduction
- Adductor brevis
- Adductor longus
- Adductor magnus
- Antagonist
- Anterior inferior iliac spine (AIIS)
- Anterior sacroiliac ligament
- Anterior superior iliac spine (ASIS)
- Attachment sites
- Body mechanics
- Circumduction
- Coccyx
- Connective tissue sleeve
- Coxofemoral
- Extension
- Femoral neck
- Femur
- Fiber direction
- Flexion
- Gluteal tuberosity
- Gluteus maximus
- Gluteus medius
- Gluteus minimus
- Greater trochanter
- Head
- Hip joint
- Iliac crest
- Iliac tubercle
- Ischium
- Isometric muscle contraction
- Labrum
- Landmarks
- Lateral rotation
- Lesser trochanter
- Ligamentum teres
- Mechanical function
- Medial rotation
- Muscle bellies
- Neck
- Obturator foramen
- Origin
- Palpable findings
- Palpate
- Palpation
- Partly fibrous
- Partly synovial
- Passively
- Pectineus
- Pelvis
- Physical characteristics
- Piriformis
- Posterior inferior iliac spine (PIIS)
- Posterior sacroiliac ligament
- Posterior superior iliac spine (PSIS)
- Pronunciation
- Psoas
- Pubic symphysis
- Pubic tubercle
- Pubis
- Pubofemoral ligament

- Iliacus
- Iliofemoral ligament
- Iliolumbar ligament
- Ilium
- Innominate
- Insertion
- Interosseous sacroiliac ligament
- Intertrochanteric line
- Ischial spine
- Ischial tuberosity
- Ischiofemoral ligament
- Quadratus femoris
- Ramus of the ischium
- Sacroiliac joint (SI)
- Sacrospinous ligament
- Sacrotuberous ligament
- Sacrum
- Symphysis pubis
- Tensor fascia latae
- Tissue quality

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Define these terms: *pelvis* (bony compartment comprising the innominate bones, sacrum, and coccyx), *hip* (the region lateral to the ilium of the pelvic bone).
 - Label these bones and landmarks of the pelvis and hip on diagrams with the aid of a reference book:
 - Ilium, anterior superior iliac spine (ASIS), anterior inferior iliac spine (AIIS), iliac crest, posterior inferior iliac spine (PIIS), posterior superior iliac spine (PSIS), iliac tubercle.
 - Pubis, symphysis pubis, pubic tubercle.
 - Ischium, ramus of the ischium, ischial tuberosity, ischial spine.
 - Sacrum, coccyx, acetabulum, obturator foramen.
 - Femur, greater trochanter, head, neck, lesser trochanter, intertrochanteric line, gluteal tuberosity.
 - Label ten bones and landmarks from memory on a diagram of the pelvis and hip.

- Conditions:** With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:
- Imitate the instructor’s pronunciation of the bones and landmarks of the pelvis and hip.
 - Imitate the instructor’s palpation method while palpating the following bones and landmarks of the pelvis and hip on a physical model of the skeleton:
 - Ilium, anterior superior iliac spine (ASIS), anterior inferior iliac spine (AIIS), iliac crest, posterior superior iliac spine (PSIS), iliac tubercle.
 - Ischium, ischial tuberosity.
 - Pubis, sacrum, coccyx.
 - Femur, greater trochanter, lesser trochanter.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating the following bones and landmarks of the pelvis and hip on a partner:
 - Ilium, anterior superior iliac spine (ASIS), anterior inferior iliac spine (AIIS), iliac crest, posterior superior iliac spine (PSIS), iliac tubercle.
 - Ischium, ischial tuberosity.
 - Pubis, sacrum, coccyx.
 - Femur, greater trochanter, lesser trochanter.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.		<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and landmarks of the pelvis and hip. • Demonstrate proper body mechanics and client positioning methods while palpating bones and landmarks of the pelvis and hip. • Locate through palpation eight instructor-selected bones and/or landmarks of the pelvis and hip. • Compare and contrast palpable findings related to the physical characteristics of bones and landmarks of the pelvis and hip using correct technical language.
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following joint(s) of the pelvis and hip on diagrams with the aid of a reference book: pubic symphysis, sacroiliac joint (SI), coxofemoral joint.
 - Define the pubic symphysis by describing the joint type and the bones that articulate to make up the joint (e.g., the pubic symphysis is a cartilaginous joint formed between the superior rami of the left and right pubic bones).
 - Define the SI joint by describing the joint type and the bones that articulate to make up the joint (e.g., the SI joint is a partly synovial and partly fibrous gliding joint formed by the ilium of the pelvis and the sacrum).
 - Label the following major ligaments of the SI joint on diagrams with the aid of a reference book: anterior sacroiliac ligament, interosseous sacroiliac ligament, posterior sacroiliac ligament, sacrotuberous ligament, sacrospinous ligament, iliolumbar ligament.
 - Define the coxofemoral (hip) joint by describing the joint type and the bones that articulate to make up the joint (e.g., the coxofemoral joint is a synovial ball and socket joint formed by the head of the femur and the acetabulum of the pelvis).
 - Describe the joint capsule of the coxofemoral (hip) joint (e.g., a thick and strong connective tissue sleeve that attaches proximally around the entire circumference of the labrum and distally around the femoral neck).
 - Label the following major ligaments of the coxofemoral joint on diagrams with the aid of a reference book: ligamentum teres, iliofemoral ligament, pubofemoral ligament, ischiofemoral ligament.

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of the joints of the pelvis and hip.
 - Imitate the instructor’s pronunciation of the names of selected ligaments of the pelvis and hip.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating the joints and ligaments of the pelvis and hip.
 - Palpate the joints of the pelvis and hip using a reference book as a guide.
 - Actively move one’s own body through these movements of the hip joint using a reference book as a guide: flexion, extension, medial rotation, lateral rotation, abduction, adduction, circumduction.
 - Working with a partner, passively move the hip joint through these movements with guidance from the instructor: flexion, extension, medial rotation, lateral rotation, abduction, adduction, circumduction.

	<ul style="list-style-type: none"> Name the movements possible at the coxofemoral joint (flexion, extension, medial rotation, lateral rotation, abduction, adduction, circumduction). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the structure of the coxofemoral joint of the pelvis and hip. Discuss the action of the coxofemoral joint of the pelvis and hip. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of instructor-selected structures of the pelvis and hip. Demonstrate proper body mechanics and client positioning methods while palpating structures of the pelvis and hip. Locate through palpation the joints of the pelvis and hip. Locate through palpation instructor-selected ligaments of the pelvis. Actively produce the movements of the joints of the pelvis and hip from memory on one's own body. Demonstrate on a partner correct methods while passively moving the joints of the hip through their available movements.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following muscles of the pelvis and hip on diagrams showing anterior, posterior, and lateral views and views showing both superficial and deep muscles: tensor fascia latae, gluteus maximus, gluteus medius, gluteus minimus, psoas, iliacus, piriformis, quadratus femoris, adductor magnus, adductor longus, adductor brevis, pectineus.
 - Write out in correct technical language the origin, insertion, and actions of the following muscles of the pelvis and hip on a worksheet with guidance from a reference book: tensor fascia latae, gluteus maximus, gluteus medius, gluteus minimus.
 - State the primary action and general location of the following muscles of the pelvis and hip: psoas, iliacus, piriformis, quadratus femoris, adductor magnus, adductor longus, adductor brevis, pectineus. (e.g., iliacus: hip flexion, anterior surface of ilium).
 - List three muscles that flex the hip joint (e.g., psoas, iliacus, tensor fasciae latae, sartorius).
 - List three muscles that are antagonists to flexion at the hip joint (muscles that extend the hip joint).
 - List three muscles that extend the hip joint (e.g., gluteus maximus, gluteus medius posterior fibers, adductor magnus posterior fibers, etc.).
 - List three muscles that are antagonists to extension at the hip joint (muscles that flex the hip joint).
 - List three muscles that perform medial rotation at the hip joint (e.g., gluteus medius anterior fibers, gluteus minimus, adductor magnus, tensor fasciae latae).
 - List three muscles that are antagonists to medial rotation at the hip joint (muscles that laterally rotate the hip joint).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of muscles of the pelvis and hip.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating muscles and tendons of the pelvis and hip.
 - Imitate the methods an instructor uses to locate through palpation the muscle bellies and accessible attachment sites of muscles of the pelvis and hip.
 - Try to palpate muscle bellies, tendons, and attachment sites of the following muscles of the pelvis and hip: tensor fascia latae, gluteus maximus, gluteus medius, gluteus minimus.
 - Identify three easily palpated muscle bellies of the pelvis and hip.
 - Identify two easily palpated attachment sites of muscles of the pelvis and hip.
 - Identify two muscle bellies of the pelvis and hip that are more difficult to palpate or inaccessible.
 - Identify four attachment sites of muscles of the pelvis and hip that are more difficult to palpate or inaccessible.
 - Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the pelvis and hip.
 - Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the pelvis and hip.
 - Actively move one’s body through the movements produced by each of the following muscles using a reference book as a guide: tensor fascia latae, gluteus maximus, gluteus medius, gluteus minimus, psoas, iliacus, piriformis, quadratus femoris, adductor magnus, adductor longus, adductor brevis, pectineus.

- List three muscles that perform lateral rotation at the hip joint (e.g., gluteus maximus, piriformis, quadratus femoris).
- List three muscles that are antagonists to lateral rotation at the hip joint (muscles that medially rotate the hip joint).
- List three muscles that perform abduction at the hip joint (e.g., gluteus maximus, tensor fasciae latae, gluteus medius).
- List three muscles that are antagonists to abduction at the hip joint (muscles that adduct the hip joint).
- List three muscles that perform adduction at the hip joint (e.g., adductor magnus, adductor longus, adductor brevis).
- List three muscles that are antagonists to adduction at the hip joint (muscles that abduct the hip joint).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the origins, insertions, actions, and roles of the muscles of the pelvis and hip. • Discuss palpable findings related to quality and condition of tissue and a comparison of tissue bilaterally from palpation sessions. • Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the pelvis and hip. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of muscles of the pelvis and hip. • Demonstrate proper body mechanics and client positioning methods while palpating muscles of the pelvis and hip. • Locate through palpation the muscle bellies of five instructor-selected muscles of the pelvis and hip. • Locate through palpation the attachment sites of one instructor-selected muscle of the pelvis and hip. • Identify through palpation the edges and fiber directions of two instructor-selected muscles of the pelvis and hip. • Demonstrate correct body mechanics while passively moving a partner's body through the actions of four instructor-selected muscles of the pelvis and hip. • Palpate four muscles of the pelvis and hip bilaterally on a partner, and verbally describe physical characteristics in muscle quality.

		<ul style="list-style-type: none"> • Palpate three muscles of the pelvis and hip consecutively on two partners, and verbally describe physical characteristics in muscle quality. • Use an isometric muscle contraction to isolate five instructor-selected muscles of the pelvis and hip, using a reference book as a guide and with support from an instructor.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Thigh and Knee

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the thigh and knee, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the thigh and knee, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles, and identify muscle fiber direction and muscle actions of the thigh and knee, on a practical evaluation.

Key Terminology and Concepts

- Action
- Actively
- Acute injury
- Adductor tubercle
- Antagonist
- Anterior cruciate ligament
- Attachment sites
- Biceps femoris long head
- Biceps femoris short head
- Body mechanics
- Cumulative stresses
- Extension
- Femur
- Fiber direction
- Fibula
- Fibular collateral ligament
- Flexion
- Gerdy's tubercle
- Gracilis
- Head of the fibula
- Insertion
- Isometric muscle contraction
- Landmarks
- Lateral condyle
- Lateral epicondyle
- Lateral rotation
- Lateral tibial tubercle
- Linea aspera
- Mechanical function
- Medial condyle
- Medial epicondyle
- Medial rotation
- Menisci
- Muscle bellies
- Muscular health
- Origin
- Palpable findings
- Palpate
- Palpation
- Passively
- Patella
- Patellar ligament
- Patellofemoral joint
- Pes anserinus
- Physical characteristics
- Posterior cruciate ligament
- Posture
- Pronunciation
- Rectus femoris
- Sartorius
- Semimembranosus
- Semitendinosus
- Shaft of the femur
- Synovial modified hinge
- Technical language
- Tibia
- Tibial collateral ligament
- Tibial plateau
- Tibial tuberosity
- Tibiofemoral joint
- Tissue quality
- Trochlear groove
- Vastus intermedius
- Vastus lateralis
- Vastus medialis

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:</p> <ul style="list-style-type: none"> • List the three bones that make up the knee joint (femur, tibia, patella). • Identify one additional bone that provides an attachment site for muscles and ligaments that act on the knee joint (fibula). • Label these bones and landmarks of the thigh and knee on diagrams with the aid of a reference book: <ul style="list-style-type: none"> • Patella. • Femur, shaft, adductor tubercle, medial epicondyle, medial condyle, lateral epicondyle, lateral condyle, linea aspera. • Tibia, tibial tuberosity, tibial plateau, pes anserinus attachment site, lateral tibial tubercle (Gerdy's tubercle). • Fibula, head of the fibula. • Label five bones and landmarks from memory on a diagram of the thigh and knee. 	<p>Conditions: With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor's pronunciation of the bones and landmarks of the thigh and knee. • Imitate the instructor's palpation method while palpating the following bones and landmarks of the thigh and knee on a physical model of the skeleton: <ul style="list-style-type: none"> • Patella. • Femur, medial epicondyle, medial condyle, lateral epicondyle, lateral condyle. • Tibia, tibial tuberosity, pes anserinus attachment site, lateral tibial tubercle (Gerdy's tubercle). • Fibula, head of the fibula. • Imitate the instructor's body mechanics and client positioning methods while palpating the following bones and landmarks of the thigh and knee on a partner: <ul style="list-style-type: none"> • Patella. • Femur, medial epicondyle, medial condyle, lateral epicondyle, lateral condyle. • Tibia, tibial tuberosity, pes anserinus attachment site, lateral tibial tubercle (Gerdy's tubercle). • Fibula, head of the fibula.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.</p>	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and landmarks of the thigh and knee. • Demonstrate proper body mechanics and client positioning methods while palpating bones and landmarks of the thigh and knee.

		<ul style="list-style-type: none"> • Locate through palpation eight instructor-selected bones and landmarks of the thigh and knee. • Compare and contrast palpable findings related to the physical characteristics of bones and landmarks of the thigh and knee using correct technical language.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:

- Label the following joints of the knee on diagrams with the aid of a reference book: tibiofemoral and patellofemoral.
- Define the tibiofemoral joint by describing the joint type and the bones that articulate to make up the joint (e.g., a synovial modified hinge joint formed by an articulation of the distal end of the femur and the proximal end of the tibia).
- Define the patellofemoral joint by describing the joint type and the bones that articulate to make up the joint (e.g., an articulation of the patella and the trochlear groove on the distal femur).
- Define the term *menisci*.
- Label the following major ligaments of the knee joint on diagrams with the aid of a reference book: tibiofemoral joint ligaments, tibial collateral ligament, fibular collateral ligament, anterior cruciate ligament, posterior cruciate ligament, patellar ligament.
- Name the movements possible at the knee (flexion, extension, some rotation).

Conditions: With ongoing instructor guidance, the learner will be able to:

- Imitate the instructor’s pronunciation of the names of the joints of the knee.
- Imitate the instructor’s pronunciation of the names of selected ligaments of the knee.
- Imitate the instructor’s body mechanics and client positioning methods while palpating the joints and ligaments of the knee.
- Palpate instructor-selected ligaments of the knee joint using a reference book as a guide.
- Actively move one’s own body through these movements of the tibiofemoral joint using a reference book as a guide: flexion, extension.
- Working with a partner, passively move the tibiofemoral joint through these movements with guidance from the instructor: flexion, extension.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the structure of the tibiofemoral joint of the thigh and knee. • Discuss the action of the tibiofemoral joint of the thigh and knee. • Discuss simply basic dysfunction and injury related to the knee joint (e.g., injuries to ligaments and tendons also cause knee problems; a common injury is to the anterior cruciate ligament (ACL) through sudden twisting motions, the menisci are susceptible to cumulative stresses and acute injury, etc.). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of instructor-selected structures of the thigh and knee. • Demonstrate proper body mechanics and client positioning methods while palpating structures of the thigh and knee. • Locate through palpation each joint of the thigh and knee. • Locate through palpation instructor-selected ligaments of the thigh and knee. • Actively produce on one's own body the movements of the joints of the thigh and knee from memory. • Demonstrate on a partner correct methods while passively moving the joints of the thigh and knee through their available movements. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following muscles of the thigh and knee on diagrams showing anterior, posterior, and lateral views and views showing both superficial and deep muscles: biceps femoris long and short heads, semitendinosus, semimembranosus, rectus femoris, sartorius, vastus lateralis, vastus medialis, gracilis, vastus intermedius.
 - Write out in correct technical language the origin, insertion, and actions of the following muscles on a worksheet with guidance from a reference book: biceps femoris long and short heads, semitendinosus, semimembranosus, rectus femoris, sartorius, vastus lateralis, vastus medialis, gracilis.
 - State the primary action and general location of the vastus intermedius (e.g., knee extension, anterior thigh deep to rectus femoris).
 - Name the four muscles that make up the group of muscles commonly referred to as the quadriceps (rectus femoris, vastus medialis, vastus lateralis, vastus intermedius).
 - Name the action that is performed by the entire quadriceps group at the tibiofemoral joint (extend the tibiofemoral joint).
 - Name the three muscles that make up the group of muscles commonly referred to as hamstrings (biceps femoris long and short heads, semitendinosus, semimembranosus).
 - Name the action that is performed by all of the hamstrings at the tibiofemoral joint (flex the tibiofemoral joint).
 - List three muscles that flex the tibiofemoral joint (e.g., biceps femoris long/short heads, semitendinosus, semimembranosus, etc.).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of muscles of the thigh and knee.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating muscles and tendons of the thigh and knee.
 - Imitate the methods an instructor uses to locate through palpation the muscle bellies and accessible attachment sites of muscles of the thigh and knee.
 - Try to palpate muscle bellies, tendons, and attachment sites of these muscles of the thigh and knee: biceps femoris long and short heads, semitendinosus, semimembranosus, rectus femoris, sartorius, vastus lateralis, vastus medialis, gracilis.
 - Identify four easily palpated muscle bellies of the thigh and knee.
 - Identify four easily palpated attachment sites of muscles of the thigh and knee.
 - Identify two muscle bellies of the thigh and knee that are more difficult to palpate or inaccessible.
 - Identify four attachment sites of muscles of the thigh and knee that are more difficult to palpate or inaccessible.
 - Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the knee and thigh.
 - Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the knee and thigh.
 - Verbally describe two palpable findings related to the quality and condition of six instructor-selected muscles of the thigh and knee.

- List three muscles that are antagonists to flexion of the tibiofemoral joint (muscles that extend the tibiofemoral joint).
- List three muscles that extend the tibiofemoral joint (e.g., vastus lateralis, vastus medialis, vastus intermedius, rectus femoris).
- List three muscles that are antagonists to extension of the tibiofemoral joint (muscles that flex the tibiofemoral joint).

- Actively move one's body through the movements produced by each of the following muscles using a reference book as a guide: biceps femoris long and short heads, semitendinosus, semimembranosus, rectus femoris, vastus lateralis, vastus medialis, vastus intermedius.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
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Apply

Conditions: Having participated in a classroom discussion, the learner will be able to:

- Discuss the origins, insertions, actions, and roles of the muscles of the thigh and knee.
- Discuss palpable findings related to quality and condition of tissue and a comparison of tissue bilaterally from palpation sessions.
- Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the thigh and knee.

Conditions: Having participated in practice sessions, the learner will be able to:

- Correctly pronounce the names of muscles of the thigh and knee.
- Demonstrate proper body mechanics and client positioning methods while palpating muscles of the thigh and knee.
- Locate through palpation the muscle bellies of five instructor-selected muscles of the thigh and knee.
- Locate through palpation the attachment sites of three instructor-selected muscles of the thigh and knee.
- Identify through palpation the edges and fiber directions of two instructor-selected muscles of the thigh and knee.
- Demonstrate correct body mechanics while passively moving a partner's body through the actions of four instructor-selected muscles of the thigh and knee.
- Palpate four muscles of the thigh and knee bilaterally on a partner, and verbally describe physical characteristics in muscle quality.
- Palpate three muscles of the thigh and knee consecutively on two partners, and verbally describe physical characteristics in muscle quality.
- Use an isometric muscle contraction to isolate five instructor-selected muscles of the thigh and knee, using a reference book as a guide and with support from an instructor.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: The Leg, Ankle, and Foot

Learning Outcomes

Conditions: Having completed 9.5 hours of instruction on the leg, ankle, and foot, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the bones, bony landmarks, ligaments, joints, muscles, and actions of the leg, ankle, and foot, on a written examination.
- Locate instructor-selected bones, bony landmarks, joints, ligaments, and muscles, and identify muscle fiber direction and muscle actions of the leg, ankle, and foot, on a practical evaluation.

Key Terminology and Concepts

- Ankle
- Antagonist
- Anterior talofibular ligament
- Base
- Body mechanics
- Calcaneofibular ligament
- Calcaneus
- Cuboid
- Cuneiforms
- Deep posterior compartment
- Deltoid ligament
- Distal tibiofibular joint
- Dorsiflexion
- Eversion
- Extension
- Extensor digitorum longus
- Extensor hallucis longus
- Extrinsic
- Fibula
- Flexion
- Flexor digitorum longus
- Flexor hallucis longus
- Flexor retinaculum
- Foot
- Gastrocnemius
- Heads
- Inferior extensor retinaculum
- Inferior fibular retinaculum
- Insertion
- Interosseous membrane
- Interphalangeal joints
- Inversion
- Medial longitudinal arch
- Medial malleolus
- Metatarsals
- Metatarsophalangeal joints
- Muscle bellies
- Navicular
- Origin
- Palpable findings
- Palpate
- Palpation
- Peroneus brevis
- Peroneus longus
- Phalanges
- Phalanx bones
- Physical characteristics
- Plantar flexion
- Posterior talofibular ligament
- Pronunciation
- Shaft
- Soleus
- Styloid process of the fifth metatarsal
- Subtalar joint
- Superior extensor retinaculum
- Superior fibular retinaculum
- Synovial ellipsoid articulation
- Synovial hinge
- Talocrural joint
- Talus
- Tarsal bones
- Tarsometatarsal joints
- Tibia
- Tibialis anterior

- Isometric muscle contraction
- Landmarks
- Lateral longitudinal arch
- Lateral malleolus
- Leg
- Mechanical function
- Tibialis posterior
- Tibiofibular joint
- Transverse arch
- Transverse tarsal joint

Use of Terms

The terms used in this subject appear to be consistent and widely accepted.

Sub-Topics

- Bones and Bony Landmarks
- Joints, Ligaments, and Range of Motion
- Muscles and their Actions

Sub-Topic: Bones and Bony Landmarks

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- List the two bones that make up the leg (fibula, tibia).
 - Define the term *foot* (e.g., everything distal to the tibia and fibula).
 - Identify the tarsal bones on a skeletal model of the leg, ankle, and foot (talus, calcaneus, navicular, cuboid, three cuneiforms).
 - Label these bones and landmarks of the leg, ankle, and foot on diagrams with the aid of a reference book:
 - Tibia, shaft, medial malleolus.
 - Fibula, lateral malleolus, shaft.
 - Metatarsals, base, heads, shafts, styloid process of the fifth metatarsal.
 - Phalanges.
 - Label five bones and landmarks from memory on a diagram of the leg, ankle, and foot.

Conditions: With ongoing guidance from an instructor during one or more practice sessions, the learner will be able to:

- Imitate the instructor’s pronunciation of the bones and landmarks of the leg, ankle, and foot.
- Imitate the instructor’s palpation method while palpating the following bones and landmarks of the leg, ankle, and foot on a physical model of the skeleton:
 - Tibia, shaft, medial malleolus.
 - Fibula, lateral malleolus, shaft.
 - Tarsals (calcaneus, talus, navicular, medial, middle, and lateral cuneiforms, cuboid)
 - Metatarsals, base, heads, shafts, styloid process of the fifth metatarsal.
 - Phalanges.
- Imitate the instructor’s body mechanics and client positioning methods while palpating the following bones and landmarks of the leg, ankle, and foot on a partner:
 - Tibia, shaft, medial malleolus.
 - Fibula, lateral malleolus, shaft.
 - Tarsals (calcaneus, talus, navicular, medial, middle, and lateral cuneiforms, cuboid).
 - Metatarsals, base, heads, shafts, styloid process of the fifth metatarsal.
 - Phalanges.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	There are no relevant learning objectives for this sub-topic in level 2 of the cognitive domain.		<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Correctly pronounce the names of bones and landmarks of the leg, ankle, and foot. • Demonstrate proper body mechanics and client positioning methods while palpating bones and landmarks of the leg, ankle, and foot. • Locate through palpation eight instructor-selected bones and/or landmarks of the leg, ankle, and foot. • Compare and contrast palpable findings related to the physical characteristics of bones and landmarks of the leg, ankle, and foot using correct technical language.
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.		There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Joints, Ligaments, and Range of Motion

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

- Conditions:** Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:
- Label the following joints of the leg, ankle, and foot on diagrams with the aid of a reference book: distal tibiofibular joint, talocrural joint, subtalar joint, transverse tarsal joint, tarsometatarsal joints, metatarsophalangeal joints, interphalangeal joints.
 - Identify the location of the interosseous membrane in the leg.
 - Define the talocrural joint by describing the joint type and the bones that articulate to make up the joint (e.g., a synovial hinge joint between the tibia, fibula, and talus).
 - List the movements available at the talocrural joint (plantar flexion, dorsiflexion).
 - Label the following major ligaments of the talocrural joint on diagrams with the aid of a reference book: deltoid ligament, anterior talofibular ligament, posterior talofibular ligament, calcaneofibular ligament.
 - Label these retinacula of the talocrural joint on diagrams with the aid of a reference book: superior extensor retinaculum, inferior extensor retinaculum, flexor retinaculum, superior fibular retinaculum, inferior fibular retinaculum.
 - Describe the basic movements allowed by the subtalar, transverse tarsal, and tarsometatarsal joints (e.g., they interact and allow inversion and eversion).
 - Define the metatarsophalangeal joints by describing the joint types and the bones that articulate to make up the joints (e.g., synovial ellipsoid articulations between the metatarsals and phalanges).

- Conditions:** With ongoing instructor guidance, the learner will be able to:
- Imitate the instructor’s pronunciation of the names of the joints of the leg, ankle, and foot.
 - Imitate the instructor’s pronunciation of the names of selected ligaments of the leg, ankle, and foot.
 - Imitate the instructor’s body mechanics and client positioning methods while palpating the joints and ligaments of the leg, ankle, and foot.
 - Palpate the joints of the leg, ankle, and foot using a reference book as a guide.
 - Palpate instructor-selected ligaments of the talocrural joint using a reference book as a guide.
 - Actively move one’s own body through these movements of the talocrural joint using a reference book as a guide: plantar flexion, dorsiflexion.
 - Actively move one’s own body through these movements of the subtalar and transverse tarsal joints using a reference book as a guide: inversion, eversion.
 - Actively move one’s own body through these movements of the metatarsophalangeal joints using a reference book as a guide: extension, flexion, abduction, adduction.
 - Actively move one’s own body through these movements of the proximal and distal interphalangeal joints using a reference book as a guide: extension, flexion.
 - Working with a partner, passively move the talocrural joint through these movements with guidance from the instructor: plantar flexion, dorsiflexion.

	<ul style="list-style-type: none"> Define the interphalangeal joints by describing the joint types and the bones that articulate to make up the joints (e.g., synovial hinge joints formed between the heads, shafts, and bases of the phalanx bones). Define these terms: <i>medial longitudinal arch</i>, <i>lateral longitudinal arch</i>, <i>transverse arch</i>. 	<ul style="list-style-type: none"> Working with a partner, passively move the subtalar and transverse tarsal joints through these movements with guidance from the instructor: inversion, eversion. Working with a partner, passively move metatarsophalangeal joints through these movements with guidance from the instructor: extension, flexion, abduction, adduction. Working with a partner, passively move the proximal and distal interphalangeal joints through these movements with guidance from the instructor: extension, flexion.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the structure of the following joints of the leg, ankle, and foot: distal tibiofibular joint, talocrural joint, subtalar joint, transverse tarsal joint, tarsometatarsal joints, metatarsophalangeal joints, interphalangeal joints. Discuss the action of the following joints of the leg, ankle and foot: distal tibiofibular joint, talocrural joint, subtalar joint, transverse tarsal joint, tarsometatarsal joints, metatarsophalangeal joints, interphalangeal joints. Discuss simply basic dysfunction and injury related to the talocrural joint (e.g., ankle sprains and the weak anterior talofibular ligament, and after ankle sprains the ankle becomes fibrous and stiff with decreased ROM or becomes unstable, etc.). 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of instructor-selected structures of the leg, ankle, and foot. Demonstrate proper body mechanics and client positioning methods while palpating structures of the leg, ankle, and foot. Locate through palpation each joint of the leg, ankle, and foot. Locate through palpation instructor-selected ligaments of the leg, ankle, and foot. Actively produce the movements of the joints of the leg, ankle, and foot from memory in one's own body. Demonstrate on a partner correct methods for passively moving the joints of the leg, ankle, and foot through their available movements.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Muscles and Their Actions

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having read class materials, participated in a lecture, and/or participated in classroom activities, the learner will be able to:

- Label the following muscles of the leg, ankle, and foot on diagrams showing anterior, posterior, and lateral views and views showing both superficial and deep muscles: tibialis anterior, extensor digitorum longus, peroneus longus, peroneus brevis, gastrocnemius, soleus, tibialis posterior, extensor hallucis longus, flexor digitorum longus, flexor hallucis longus.
- Write out in correct technical language the origin, insertion, and actions of the following muscles of the foot, ankle, and leg on a worksheet with guidance from a reference book: tibialis anterior, extensor digitorum longus, peroneus longus, peroneus brevis, gastrocnemius, soleus, tibialis posterior, extensor hallucis longus.
- State the primary action and general location of the following muscles of the foot, ankle, and leg: flexor digitorum longus, flexor hallucis longus (e.g., flexor digitorum longus: toe flexion, deep posterior compartment of leg).
- List three muscles that plantar flex the talocrural joint (e.g., gastrocnemius, soleus, tibialis posterior).
- List three muscles that are antagonists to plantar flexion (any of the muscles that dorsiflex).
- List three muscles that dorsiflex the talocrural joint (e.g., tibialis anterior, extensor digitorum longus, extensor hallucis longus).
- List three muscles that are antagonists to dorsiflexion (muscles that plantar flex the ankle joint).
- List three muscles that invert the foot and toes (e.g., tibialis anterior, flexor hallucis longus, tibialis posterior).

Conditions: With ongoing instructor guidance, the learner will be able to:

- Imitate the instructor's pronunciation of the names of muscles of the leg, ankle, and foot.
- Imitate the instructor's body mechanics and client positioning methods while palpating muscles and tendons of the leg, ankle, and foot.
- Imitate the methods an instructor uses to locate through palpation the extrinsic muscle bellies and accessible attachment sites of muscles of the leg, ankle, and foot.
- Try to palpate muscle bellies, tendons, and attachment sites of these muscles of the leg, ankle, and foot: tibialis anterior, extensor digitorum longus, peroneus longus, peroneus brevis, gastrocnemius, soleus, tibialis posterior, extensor hallucis longus.
- Identify four easily palpated muscle bellies of muscles of the leg, ankle, and foot.
- Identify four easily palpated tendons or attachment sites of the leg, ankle, and foot.
- Identify two muscle bellies of the leg, ankle, and foot that are more difficult to palpate or inaccessible.
- Identify four attachment sites of muscles of the leg, ankle, and foot that are more difficult to palpate or inaccessible.
- Using a reference book as a guide, attempt to identify through palpation the edges and fiber directions of four muscles of the leg, ankle, and foot.
- Using a reference book as a guide, attempt to identify through palpation one muscle that is deep to another in the leg, ankle, and foot.
- Verbally describe two palpable findings related to the quality and condition of five instructor-selected muscles of the leg, ankle, and foot.

	<ul style="list-style-type: none"> List three muscles that are antagonists to inversion (the muscles that evert the foot). List three muscles that evert the foot and toes (e.g., peroneus longus, peroneus brevis, extensor digitorum longus). List three muscles that are antagonists to eversion (the muscles that invert the foot and toes). 	<ul style="list-style-type: none"> Actively move one's body through the movements produced by each of the following muscles using a reference book as a guide: tibialis anterior, extensor digitorum longus, extensor hallucis longus, peroneus longus, peroneus brevis, gastrocnemius, soleus, tibialis posterior, flexor digitorum longus, flexor hallucis longus.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the origins, insertions, actions, and roles of the muscles of the leg, ankle, and foot. Discuss palpable findings related to quality and condition of tissue and a comparison of tissue bilaterally from palpation sessions. Discuss the implications of tissue quality and condition to muscular health, posture, and correct mechanical function of the leg, ankle, and foot. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> Correctly pronounce the names of extrinsic muscles of the leg, ankle, and foot. Demonstrate proper body mechanics and client positioning methods while palpating muscles of the leg, ankle, and foot. Locate through palpation the muscle bellies of five instructor-selected muscles of the leg, ankle, and foot. Locate through palpation the attachment sites of three instructor-selected muscles of the leg, ankle, and foot. Identify through palpation the edges and fiber direction of two instructor-selected muscles of the leg, ankle, and foot. Demonstrate correct body mechanics while passively moving a partner's body through the actions of five instructor-selected muscles of the leg, ankle, and foot. Palpate four muscles of the leg, ankle, and foot bilaterally on a partner and verbally describe physical characteristics in muscle quality. Palpate four muscles of the leg, ankle, and foot consecutively on two partners and verbally describe physical characteristics in muscle quality. Use an isometric muscle contraction to isolate five instructor-selected muscles of the leg, ankle, and foot, using a reference book as a guide and with support from an instructor.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Entry-Level Massage Education Blueprint

Adapting Sessions for Clients

Topic

Adapting Sessions for the Stages of Healing

Sub-Topics

- An Overview of the Inflammatory Response and Healing Cycle
- The Acute Stage of Healing
- The Subacute Stage of Healing
- The Maturation Stage of Healing

Topic

Adapting Sessions for Clients with Common Pathologies

Sub-Topics

- Sessions for Clients with Arthritis
- Sessions for Clients with Bursitis
- Sessions for Clients with Cancer
- Sessions for Clients with Diabetes
- Sessions for Clients with Fasciitis
- Sessions for Clients with Fibromyalgia
- Sessions for Clients with Headaches
- Sessions for Clients with Nerve Compression Syndromes
- Sessions for Clients with Osteoporosis
- Sessions for Clients with Skin Cancer
- Sessions for Clients with Sprains
- Sessions for Clients with Stress
- Sessions for Clients with Strains
- Sessions for Clients with Tendinopathies

Topic

Adapting Sessions for Special Populations

Sub-Topics

- Sessions for Clients Who Are Over 55
- Sessions for Clients Who Are Obese
- Sessions for Clients Who Are Children
- Sessions for Clients Who Are Pregnant
- Sessions for Clients Who Are Athletes or Fitness Oriented
- Sessions for Clients Who Are at the End of Life
- Sessions for Clients with Disabilities

Topic: Adapting Sessions for the Stages of Healing

Learning Outcomes

Conditions: Having completed 11 hours of instruction on adapting sessions for the stages of healing, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to the acute stage, subacute stage, and maturation stage of healing, on a written examination.
- Plan and conduct 1-hour sessions for clients with different injuries in the acute stage, subacute stage, and maturation stage of healing, demonstrating the ability to adapt sessions appropriately, choose effective application methods, and address compensating structures, on graded activities or practical evaluations.

Key Terminology and Concepts

- Acute stage
- Autoimmune activity
- Client self-care
- Collagen
- Collagen remodeling
- Granulation
- Heat
- Hormonal changes
- Inflammatory response
- Invasion of foreign bodies
- Loss of function
- Maturation stage
- Muscle spasm
- Pain
- Physical injury
- Proliferation
- Range of motion
- Redness
- Re-injury
- RICES
- Scar tissue
- Subacute stage
- Swelling
- Tissue injury
- Vascular changes
- Vasodilation

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- An Overview of the Inflammatory Response and Healing Cycle
- The Acute Stage of Healing
- The Subacute (Proliferative) Stage of Healing
- The Maturation (Remodeling) Stage of Healing

Sub-Topic: An Overview of the Inflammatory Response and Healing Cycle

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *inflammatory response* (e.g., tissue response to damage, or threat of pathogenic invasion).
- List three possible causes of inflammation (e.g., physical injury, invasion of foreign bodies into an area, hormonal changes, autoimmune activity, etc.).
- Describe the purposes of inflammation in the body (e.g., protect the body from pathogenic invasion, limit the range of contamination, prepare damaged tissue for healing, etc.).
- List the four primary signs and symptoms of the inflammatory response (redness, heat, swelling, and pain.)
- List the five primary signs and symptoms of soft-tissue injury (redness, swelling, heat, pain, loss of function).
- Outline the general timeframes for the stages of healing (e.g., acute stage: initial inflammatory response to 72 hours; subacute stage from 3 days to 6 weeks; maturation stage from 6 weeks to 1 year).
- Match the stages of inflammation to written descriptions of the key physiologic processes at each stage (e.g., for acute stage: the body limits blood loss, inundates the injury site with healing chemicals, and removes damaged tissue and debris, etc.).
- List two physiological events that occur during each stage of healing (e.g., for acute stage: damaged cells release chemicals that initiate the inflammatory response causing chemical and vascular changes that lead to the primary signs and symptoms, etc.).

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the possible causes of inflammation and its purpose in the body. • Compare and contrast inflammation that is local, such as might occur with a soft-tissue injury, with inflammation that is systemic, as might be caused by an inflammatory disease. • Discuss the signs, symptoms, and timeframes related to the stages of healing. • Discuss the physiological events that occur during each stage of healing (e.g., in acute stage: damaged cells release chemicals that initiate the inflammatory response causing chemical and vascular changes that lead to the primary signs and symptoms, etc.). • Discuss general concepts for understanding inflammation and the healing process (e.g. lots of overlap between stages, rate of progression through cycle is individual, type of tissue damaged and severity of damage are primary factors in determining rate of healing, etc.). 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: The Acute Stage of Healing

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review the general timeframes for the acute stage of healing.
- List the five primary signs and symptoms for the acute stage of inflammation related to soft-tissue injury (redness, swelling, heat, pain, loss of function).
- Review the physiological events that occur during the acute stage of inflammation (e.g., vascular changes such as vasodilation and an increase in the permeability of blood vessels lead to tissue swelling, etc.).
- Match these signs and symptoms to written descriptions of their physiologic processes: swelling, redness, muscle guarding, decreased range of motion (e.g., swelling: when soft tissue is damaged, blood and fluids spill out of the damaged tissue into the surrounding area causing primary edema, etc.).
- List two contraindications or cautions that require adaptations when working with a client with an acute soft-tissue injury (e.g., no massage distal to the injury site, range of motion only if it doesn't cause pain, massage adaptations may be required based on client medications and where the injury site is located, etc.).
- List two ways massage is adapted for clients with acute soft-tissue injury (e.g., positioning for comfort, adaptations based on medications, use of different techniques to address soft-tissue inflammation, etc.).
- Outline massage session goals for the acute stage of healing from soft-tissue injury (e.g., reduce tissue swelling, reduce muscle spasm, decrease pain, maintain available pain-free range of motion, prevent re-injury, encourage client self-care, etc.).

Conditions: Having observed an instructor demonstration, the learner will be able to:

- Imitate methods the instructor used to comfortably position clients with localized inflammation of an extremity (e.g., elevate an injured wrist or ankle, etc.).
- Review hydrotherapy methods to reduce localized swelling (e.g., use of ice massage, application of a cold pack, etc.).
- Review methods useful in reducing muscle guarding around an injury site (e.g., identification of and massage to muscles proximal to the injury site that are in spasm, etc.).
- Review methods to reduce sympathetic nervous system activity (e.g., soothing strokes applied for relaxation, encouragement of deep relaxed breathing, etc.).
- Imitate the methods the instructor used to maintain available pain-free range of motion (e.g., encouragement of active ROM as long as movement does not increase pain, passive range of motion techniques, etc.).
- Imitate the language the instructor used to communicate effectively and professionally with clients during the session (e.g., communication about the comfort of strokes or methods, the client's felt sensations during the application of techniques, etc.).
- Imitate the language and behaviors the instructor used to encourage appropriate client self-care (e.g., suggestions to elevate, ice regularly, practice pain-free movement, etc.).

	<ul style="list-style-type: none"> List three methods a massage therapist might use to achieve session goals in the acute stage of healing from soft-tissue injury (e.g., application of ice, elevation of the injured area, massage areas that are not inflamed to reduce but not eliminate muscle guarding, passive movement provided it doesn't produce pain, address compensating structures, massage to reduce sympathetic nervous system activation, etc.). List the words associated with the letters of the RICES mnemonic used for initial management of acute soft tissue injuries (R = rest, I = Ice, C = compression, E = elevation, S = stabilization). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss massage contraindications, and cautions that require adaptations when working with a client with an acute soft-tissue injury. Discuss general massage session goals for clients with acute soft-tissue injury. Discuss massage session methods and techniques when working with an acute soft-tissue injury. Analyze scenarios that depict clients with different soft-tissue injuries in the acute stage of healing. 	<p>Conditions: Having completed a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate effective methods to comfortably position clients with localized inflammation of an extremity. Demonstrate effective methods to reduce swelling in a localized area. Demonstrate effective methods to reduce but not eliminate muscle guarding around an injury site. Demonstrate effective methods to reduce sympathetic nervous system activity. Demonstrate effective methods to maintain available pain-free range of motion. Demonstrate effective communication with the client during the massage session.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with an acute soft-tissue injury, demonstrating the ability to adapt sessions appropriately, choose effective application methods, and address compensating structures, and share plan with peers. • Provide thoughtful feedback to peers on their session plans. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>

Sub-Topic: The Subacute Stage of Healing

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review the timeframes for the subacute (proliferative) stage of healing.
- Review the signs and symptoms for the subacute (proliferative) stage of healing (e.g., muscle guarding subsides; heat, redness, swelling, and pain diminish; and the area regains some limited function).
- Review the physiological events that occur during the subacute (proliferative) stage of healing (e.g., granulation begins and thicker, stronger collagen strands then begin to take place of initial fragile strands).
- List two contraindications or cautions that require adaptations when working with a client with a soft-tissue injury in the subacute (proliferative) stage of healing (e.g., the tissue may still be delicate in early stages and adaptations are similar to those made in the acute stage, etc.).
- List two ways massage is adapted for clients with a soft-tissue injury in the subacute (proliferative) stage of healing (e.g., positioning for comfort, adaptations based on medications, use of different techniques to address residual soft-tissue inflammation or limited range of motion, etc.).
- Outline massage session goals for soft tissue injury in the subacute stage of healing (e.g., reduce residual tissue swelling, improve tissue health, reduce trigger points in the affected region, promote proper collagen alignment, increase range of motion, encourage client self-care, etc.).
- List three methods a massage therapist might use to achieve session goals for the acute stage of healing of a soft-tissue injury (e.g., application of ice, contrast hot and cold hydrotherapy, cross-fiber friction techniques, increase range of motion with passive and active ROM, trigger point therapy, etc.).

Conditions: Having observed an instructor demonstration, the learner will be able to:

- Review methods to apply contrast (hot and cold) hydrotherapy applications.
- Review methods to reduce trigger points in region of soft-tissue injury in a subacute (proliferative) stage of healing.
- Review methods to promote proper collagen alignment of healing tissue (e.g., cross-fiber friction techniques, etc.).
- Review methods used to increase range of motion (e.g., passive and active ROM techniques, etc.).
- Imitate the language the instructor used to communicate effectively and professionally with clients during the session (e.g., communication about the comfort of strokes or methods, the client’s felt sensations during the application of techniques, etc.).
- Imitate the language and behaviors the instructor used to encourage appropriate client self-care (e.g., suggestions to continue icing, active ROM, etc.).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss general timeframes, signs, and symptoms of subacute inflammation. • Discuss the physiological events that occur during the subacute (proliferation) stage of healing. • Discuss massage contraindications and cautions that require adaptations when working with a client with subacute inflammation and soft-tissue injury. • Discuss general massage session goals for clients in the subacute (proliferation) stage of healing from soft-tissue injury. • Discuss massage session methods and techniques when working with a soft-tissue injury in the subacute (proliferation) stage of healing. • Analyze scenarios that depict clients with different soft-tissue injuries in the subacute stage of healing. 	<p>Conditions: Having observed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the use of contrast (hot and cold) hydrotherapy applications. • Demonstrate the correct use of trigger point therapy to reduce trigger points in a region of soft-tissue injury. • Demonstrate the correct use of friction techniques to promote proper collagen alignment of healing tissue. • Demonstrate the correct use of range of motion techniques to increase ROM in an area of soft-tissue injury. • Demonstrate effective communication with the client during the massage session. • Encourage appropriate client self-care activities for a client healing from a soft-tissue injury. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with a subacute soft-tissue injury, demonstrating the ability to adapt sessions appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide thoughtful feedback to peers on their session plans. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>	

Sub-Topic: The Maturation Stage of Healing

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Review the general timeframes for the maturation stage of healing.
- Review the signs and symptoms for the maturation stage of healing (e.g., evidence of edema is gone, but the area has not regained full range of motion or mechanical strength, etc.).
- Review the physiological events that occur during the maturation stage of healing (e.g., the collagen remodeling process produces scar tissue and continues rapidly in the early maturation stage and then slows; in the healthy formation of scar tissue, the alignment of fibers down the lines of mechanical stress improves and the links between fibers becomes stronger, etc.).
- List one caution that requires consideration when working with clients in the maturation stage of healing from a soft-tissue injury (e.g., overtreatment, overstretching, or aggressive work might cause re-injury or trigger a repeat of the inflammatory process, etc.).
- List one way massage is adapted for clients in the maturation stage of healing from a soft-tissue injury (e.g., the addition of hydrotherapy to the session or the use of different techniques to address mechanical weakness or loss of range of motion, etc.).
- Outline massage session goals for the maturation stage of healing from a soft-tissue injury (e.g., reduce trigger points, address muscular imbalances, release restricted tissue, reduce scar tissue, treat compensating structures, etc.).
- List three methods a massage therapist might use to achieve session goals for the maturation stage of healing from a soft-tissue injury (e.g., friction techniques, myofascial release to address fascial restrictions, use of warm or hot packs, etc.).

Conditions: Having observed an instructor demonstration, the learner will be able to:

- Review methods to apply warm and hot hydrotherapy applications.
- Review methods to promote proper collagen alignment of healing tissue using friction techniques.
- Review methods to address myofascial restrictions for soft-tissue injury in the maturation stage of healing.
- Imitate the language the instructor used to communicate effectively and professionally with clients during the session (e.g., communication about the comfort of strokes or methods, the client’s felt sensations during the application of techniques, etc.).
- Imitate the language and behaviors the instructor used to encourage appropriate client self-care (e.g., suggestions to use heat, demonstration of gentle and appropriate stretches, referral to physical therapist or fitness trainer to address weakened muscles, etc.).

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss situations that require session adaptations when working with a client with a soft-tissue injury in the maturation stage of healing. • Discuss general massage session goals for clients in the maturation stage of healing from soft-tissue injury. • Discuss massage session methods and techniques when working with a soft-tissue injury in the maturation stage of healing. • Analyze scenarios that depict clients with different soft-tissue injuries in the maturation stage of healing. 	<p>Conditions: Having completed one practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate the application of warm and hot hydrotherapy. • Demonstrate two methods to address fascial restrictions. • Demonstrate the correct use of trigger point therapy to reduce trigger points in a region of soft-tissue injury. • Demonstrate the correct use of friction techniques to promote proper collagen alignment of healing tissue. • Demonstrate the correct use of range of motion techniques to increase ROM in an area of soft-tissue injury. • Demonstrate effective communication with the client during the massage session. • Encourage appropriate client self-care activities for a client with a soft-tissue injury in the maturation stage of healing. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with a subacute soft-tissue injury, demonstrating the ability to adapt sessions appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide thoughtful feedback to peers on their session plans. 	<p>There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.</p>	

Topic: Adapting Sessions for Clients with Common Pathologies

Learning Outcomes	<p>Conditions: Having completed 40 hours of instruction on adapting sessions for clients with common pathologies, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to common pathologies including arthritis, bursitis, cancer, diabetes, fibromyalgia, fasciitis, tendinopathies, headaches, nerve compression syndromes, osteoporosis, skin cancer, stress, sprains, and strains, on graded activities or written examinations. • Plan and conduct 1-hour sessions for clients with instructor-selected pathologies, demonstrating the ability to adapt sessions appropriately and choose effective application methods, on graded activities or practical evaluations.
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Key Terminology and Concepts

- Abnormal nociception
- Achilles tendon
- Actinic keratosis
- Adrenal exhaustion
- Adrenal glands
- Adrenocorticotrophic hormone (ACTH)
- Advanced or poorly treated diabetes
- Anterior pituitary gland
- Anterior talofibular ligament
- Arthritis
- Atrophy
- Basal cell carcinoma
- Benign
- Bicipital tendon
- Blood sugar
- Bone marrow transplant
- Bony adaption
- Bursitis
- Cancer
- Carcinogen
- Carcinoma
- Carpal tunnel syndrome
- Cartilage damage
- Chemical headache
- Chemotherapy
- Chronic infected bursitis
- Chronic nonseptic bursitis
- Chronic stress
- Cluster headache
- Collateral ligaments
- Migraine headache
- Mild, well-managed diabetes
- Morton's toe/foot
- Multiple crush phenomenon
- Muscle-tendon unit
- Musculotendinous junction
- Nerve compression syndromes
- Nerve plexi
- Neuroendocrine disturbance
- Neuropathy
- Olecranon bursitis
- Oncology
- Osteoarthritis (OA)
- Osteoporosis
- Pain
- Patellar tendon
- Pes cavus
- Pes planus
- Piriformis syndrome
- Plantar fasciitis
- Prepatellar bursitis
- Radiation
- Repetitive stress
- Retrocalcaneal bursitis
- Rheumatoid arthritis (RA)
- Rotator cuff tendons
- Sacroiliac ligament
- Sarcoma
- Sciatica
- Serotonin

- Corticotrophin-releasing hormone (CRH)
- Cortisol
- Crepitus
- Cruciate ligament
- Degenerative joint disease
- Diabetes mellitus
- Diabetic emergency
- Edema
- Epinephrine
- Fasciitis
- Fibromyalgia
- Flight-or-fight response
- Forearm extensors
- Forearm flexors
- Gangrene
- Headache
- Heat
- Hormone therapy
- Hyperosmolality
- Iliotibial band syndrome
- Impaired vision
- Insulin
- Insulin shock
- Ketoacidosis
- Kidney disease
- Kyphosis
- Leukemia
- Limbic system
- Lymphoma
- Malignant
- Malignant melanoma
- Melanoma
- Metastasis
- Sinus headache
- Skin cancer
- Spinal nerves
- Sprains
- Squamous cell carcinoma
- Stiffness
- Strains
- Stress
- Stress management
- Stressors
- Subacromial bursitis
- Substance P
- Surgery
- Swelling
- Sympathetic nervous system
- Synovial joint
- Tendinitis
- Tendinopathies
- Tendinosis
- Teno-periosteal junction
- Tenosynovitis
- Tension headache
- Thoracic outlet syndrome
- Traction and inflammatory headache
- Trigger point
- Trochanteric bursitis
- Tumor
- Type-1 diabetes (insulin dependent)
- Type-2 diabetes (insulin resistant)
- Ulcers
- UV radiation
- Vascular disease

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Sessions for Clients with Arthritis
- Sessions for Clients with Bursitis
- Sessions for Clients with Cancer
- Sessions for Clients with Diabetes
- Sessions for Clients with Fasciitis
- Sessions for Clients with Fibromyalgia
- Sessions for Clients with Headaches
- Sessions for Clients with Nerve Compression Syndromes
- Sessions for Clients with Osteoporosis
- Sessions for Clients with Skin Cancer
- Sessions for Clients with Sprains
- Sessions for Clients with Stress
- Sessions for Clients with Strains
- Sessions for Clients with Tendinopathies

Sub-Topic: Sessions for Clients with Arthritis

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *osteoarthritis* (also called *degenerative joint disease*).
- Review the basic anatomy and physiology of a synovial joint.
- List two causes of osteoarthritis (e.g., chronic ligament laxity, repetitive pounding stress, hormonal imbalances, overweight adding stress to joints, age, etc.).
- Outline the progression of osteoarthritis (e.g., 1: cartilage damage; 2: bony adaption; 3: muscle reactions; 4: atrophy).
- List two signs and symptoms of osteoarthritis (e.g., acute: pain, heat, swelling; chronic: ongoing pain, stiffness, etc.).
- List the three joints commonly affected by osteoarthritis (knee, hip, distal joints of the fingers).
- List two cautions, contraindications, or session adaptations when working with clients with osteoarthritis (e.g., acute stage contraindicates massage, presence of inflammation indicates use of ice, no inflammation indicates use of moist heat, condition worsens late in day from wear, potential for bone spurs, etc.).
- List two benefits or effects of massage for clients with osteoarthritis (e.g., reduced pain, better muscular balance around the joint, improved range of motion, etc.).
- List two session goals for working with clients with osteoarthritis in the acute, subacute, and maturation stages (e.g., reduce fascial restrictions, focus on muscles at affected joints, warm the tissue with moist heat, maintain or improve range of motion, etc.).

Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with osteoarthritis.
- Imitate the instructor’s methods for adapting a massage session to the needs of a client with rheumatoid arthritis.

- List two methods or techniques for reaching session goals related to osteoarthritis in each stage of healing (e.g., warm, moist hydrotherapy when no inflammation present; myofascial approaches, joint movement, gentle stretching, trigger point work, etc.).
- List two self-care recommendations a therapist might make to a client living with osteoarthritis (e.g., specific stretches, self-massage around joints, use of hydrotherapy, etc.).
- Define the term *rheumatoid arthritis (RA)*.
- List two causes of rheumatoid arthritis (e.g., several pathologies may initiate rheumatoid arthritis including some bacteria that cause Lyme disease, streptococcus leading to an autoimmune reaction, etc.).
- List two signs and symptoms of rheumatoid arthritis (e.g., feeling of illness, lack of energy, low-grade fever, vague muscle pain that gradually becomes sharp, leading to joint pain, hot, red, stiff, inflamed joints, etc.).
- List the two areas of the body where joints are most frequently affected by rheumatoid arthritis (hands, feet).
- List three tissues other than joints that can be affected in advanced stages of rheumatoid arthritis (e.g., muscles, tendons, blood vessels, serous membranes, etc.).
- List two cautions, contraindications, or session adaptations when working with a client with rheumatoid arthritis (e.g., acute contraindicates massage, condition worse in morning from fluid accumulation, etc.).
- List two benefits or effects of massage for rheumatoid arthritis (e.g., in the subacute or chronic stages massage reduces pain, promotes better muscular balance around the joint, reduces stress, etc.).
- List two self-care recommendations a therapist might make to a client living with rheumatoid arthritis (e.g., gentle stretches, use of cold hydrotherapy, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in a classroom discussion, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, signs, and symptoms of osteoarthritis. • Discuss the cautions, contraindications, and session adaptations for clients with osteoarthritis. • Discuss massage benefits and effects for clients living with osteoarthritis. • Discuss session goals, methods, and techniques for working with clients with osteoarthritis in the acute, subacute, and chronic stages. • Discuss the causes, signs and symptoms of rheumatoid arthritis. • Discuss the cautions, contraindications, and session adaptations for clients with rheumatoid arthritis. • Discuss massage benefits and effects for clients living with rheumatoid arthritis. • Compare and contrast osteoarthritis and rheumatoid arthritis. • Discuss self-care recommendations to support clients living with osteoarthritis. • Discuss self-care recommendations to support clients living with rheumatoid arthritis. • Analyze scenarios that depict clients with osteoarthritis or rheumatoid arthritis in different stages of healing. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor's decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with osteoarthritis. • Demonstrate massage methods appropriate for a client with rheumatoid arthritis. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with osteoarthritis or rheumatoid arthritis, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with osteoarthritis or rheumatoid arthritis, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with osteoarthritis or rheumatoid arthritis, as outlined in a written session plan, if directed by an instructor.

Subject – Adapting Sessions for Clients, Topic – Adapting Sessions for Clients with Common Pathologies

Sub-Topic: Sessions for Clients with Bursitis

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>bursitis</i>. • Match these types of bursitis to their written descriptions: acute, chronic nonseptic, chronic infected. • List two causes of bursitis (e.g., acute trauma, repetitive stress, complication of other soft-tissue injury or other pathologies like rheumatoid arthritis or gout, etc.). • List three signs or symptoms associated with bursitis (e.g., pain with palpation and reproduced when tissue is stretched, redness, localized swelling, crepitus, mechanism of injury, heat, etc.). • Describe one assessment method used to identify an inflamed bursa (e.g., pain with active range of motion and passive range of motion, lack of pain with resisted movement, pain reproduced with palpation, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor's decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor's methods for adapting a massage session to the needs of a client with bursitis.

- List three places where bursitis commonly occurs (e.g., subacromial, olecranon, prepatellar, trochanteric, retrocalcaneal areas, etc.).
- List two cautions, contraindications, or session adaptations when working with clients with bursitis (e.g., acute is contraindication for massage application, ice pack may be too heavy for bursitis so use bag of frozen peas, etc.).
- List two benefits or effects of massage for bursitis (e.g., massage reduces muscular imbalances around the joint, reduces trigger points, reduces restrictions in surrounding myofascia, reduces pain, etc.).
- List two session goals for working with clients with bursitis in each stage of healing.
- List two massage methods to achieve session goals for clients with bursitis in each stage of healing (e.g. reduce stress on bursa by identifying and treating tension in muscles overlying the bursa, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, types, and signs and symptoms of bursitis. • Discuss assessment methods and findings that indicate bursitis (e.g., tender to palpation, localized pain with activity, history of a direct blow or other irritating factors, improves with rest, etc.). • Discuss cautions, contraindications, and session adaptations when working with clients with bursitis (e.g., use of lightweight ice packs like frozen peas to avoid compression, repositioning the joint to treat muscles and tendons without compressing the bursa, etc.). • Discuss session goals for working with clients with bursitis in the acute, subacute, and maturation stages. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor's decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with bursitis. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

	<ul style="list-style-type: none"> • Discuss massage methods for working with clients with bursitis (e.g., ice, treatment methods aimed at reducing tension in overlying muscle and tendon units, stretching overlying muscles, etc.). • Compare and contrast session methods and techniques for clients with subacromial bursitis and retrocalcaneal bursitis. • Discuss self-care recommendations to support clients living with bursitis. • Analyze scenarios that depict clients with bursitis in different locations and different stages of inflammation. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with bursitis, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour written massage plan for a client with bursitis, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with bursitis, as outlined in a written session plan, if directed by an instructor.

Sub-Topic: Sessions for Clients with Cancer

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *cancer*.
- Match these terms to their written descriptions: *carcinoma, melanoma, sarcoma, leukemia, lymphoma, benign, carcinogen, malignant, metastasis, oncology, tumor*.
- List two body areas that are commonly affected by cancer (e.g., lungs, breasts, colon, prostate, etc.).
- List three causes of cancer (e.g., exposure to carcinogens such as cigarette tar, radon gas, and UV radiation, viruses, inherited gene, environmental factors, hormonal imbalances, immune system dysfunction, etc.).
- Describe simply in one’s own words how cancer cells travel and spread in the body (e.g., spread through the bloodstream or lymphatic system).
- List three signs and symptoms of cancer (e.g., change in bowel or bladder habits, sore that does not heal, unusual bleeding, painless lump or swelling, difficulty swallowing, changes in skin lesions, persistent cough, unexplained weight loss, fatigue, fever, etc.).
- Match these cancer treatments to their written descriptions: *surgery, chemotherapy, radiation, bone marrow transplant, hormone therapy*.
- List two ways massage benefits people living with cancer (e.g., reduces pain, decreases stress, lowers blood pressure, improves appetite, provides nurturing, etc.).
- List two cautions, session adaptations, or contraindications for clients with cancer (e.g., scars from surgery, risk of infection, nerve damage and lymphedema, decreased immunity, nausea, fatigue, burns on the skin from radiation, etc.).

Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with cancer.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss cancer, its causes, and signs and symptoms. • Discuss the benefits and effects of massage for people living with cancer. • Discuss massage cautions, session adaptations, or contraindications related to cancer. • Analyze one research article that concludes massage has positive effects for people living with cancer. • Discuss massage methods, session enhancers, and session plans to benefit clients living with cancer. • Discuss self-care recommendations to support clients living with cancer. • Analyze scenarios that depict clients with different types of cancer receiving different types of cancer treatment (e.g., the client has undergone recent surgery to remove a tumor, client has recently undergone or is undergoing chemotherapy, client has recently undergone radiation therapy, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor's decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with cancer. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with cancer, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with cancer, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with cancer as outlined in a written session plan, if directed by the instructor.

Sub-Topic: Sessions for Clients with Diabetes

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>diabetes</i>. • Match these primary types of diabetes mellitus to their written descriptions: type 1 (insulin dependent): insulin production absent; type 2 (insulin resistant): insulin secretion is inadequate to normalize blood sugar levels. • List two signs and symptoms associated with diabetes mellitus (e.g., frequent urination, excessive thirst, increased appetite, fatigue, weight loss, nausea, etc.). • List two signs and symptoms associated with insulin shock (e.g., dizziness, confusion, weakness, tremors, etc.). • List two complications of diabetes mellitus (e.g., peripheral vascular disease, edema, ulcers, infection, gangrene, kidney disease, impaired vision, neuropathy, etc.). • List three diabetes-related conditions that contraindicate massage (advanced or poorly managed diabetes, kidney failure, atherosclerosis). • List two cautions or session adaptations when working with clients with diabetes (e.g., adapt for neuropathy in the extremities, adapt for poor quality of tissue in the extremities, etc.). • List two benefits or effects of massage for clients with diabetes (e.g., effective for stress reduction, decreased muscle pain and soreness, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s methods for adapting a massage session to the needs of a client with well-managed diabetes. • Imitate the instructor’s methods for adapting a massage session to the needs of a client with poorly managed or advanced diabetes who has been cleared by a physician to receive massage.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the role of insulin in the body. • Outline the etiology of type 1 diabetes (e.g., an autoimmune disorder causing lifelong deficiency in insulin, etc.). • Outline the etiology of type 2 diabetes (e.g., most often related to diet where a habit of high-carbohydrate foods wears out the pancreas and makes the insulin-producing cells less efficient, etc.). • Outline proactive steps a massage therapist can take to ensure massage is safe for a client with diabetes (e.g., advise the client to measure blood sugar before the session, suggest a small meal before the session if glucose levels are low, identify recent injection sites, verify the client has any needed medication, etc.). • Discuss the three types of emergencies that may occur in people with diabetes (ketoacidosis, hyperosmolality, insulin shock). • Outline response steps a therapist should take in the event of a diabetic emergency (e.g., have high sugar snacks such as juice, candy, or soda on hand for insulin shock, etc.). • Discuss the possible contraindications, massage cautions, and session adaptations for each of these complications of diabetes: cardiovascular disease, unhealthy tissue in the extremities, edema, ulcers, gangrene, amputations, kidney disease, impaired vision, neuropathy. • Compare and contrast massage for people with mild, well-managed diabetes with massage for people with advanced or poorly treated diabetes. • Analyze three mock health forms of people with diabetes and determine if they are contraindicated or can receive massage with session adaptations. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor's decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with well-managed diabetes. • Demonstrate massage methods appropriate for a client with poorly managed or advanced diabetes who has been cleared by a physician to receive massage. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

	<ul style="list-style-type: none"> Analyze a health form from a client with diabetes and brainstorm five questions to ask to find out more about his or her condition. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Develop a written 1-hour massage session plan for a client with a subacute soft-tissue injury, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan, the learner will be able to:</p> <ul style="list-style-type: none"> Conduct a 1-hour massage session for a client with poorly managed or advanced diabetes, as outlined in a written session plan, if directed by an instructor.

Sub-Topic: Sessions for Clients with Fasciitis

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define these terms: <i>fasciitis</i>, <i>plantar fasciitis</i>, <i>iliotibial band syndrome</i>. • Match these related conditions to their written descriptions: Morton’s toe/foot, pes planus, pes cavus, plantar fasciitis, iliotibial band syndrome. • List one cause of fasciitis (e.g., overuse, repetitive stressful motion, etc.). • List two factors that contribute to the development of plantar fasciitis (e.g., excessive pronation or supination, athletic overtraining, hypertonic gastrocnemius and soleus muscles, improper footwear, weight gain, etc.) • List two factors that contribute to the development of iliotibial band syndrome (e.g. hypertonic tensor fasciae latae, quadriceps, or hamstring muscles, over-pronation, poor biomechanics during activities, etc.). • Describe one key assessment finding that helps identify plantar fasciitis (e.g., postural assessment notes excessive pronation or pes planus, palpation of the plantar fascia elicits point tenderness at the medial attachment to the calcaneus, etc.). • List two signs and symptoms that help distinguish plantar fasciitis from other musculoskeletal conditions in the foot (e.g., pain that occurs with the first few steps after non-weight-bearing rest, increased pain when climbing stairs, pain decreases with warm-up but increases with prolonged activity, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s methods for adapting a massage session to the needs of a client with plantar fasciitis. • Imitate the instructor’s methods for adapting a massage session to the needs of a client with iliotibial band syndrome.

- List two signs and symptoms that help distinguish iliotibial band syndrome from other musculoskeletal conditions around the knee or thigh (e.g., location of pain along the lateral thigh or attachments of the iliotibial band, increased pain when descending stairs, hypertonic tensor fasciae latae and other lateral thigh muscles, etc.).
- List two cautions, contraindications, or session adaptations for fasciitis (e.g., treat according to stages of inflammation, position the client for best access to affected structures, etc.).
- List two massage benefits or effects for fasciitis (e.g., reduce edema, improve muscular balance, reduce pain in compensating structures, reduce tension in the plantar fascia, etc.).
- Outline two session goals for fasciitis in the acute, subacute, and maturation stages.
- List two massage session methods to meet session goals for fasciitis (e.g., treat according to stages of inflammation, neuromuscular techniques to address hypertonic muscles, ice in the acute stage, heat before stretching the fascia in the maturation stage, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, factors, common locations, and signs and symptoms of plantar fasciitis. • Discuss the causes, factors, common locations, and signs and symptoms of iliotibial band syndrome. • Discuss cautions, contraindications, or session adaptations when working with clients with plantar fasciitis. • Discuss cautions, contraindications, or session adaptations when working with clients with iliotibial band syndrome. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with plantar fasciitis. • Demonstrate massage methods appropriate for a client with iliotibial band syndrome. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

	<ul style="list-style-type: none"> • Discuss the benefits and effects of massage for clients with plantar fasciitis and iliotibial band syndrome. • Discuss treatment methods and techniques for working with clients with plantar fasciitis in the acute, subacute, or chronic stages. • Discuss treatment methods and techniques for working with clients with iliotibial band syndrome in the acute, subacute, or chronic stages. • Discuss self-care recommendations to support clients living with plantar fasciitis. • Discuss self-care recommendations to support clients living with iliotibial band syndrome. • Analyze scenarios that depict clients with plantar fasciitis or iliotibial band syndrome in different stages of inflammation. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with plantar fasciitis or iliotibial band syndrome, demonstrating the ability to adapt a session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with plantar fasciitis or iliotibial band syndrome, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with plantar fasciitis or iliotibial band syndrome as outlined in a written session plan.

Sub-Topic: Sessions for Clients with Fibromyalgia

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>fibromyalgia</i>. • Identify the body systems associated with fibromyalgia (e.g., nervous system, endocrine system). • List three possible causes of fibromyalgia (e.g., soft tissue trauma, neuroendocrine disturbances, abnormal nociception, elevated levels of substance P, sleep disorders, low serotonin levels, emotional trauma, etc.). • List three signs and symptoms of fibromyalgia (e.g., pain, burning, tingling, joint stiffness, presence of tender points, fatigue, sleep disturbances, trigger points, stiffness after rest, etc.). • List two contraindications, cautions, and session adaptations for working with clients with fibromyalgia (e.g., easy to overtreat, medications may impact ability to give feedback on comfort of strokes, etc.). • List two ways massage benefits people living with fibromyalgia (e.g., research shows that massage reduces pain levels, reduces the anxiety and depression that often accompany massage, may aid sleep, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s methods for adapting a massage session to the needs of a client with fibromyalgia.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss fibromyalgia, its causes, signs and symptoms, and related conditions (e.g., chronic fatigue syndrome, irritable bowel syndrome, sleep disorders, etc.). • Discuss the benefits and effects of massage for people living with fibromyalgia. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with fibromyalgia. • Modify massage methods based on feedback from the client.

	<ul style="list-style-type: none"> • Discuss massage cautions, session adaptations, and contraindications related to fibromyalgia. • Analyze one research article that concludes massage has positive effects for fibromyalgia. • Discuss massage strokes, session enhancers, and session plans to benefit clients living with fibromyalgia. • Discuss self-care recommendations to support clients living with fibromyalgia. • Analyze scenarios that depict clients with different symptoms related to fibromyalgia. 	<ul style="list-style-type: none"> • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with a subacute soft-tissue injury, demonstrating the ability to adapt a session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with fibromyalgia, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with fibromyalgia as outlined in a written session plan, if directed by the instructor.

Sub-Topic: Sessions for Clients with Headaches

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *headache*
- Match these types of headaches to their written descriptions: tension headache, sinus headache, migraine headache, cluster headache, chemical headache, traction, and inflammatory headaches.
- List two causes for each of these headache types: tension headache, sinus headache, migraine headache, cluster headache, chemical headache (e.g., possible causes of tension headaches include hypertonic muscles of the neck, face, and scalp, stress, changes in brain chemicals including lower than normal serotonin levels, etc.; possible causes of sinus headache include sinus pressure, etc.).
- List two factors that contribute to the occurrence of these headache types: tension headache, sinus headache, migraine headache, cluster headache, chemical headache (e.g., for chemical headaches, contributing factors include dehydration, low blood sugar, alcohol consumption, hormonal changes, etc.; for migraine headaches contributing factors include sensitivities to beer, wine, cheese, chocolate, aspartame, caffeine, salt, and chemicals in foods, etc.).
- List two distinguishing signs and symptoms of these headache types: tension headache, sinus headache, migraine headache, cluster headache, chemical headache (e.g., signs and symptoms of cluster headaches include debilitating pain located around one eye, the eye is red and swollen, runny nose on one side of the face, lying down increases the pain, etc.).
- Label a diagram depicting pain patterns associated with different types of these headaches: sinus, tension, migraine, cluster.

Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with a tension headache.
- Imitate the instructor’s methods for adapting a massage session to the needs of a client living with chronic migraine headaches.

- List two cautions, contraindications, and session adaptations for these headache types: tension headache, sinus headache, migraine headache, cluster headache, chemical headache, traction headache, inflammatory headache (e.g., sinus headache: massage contraindicated for acute, with chronic the prone position may cause pain when the client's face is in a face cradle, etc.; with traction and inflammatory headaches, the client is contraindicated and should be referred for immediate medical attention, etc.).
- List two massage benefits or effects for all types of headache (e.g., for tension headaches massage decreases general stress, reduces shortness and tightness in associated muscles, reduces trigger points in associated soft-tissue, etc.).
- List two massage methods or techniques effective for the treatment of tension headaches (e.g., Swedish massage, warm packs to associated muscles, trigger point therapy, gentle passive stretches to the cervical region, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, locations, signs and symptoms of these headache types: tension headache, sinus headache, migraine headache, cluster headache, chemical headache, traction and inflammatory. • Discuss cautions, contraindications, and session adaptations when working with these headache types: tension headache, sinus headache, migraine headache, cluster headache, chemical headache, traction and inflammatory. • Discuss the benefits and effects of massage for these headache types: tension, chronic sinusitis, chronic migraine, and chronic cluster. • Discuss session goals for working with clients with these headache types: tension, chronic sinusitis, chronic migraine, chronic cluster. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with a tension headache. • Demonstrate massage methods appropriate for a client living with chronic migraine headaches. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

	<ul style="list-style-type: none"> • Discuss treatment methods for working with clients with these headache types: tension, chronic sinusitis, chronic migraine, chronic cluster. • Discuss self-care recommendations to support clients living with these headache types: tension, chronic sinusitis, chronic migraine, chronic cluster. • Analyze scenarios that depict clients with different types of headaches. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with a tension headache, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with a headache, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with a headache as outlined in a written session plan, if directed by an instructor.

Sub-Topic: Sessions for Clients with Nerve Compression Syndromes

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *nerve compression syndromes*.
- Review the location and muscle innervations of major spinal nerves and nerve plexi.
- Match these types of nerve compression syndromes to their written descriptions: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- Identify the possible locations where nerve compressions occur for these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- List two causes of these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- List two factors that contribute to the occurrence of these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- List two signs and symptoms of each of these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- List two cautions, contraindications, and session adaptations for these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.

Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with thoracic outlet syndrome.
- Imitate the instructor’s methods for adapting a massage session to the needs of a client with carpal tunnel syndrome.
- Imitate the instructor’s methods for adapting a massage session to the needs of a client with piriformis syndrome.

- List two massage benefits or effects for clients with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- List two session goals for massage sessions aimed at treating clients with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.
- List two massage methods or techniques effective for meeting session goals of these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, locations, signs and symptoms of these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. • Discuss methods to assess tissue and identify that these nerve compression syndromes are occurring: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. • Discuss cautions, contraindications, and session adaptations when working with clients with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. • Discuss the benefits and effects of massage for clients with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. • Discuss session goals for working with clients with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with thoracic outlet syndrome. • Demonstrate massage methods appropriate for a client with carpal tunnel syndrome. • Demonstrate massage methods appropriate for a client with piriformis syndrome. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

	<ul style="list-style-type: none"> • Discuss application methods for working with clients with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. • Discuss self-care recommendations to support clients living with these nerve compression syndromes: thoracic outlet syndrome, carpal tunnel syndrome, piriformis syndrome, sciatica, multiple crush phenomenon. • Analyze scenarios that depict clients with different nerve compression syndromes. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with a nerve compression syndrome, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with a nerve compression syndrome, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with a nerve compression syndrome, as outlined in a written session plan.

Sub-Topic: Sessions for Clients with Osteoporosis

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>osteoporosis</i>. • List one cause of osteoporosis (e.g., endocrine disease, lack of bone stress, poor nutrition, etc.). • List two signs and symptoms of osteoporosis (e.g., considerable pain, kyphosis, history of fractures, etc.). • List two places where fractures from osteoporosis commonly occur (e.g., vertebrae, wrists, hips, etc.). • List two cautions, session adaptations, and contraindications for osteoporosis (e.g., avoid compression techniques on the back especially with chair massage, which can cause rib fracture, etc.). • List two benefits and effects of massage for clients with osteoporosis (e.g., reduced pain, general stress reduction, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s methods for adapting a massage session to the needs of a client with osteoporosis.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the causes, signs, and symptoms of osteoporosis. • Discuss cautions, session adaptations, and contraindications when working with clients with osteoporosis (e.g., avoid undue pressure over bones, limit joint mobilizations, extra caution for client comfort and safety, no invasive work, no compression techniques, especially with seated massage etc.). • Discuss the benefits and effects of massage for clients with osteoporosis. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with osteoporosis. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject – Adapting Sessions for Clients, Topic – Adapting Sessions for Clients with Common Pathologies

Sub-Topic: Sessions for Clients with Skin Cancer

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Define these terms <i>cancer</i>, <i>actinic keratosis (AK)</i>, <i>basal cell carcinoma (BCC)</i>, <i>squamous cell carcinoma (SCC)</i>, <i>malignant melanoma (MM)</i>. List the three basic types of skin cancer (BCC, SCC, MM). Match signs of pre-cancerous AK, BCC, SCC and MM to their written descriptions (e.g., signs of AK are brown or red scaly lesions, crust repeatedly forms and falls off; sign of BCC is small, hard, pearl-colored lump with round edges and soft sunken middle; sign of SCC is hard, firm wart-like lump; sign of MM is mole-like lesion over 6 mm, multicolored, asymmetrical shape, appears after puberty etc.). List two areas of high sun exposure where skin cancer commonly develops (e.g., forehead, face, tops of ears, bridge of nose, hands, etc.). Explain in one’s own words how massage benefits clients with skin cancer (e.g., beneficial even though it is not a treatment for cancer, can be used to treat symptoms of the cancer and side effects of the treatments, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> Imitate the instructor’s methods for adapting a massage session to the needs of a client with skin cancer.

Level 2		Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the ways that massage therapists are in a unique position to provide early detection of skin cancers (e.g., therapists often see areas of the skin the client cannot view easily, etc.) • Compare and contrast the signs and symptoms for AK, BCC, and SCC (note that all have one sign in common: an open sore that never heals). • Compare and contrast a mole and a melanoma (e.g., mole: under 6 mm, unicolored, symmetrical shape, appears before puberty; melanoma: over 6 mm, multicolored, asymmetrical shape, appears after puberty, etc.). • Use ABCDE mnemonic to recognize a MM (e.g., A = asymmetrical shape, B = borders irregular, C = multi-colored, D = diameter larger than 6 mm, E = elevated, etc.). • Use skin cancer scenarios and a clinical reasoning model to determine appropriate treatment approaches (e.g., recognize local contraindications, refer when appropriate, recommend clients consult physician for undiagnosed skin lesions, etc.). • Discuss the benefits of massage for a client undergoing cancer treatment (lowers stress and fatigue, reduces edema, boosts immune function, improves sleep, reduces pain, etc.) 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor's decision that hands-on practice for this pathology is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with skin cancer. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions. 	
Level 3		Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.	

Sub-Topic: Sessions for Clients with Sprains

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>sprain</i>. • Describe the types of traumatic events that cause joint sprains. • Describe the assessment results that help identify joint sprains (palpation shows point tenderness over a ligament, pain and limitation in active range of motion, pain with passive stretch of ligament before or at end of that motion, etc.). • Match these signs and symptoms related to severity for mild, moderate, and severe sprains to their written descriptions, (e.g., mechanism of injury, amount of loss of function, joint instability, etc.). • Identify two commonly sprained ligaments (e.g., anterior talofibular in ankle, cruciates in the knee, collateral ligaments in fingers and knee, sacroiliac ligaments, etc.). • List two session goals for working with clients with sprains in the acute, subacute, and maturation stages. • List two application methods to achieve session goals for clients with sprains in these stages: acute stage, subacute stage, and maturation stage. 	<p>Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s methods for adapting a massage session to the needs of a client with an acute sprain. • Imitate the instructor’s methods for adapting a massage session to the needs of a client with a subacute sprain. • Imitate the instructor’s methods for adapting a massage session to the needs of a client with a sprain in the maturation stage of healing.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the signs and symptoms for mild, moderate, and severe sprains. • Discuss the changes in signs and symptoms of sprains as healing progresses through the acute, subacute, and maturation stages. • Discuss the benefits and effects of massage for sprains in each stage of healing. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with an acute sprain. • Demonstrate massage methods appropriate for a client with a subacute sprain. • Demonstrate massage methods appropriate for a client with a sprain in the maturation stage of healing.

	<ul style="list-style-type: none"> • Discuss massage cautions and contraindications for sprains (e.g. avoid direct massage into the edema until late subacute stage, avoid sharp pain during ROM, etc.). • Discuss treatment methods and techniques for working with sprains in the acute, subacute, and maturation stages of healing (e.g., RICES and manual lymphatic drainage techniques plus pain-free passive and active ROM ; in the acute stage, mobilization of scar tissue with friction, ROM and proprioceptive work in subacute ; direct transverse friction massage for healthy scar tissue formation in the maturation stage, etc.). • Discuss self-care recommendations to support clients healing from sprains. 	<ul style="list-style-type: none"> • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will use a clinical reasoning model to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour treatment plan for a client with a sprain by outlining all massage application methods, their sequence, the body regions and/or specific structures to be addressed, plus massage for related and compensating structures. • Present one’s session plan to peers and instructors. • Provide thoughtful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with a sprain, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with a sprain as outlined in a written session plan.

Sub-Topic: Sessions for Clients with Stress

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *stress*.
- Review stress-related anatomy and physiology from other classes (e.g., sympathetic and parasympathetic nervous system, etc.).
- Match these terms to written descriptions of their role in the body’s response to stress: *sympathetic nervous system, flight-or-fight response, limbic system, corticotrophin-releasing hormone (CRH), anterior pituitary gland, adrenocorticotrophic hormone (ACTH), adrenal glands, epinephrine, cortisol*.
- List five physiological changes that occur rapidly in response to stress to ensure the body can respond to a threat (e.g., pupils dilate, heart rate increases, blood vessels in the skin and viscera constrict, breathing speeds up, blood sugar levels increase, muscle tone increases, gastrointestinal tract slows, perspiration increases, etc.).
- List two implications of chronic stress (e.g., prolonged elevation of cortisol and epinephrine in the blood stream, increased substance P, adrenal exhaustion, increase likelihood of other conditions like high blood pressure, etc.).
- List five potential stressors that can produce the emotions of anxiety, fear, anger, or grief (e.g., death in family, divorce, imprisonment, injury or illness, marriage, dismissal from work, retirement, pregnancy, sexual difficulties, changed in finances, change in work responsibilities, etc.).
- List five possible symptoms of stress (e.g., chest pain, headache, high blood pressure, muscle aches, perspiration, grinding teeth, anger, forgetfulness, guilt, mental confusion, mood swings, alcohol/drug abuse, emotional outbursts, social withdrawal, etc.).

Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with high stress.

- List five illnesses that can be caused or aggravated by stress (skin disorders, muscle tension, panic disorder, depression, nausea, gastritis, gastrointestinal ulcers, colitis, irritable bowel syndrome, interstitial cystitis, sexual disorders, jitteriness, menstrual problems, sleep disturbances, fibromyalgia, thyroid disorders, heart disease, etc.).
- Identify three steps clients can take to help manage their stress (e.g., massage, eliminate or minimize stressors, control emotions, healthy diet, exercise, avoid stimulants, sufficient sleep, meditate, etc.).
- Explain in one's own words two reasons why massage is a useful stress management tool.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Outline the physiological events that occur in the flight-or-fight response (e.g., stressor signals "threat!" to the limbic system, hypothalamus releases CRH, CRH reaches anterior pituitary gland and secretes ACTH, ACTH reaches adrenal glands, adrenal glands release epinephrine and cortisol, these chemicals mediate physiological changes associated with stress, etc.). • Compare and contrast the physiological effects of the sympathetic nervous system with parasympathetic nervous system effects (e.g., sympathetic causes pupils to dilate, increases heart rate, dilation of bronchi of the lungs, increased respiration, etc.; parasympathetic causes pupils to constrict, decreases heart rate, constriction of bronchi, relaxed deep breathing, etc.). 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client with high stress levels. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

- Compare and contrast the effects of cortisol and epinephrine (e.g., cortisol: promotes breakdown of proteins to form glucose, enhances vascular reactivity, decreases white blood cells and fibroblasts to reduce inflammation, powerful anti-allergic action, reduces lymphocytes in bloodstream, decreases antibody and T-cell production; epinephrine: sharpens senses, increases reflex speed, boosts muscular strength, increases heart rate and force of contractions, rapid breathing, increase blood sugar levels, etc.).
- Discuss the negative effects of excess cortisol that stays in the bloodstream (e.g., can cause the body to digest its own proteins leading to decreased immunity, sleep disturbances, increase of substance P, etc.).
- Discuss negative effects of excess epinephrine that stays in the bloodstream (e.g., produces shaky, nauseous, pumped-up after-feeling, causes overstimulation of autonomic nervous system and adrenal exhaustion associated with fatigue/mental weariness, etc.).
- Analyze one's own stressors and determine personal life events that lead to higher stress levels.
- Analyze two viable research articles that conclude that massage has a positive effect on stress.
- Discuss massage strokes and session enhancers like soothing music or the use of warm packs that are likely to promote deep relaxation for clients.
- Discuss self-care recommendations to support clients living with stress.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour session plan for a client with high stress levels by outlining massage application methods, their sequence, and enhancing elements that make the session more relaxing and enjoyable. • Present one’s session plan to peers and instructors. • Provide thoughtful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with high stress levels, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with high stress levels as outlined in a written session plan.

Sub-Topic: Sessions for Clients with Strains

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *strain*.
- Name the two anatomic zones in a muscle where strain is most likely to occur (e.g. musculotendinous junction, tenoperiosteal junction).
- Match these levels of severity for acute and chronic strain to their written descriptions: mild, moderate, severe.
- Identify two of the most common muscle/tendon strains massage therapists are likely to address (e.g., hamstring, rotator cuff, Achilles tendon, patellar tendon etc.).
- List two causes of acute strains (e.g., when the muscle-tendon unit is suddenly overstretched or because the muscle is asked to perform an extreme contraction against a heavy load, etc.).
- List two predisposing factors that contribute to the occurrence of strains (e.g., overuse, fatigue, muscular imbalances, muscle stiffness, inadequate warm-up before an activity, etc.).
- List two signs and symptoms of strains (e.g., heat, swelling, redness, bruising, pain, loss of function, change in contour, etc.).
- Describe one assessment finding that helps identify a strain (e.g., palpation shows point tenderness over area, pain and limitation in active range of motion, pain with passive stretch of the affected muscle before normal end of that motion, pain and/or weakness with resisted movement, etc.).
- List two cautions, contraindications, or session adaptations for strains (e.g., assess the severity and refer the client for medical diagnosis and attention if strain is beyond mild, etc.).

Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with an acute strain.
- Imitate the instructor’s methods for adapting a massage session to the needs of a client with a subacute strain.
- Imitate the instructor’s methods for adapting a massage session to the needs of a client with a strain in the maturation stage of healing.

	<ul style="list-style-type: none"> List two massage benefits or effects for strains (e.g., reduce adhesions, reduce trigger points, ensure healthy formation of scar tissue, reduce muscle spasms, improve pain-free ROM etc.). List two massage techniques effective for the treatment of strains in each of these stages of healing: acute, subacute, maturation. (e.g., ice and indirect massage in acute stage; cross-fiber and linear friction to strain site, range of motion, and gentle stretching in maturation stage, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the causes, locations, and signs and symptoms of strains. Discuss the assessment findings that help identify strain. Discuss cautions, contraindications, and session adaptations when working with clients with strains. Discuss the benefits and effects of massage for clients with strains at the acute, subacute, and maturation stages. Discuss treatment techniques for working with clients with strains at the acute, subacute, or maturation stages. Discuss self-care recommendations to support clients healing from strains. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate massage methods for adapting a massage session to the needs of a client with an acute strain. Demonstrate massage methods for adapting a massage session to the needs of a client with a subacute strain. Demonstrate massage methods for adapting a massage session to the needs of a client with a strain in the maturation stage of healing. Modify massage methods based on feedback from the client. Modify massage methods based on felt sensations during the application of strokes. Demonstrate effective and appropriate communication with clients during practice sessions.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will use a clinical reasoning model to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour session plan for a client with a strain by outlining all massage application methods, their sequence, the body regions and specific structures to be addressed, plus massage for related and compensating structures. • Present one’s session plan to peers and instructors. • Provide thoughtful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with a strain, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with a strain as outlined in a written session plan.

Sub-Topic: Sessions for Clients with Tendinopathies

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *tendinopathy*.
- Match these types of tendinopathies to their written descriptions: tendinitis, tenosynovitis, tendinosis.
- Match these grades of severity for tendinopathies to their written descriptions: grade 1, grade 2, grade 3, grade 4.
- Identify two of the common tendinopathies a massage therapist is likely to address (e.g., rotator cuff tendons, Achilles, patellar, bicipital, forearm flexors and extensors, etc.).
- Identify two areas where tenosynovitis occurs (e.g. wrist, ankle, biceps tendon, etc.).
- List two causes of tendinopathies (e.g., when a load is placed on a tendon that exceeds its mechanical ability to lengthen the tissue fails, or because of overuse, etc.).
- List two factors that contribute to the occurrence of tendinopathies (e.g., muscle imbalances, poor posture, chronic degeneration of the tendon from repetitive stressful motion, poor circulation to the tendon, lack of flexibility, etc.).
- Describe the assessment findings that help identify tendinopathies (e.g., palpation shows point tenderness over the tendon, crepitus with active range of motion, pain and/or limitation in active range of motion, pain with passive stretching of the affected tendon, pain and/or weakness with resisted movement, etc.).
- List two cautions, contraindications, or session adaptations for tendinopathies (e.g., ice and gentle work with acute stage, massage indicated in subacute and chronic stages, etc.).

Conditions: Having learned hands-on techniques in other classes and watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods for adapting a massage session to the needs of a client with a tendinopathy.

	<ul style="list-style-type: none"> List two massage benefits or effects for clients with tendinopathies (e.g., reduce trigger points in related tissue, improve muscular balance, reduce fascial restrictions to improve tissue health, etc.). List two massage techniques effective for the treatment of clients with tendinopathies (e.g., methods and techniques are used according to stages of inflammation including ice, rest, Swedish massage, range of motion techniques, cross-fiber and linear friction, etc.). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the causes, locations, and signs and symptoms of tendinopathies. Discuss methods to assess tissue and identify that a tendinopathy is present (e.g. palpate tendon during active range of motion, etc.). Discuss cautions, contraindications, and session adaptations when working with clients with different tendinopathies. Discuss the benefits and effects of massage for clients with tendinopathies. Discuss techniques for working with clients with tendinopathies at the acute, subacute, and maturation stages of healing. Discuss self-care recommendations to support clients living with tendinopathies. Analyze scenarios that depict clients with different tendinopathies in different stages of healing. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate massage methods appropriate for a client with a tendinopathy. Modify massage methods based on feedback from the client. Modify massage methods based on felt sensations during the application of strokes. Demonstrate effective and appropriate communication with clients during practice sessions.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with a tendinopathy, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a 1-hour massage plan for a client with a tendinopathy the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client with a tendinopathy as outlined in a written session plan.

Topic: Adapting Sessions for Special Populations

Learning Outcomes

Conditions: Having completed 29 hours of instruction on adapting sessions for special populations, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to special populations including clients over 55 years of age, clients who are obese, clients who are children, clients who are pregnant, clients who are athletes or fitness oriented, clients who are at the end of life, and clients with disabilities, on graded activities or written examinations.
- Plan and conduct 1-hour sessions for instructor-selected special populations, demonstrating the ability to adapt sessions appropriately and choose effective application methods, on graded activities or practical evaluations.

Key Terminology and Concepts

- Access challenges
- Adipose tissue
- Adults over the age of 55
- Alzheimer's disease
- Assistive technology
- Athlete
- Autism
- Autonomy
- Blind
- Brain injury
- Child
- Decreased fetal movement
- Dementia
- Diabetes
- Disability
- Dying process
- End-of-life care
- Environmental conditions
- Event logistics
- Event massage
- Fitness-oriented
- Guardian
- Healthy pregnancy
- Hearing aid
- Hearing impairment
- Heart disease
- High-risk pregnancy
- Hypertension
- Hyperthermia
- Hypothermia
- Impairment
- Intellectual disability
- Intra-event massage
- Learning disabilities
- Legally blind
- Low vision
- Maintenance massage
- Mental health disability
- Mental retardation
- Metabolic syndrome
- Mobility devices
- Obesity
- Partially sighted
- People-first language
- Physical disability
- Post-event massage
- Pre-event massage
- Pregnancy
- Sensory disability
- Service dog
- Speech impairments
- Stroke
- Terminal illness
- Treatment massage
- Trimesters
- Visual impairment
- Vitality

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Sessions for Who Are Over 55
- Sessions for Clients Who Are Obese
- Sessions for Clients Who Are Children
- Sessions for Clients Who Are Pregnant
- Sessions for Clients Who Are Athletes or Fitness Oriented
- Sessions for Clients Who Are at the End of Life
- Sessions for Clients with Disabilities

Sub-Topic: Sessions for Clients Who Are Over 55

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having read assigned material and/or participated in a lecture, the learner will be able to:</p> <ul style="list-style-type: none"> • Described reasons for using the term <i>adult over the age of 55</i> (e.g., the terms <i>geriatric</i>, <i>senior citizen</i>, and even <i>older adult</i> are being replaced in health care with the term <i>adult over the age of 55</i> to reduce negative connotations related to aging). • List two health concerns of people over the age of 55 (varies widely based on actual age and physical vitality, etc.). • List two primary mental health concerns of people over the age of 55 (e.g., Alzheimer’s disease, dementia). • List three factors to consider when working with adults over the age of 55 (e.g., level of vitality of the individual client, communication if hearing aids are in use, in some cases physical assistance may be needed, mental health issues like Alzheimer’s or dementia, in some cases the therapist might be working with a client who has a guardian, etc.). • List two cautions or contraindications when working with adults over the age of 55 (cautions and contraindications vary widely with this special population based on actual age, physical vitality, mental health concerns, and physical health concerns, etc.). • List two benefits or effects of massage for adults over the age of 55 (varies widely with this special population based on actual age, physical vitality, and health concerns, but research notes improved appetite, improved digestion and elimination, improved flexibility, etc.). • List three appropriate massage application methods for adults over the age of 55 (these will vary widely based on the client’s actual age and physical vitality and other health concerns). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Try different methods for adapting a massage session to the needs of a client over the age of 55 based on the client’s particular mental or physical health concern and level of vitality.

	<ul style="list-style-type: none"> List two self-care recommendations a therapist might make to clients over the age of 55 (varies with actual age and physical vitality levels). 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss relevant factors when working with clients who are over the age of 55. Discuss the common health concerns of clients who are over the age of 55. Discuss the common mental health concerns of clients who are over the age of 55. Discuss the benefits and effects of massage for clients over the age of 55. Discuss the contraindications and cautions of massage for clients over the age of 55. Compare and contrast the massage needs of a client who is over 55 and robust and healthy with those of a client who is over 55 but physically frail. Discuss massage session adaptations for a client with Alzheimer’s disease or dementia. Discuss appropriate massage methods for clients over the age of 55. Brainstorm effective client interview questions to ask a client over the age of 55 to get a better understanding of the client’s health picture. Discuss self-care recommendations to support clients over the age of 55. Analyze scenarios that depict clients with different mental health and physical health issues who are over the age of 55. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate methods for adapting a massage session to the needs of a client over the age of 55 based on the client’s particular mental or physical health concerns and level of vitality, and modify massage methods based on feedback from the client. Modify massage methods based on felt sensations during the application of strokes. Demonstrate effective and appropriate communication with clients during practice sessions.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client over the age of 55 with a mental health or physical health concern, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a written 1-hour massage plan for a client over the age of 55, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client over the age of 55, as outlined in a written session plan, if directed by the instructor.

Sub-Topic: Massage for Clients Who Are Obese

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>obesity</i>. • List two common health concerns of clients who are obese (e.g., diabetes, heart disease, hypertension, metabolic syndrome, stroke, etc.). • List three factors to consider when working with clients who are obese (e.g., level of dress, draping, positioning, table size and strength, etc.). • List two cautions or contraindications when working with clients who are obese (e.g., obesity is often a contributing factor in other health conditions, easier to bruise areas where adipose tissue is more excessive, etc.). • List two benefits or effects of massage for clients who are obese (e.g., helpful in overcoming psychological challenges, reduces pain from stress placed on structures due to weight, promotes increased relaxation, etc.). • List three appropriate massage forms or styles for clients who are obese (e.g., deep work to push through adipose layers to muscles or over skin folds is not appropriate, etc.). • List two self-care recommendations a therapist might make to client who is obese (e.g., gentle stretches, self-massage, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Try different methods for adapting a massage session to the needs of a client with specific health care needs related to obesity.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss relevant factors when working with clients who are obese. • Discuss the common health concerns of clients who are obese. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p>

	<ul style="list-style-type: none"> • Discuss the benefits and effects of massage for clients who are obese. • Discuss the contraindications and cautions of massage when working with clients who are obese. • Discuss appropriate massage methods for clients who are obese. • Discuss self-care recommendations to support clients who are obese. • Analyze scenarios that depict clients with different health care needs related to obesity. 	<ul style="list-style-type: none"> • Demonstrate different methods for adapting a massage session to the needs of a client with specific health care needs related to obesity. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client with specific health care needs related to obesity, demonstrating the ability to adapt the session appropriately, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a written 1-hour massage plan for a client who is obese, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a client who is obese, as outlined in a written session plan, if directed by an instructor.

Sub-Topic: Sessions for Clients Who Are Children

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>child</i>. • List two factors to consider when working with children (e.g., issues of autonomy, children less likely to speak up if something makes them uncomfortable, the child’s guardian should always be present, etc.). • List two cautions or contraindications when working with children (e.g., children with special needs may have contraindications related to their condition or medications, etc.). • List two benefits or effects of massage for children (e.g., stress reduction, reduction of symptoms related to childhood conditions, benefits for child athletes, etc.). • List three appropriate massage forms or styles for children (a wide variety are appropriate depending on the child, etc.). • List two self-care recommendations a therapist might make to a child (e.g., self-care in alignment with the child’s interests or needs, such as recommendations to stretch for child athletes, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Try different methods for adapting a massage session to the needs of a child.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss relevant factors when working with children. • Discuss the benefits and effects of massage for children. • Discuss the contraindications and cautions for massage when working with children. • Discuss appropriate massage methods when working with children. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for use in a massage for a child. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes.

	<ul style="list-style-type: none"> • Discuss self-care recommendations to support children. • Analyze scenarios that depict children in different massage situations and brainstorm appropriate next actions or responses with peers. 	<ul style="list-style-type: none"> • Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Subject – Adapting Sessions for Clients, Topic – Adapting Sessions for Special Populations

Sub-Topic: Sessions for Clients Who Are Pregnant

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define these terms: <i>pregnancy, healthy normal pregnancy, high-risk pregnancy.</i> • List three changes a woman’s body undergoes during pregnancy (e.g., body temperature increases, hormonal changes, uterus size increases, etc.). • List three common discomforts of pregnancy (e.g., headache, indigestion, low back pain, neck and shoulder pain, etc.). • List three factors to consider when working with clients who are pregnant (e.g., may need assistance getting on and off the massage table, positioning during different trimesters, restroom use, etc.). • List two cautions or contraindications when working with pregnant clients (e.g., range of motion techniques should be applied gently, high-risk pregnancy contraindicates massage, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the methods an instructor used to adapt a massage session to the needs of a pregnant client in the first trimester. • Imitate the methods an instructor used to adapt a massage session to the needs of a pregnant client in the second trimester. • Imitate the methods an instructor used to adapt a massage session to the needs of a pregnant client in the third trimester.

- List three signs or symptoms that contraindicate massage (e.g., abdominal cramping, abdominal pain, back pain with vaginal bleeding, decreased fetal movement over a 24-hour period, etc.).
- List two benefits or effects of massage for clients who are pregnant (e.g., decreased anxiety, decreased depression, reduced occurrence of headache pain, reduced low back pain, etc.).
- List three appropriate massage forms or styles for clients who are pregnant (e.g., Swedish massage is appropriate but aromatherapy avoided, myofascial release avoided, only gentle range of motion, etc.).
- List two self-care recommendations a therapist might make to pregnant client (e.g., use of a tennis ball to reduce tension in shoulder muscles, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Contrast a healthy, normal pregnancy with a high-risk pregnancy. • Discuss relevant factors when working with pregnant clients. • Discuss the benefits and effects of massage for pregnant clients. • Discuss the contraindications and cautions of massage for pregnant clients. • Discuss the signs and symptoms that indicate massage is contraindicated for a pregnant client. • Discuss appropriate massage methods for working with pregnant clients. • Discuss self-care recommendations to support pregnant clients. • Analyze mock client scenarios and health forms depicting clients at various stages of pregnancy. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods and session adaptations for a pregnant client in the first trimester. • Demonstrate massage methods and session adaptations for a pregnant client in the second trimester. • Demonstrate massage methods and session adaptations for a pregnant client in the third trimester. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Develop a written 1-hour massage session plan for a client in a specific stage of pregnancy with specific health care needs, demonstrating the ability to adapt the session appropriately, position the client correctly, choose effective application methods, and address compensating structures, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a written 1-hour massage plan for a pregnant client, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a 1-hour massage session for a pregnant client as outlined in a written session plan.

Sub-Topic: Sessions for Clients Who Are Athletes or Fitness Oriented

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *athlete*.
- Name the three categories of sports massage (event massage, maintenance massage, treatment massage).
- Match these types of event massage to their written descriptions: pre-event massage, intra-event massage, post-event massage, promotional event massage.
- List three factors to consider when providing massage to clients at sports events (e.g., environmental conditions leading to hyperthermia, hypothermia, or other conditions, logistics of being at an event, etc.).
- Name two muscles a massage therapist might focus on for each of these types of sporting activities: baseball, basketball, cycling, equestrian sports, football, golf, racquet sports, rowing or paddling, running, skiing, soccer, swimming, volleyball.
- List two benefits or effects of massage for athletes or clients focused on fitness.
- List two cautions or contraindications for massage for athletes or fitness-oriented clients (e.g., at events the client is exposed to environmental conditions that may contraindicate massage if the client becomes overheated or cold, intense fatigue may contraindicate massage, etc.).
- List two appropriate massage forms or styles for each of these types of sports massages: pre-event, intra-event, post-event, (e.g., for pre-event massage, brisk strokes, rhythmic compression, tapotement, etc.).

Conditions: Having learned hands-on techniques in other classes, the learner will be able to:

- Imitate the instructor’s techniques for applying massage to an athlete receiving massage before a sporting event.
- Imitate the instructor’s techniques for applying massage to an athlete receiving massage between sporting events.
- Imitate the instructor’s techniques for applying massage to an athlete receiving massage after a sporting event.

- List two inappropriate massage forms or styles for each of these types of sports massages: pre-event, intra-event, post-event (e.g., for post-event massage, no tapotement, no brisk strokes, the strokes are now slower, etc.).
- List two self-care recommendations a therapist might make to clients who are athletes or fitness oriented (e.g., gentle stretching, use of a tennis ball to reduce tension in muscles, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the three categories of sports massage (e.g., event massage, maintenance massage, treatment massage). • Compare and contrast event massage with maintenance massage. • Discuss these types of event massage: pre-event massage, intra-event massage, post-event massage, promotional event massage. • Compare and contrast pre-event, intra-event, and post-event massage. • Discuss factors to consider when providing massage to clients at sports events (e.g., environmental conditions leading to hyperthermia, hypothermia, or other conditions, logistics of being at an event, etc.). • Discuss the muscles a massage therapist might focus on for each of these types of sporting activities: baseball, basketball, cycling, equestrian sports, football, golf, racquet sports, rowing or paddling, running, skiing, soccer, swimming, volleyball. • Discuss the benefits or effects of massage for athletes or clients focused on fitness. • Discuss the cautions or contraindications for massage for athletes or fitness-oriented clients. 	<p>Conditions: Having practiced hands-on techniques in other classes, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for an athlete receiving massage before an event. • Demonstrate massage methods appropriate for an athlete receiving massage in between events. • Demonstrate massage methods appropriate for an athlete receiving massage after an event. • Modify massage methods based on feedback from the client. • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.

	<ul style="list-style-type: none"> • Discuss appropriate massage forms or styles for each of these types of sports massages: pre-event, intra-event, post-event. • Discuss inappropriate massage forms or styles for each of these types of sports massages: pre-event, intra-event, post-event. • Discuss self-care recommendations a therapist might make to clients who are athletes or fitness oriented. • Analyze six scenarios depicting athletes or people focused on fitness, their sporting event, their situation, their physical condition, and their stated wants and needs from massage. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having analyzed client scenarios during an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Outline a session for an athlete or person who is fitness oriented based on the type of massage (pre-event, intra-event, post-event, maintenance massage), the sporting event, the client’s physical condition, and wants and needs, and share the plan with peers. • Provide useful feedback to peers on their session plans. 	<p>Conditions: Having developed a written session plan for an athlete, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a massage session for an athlete as outlined in a written session plan.

Sub-Topic: Sessions for Clients Who Are at the End of Life

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define these terms: <i>end-of-life care, terminal illness.</i> • List three signs and symptoms of approaching death (e.g., reduced food or liquid intake, long periods of sleep, breathing pauses, edema in the extremities, etc.). • List three factors to consider when working with clients at the end of life (e.g., personal response to the dying process, environment where massage is provided such as a family members home requires some adaptations, therapist will likely be working with the client’s guardian, etc.). • List two cautions or contraindications when working with clients at the end of life (e.g., no deep work, no painful work, etc.). • List two benefits or effects of massage for clients at the end of life (e.g., increased relaxation, reduced pain, improved mood, reduced anxiety, improved sleep patterns, etc.). • List three appropriate massage forms or styles for clients at the end of life (e.g., gentle Swedish strokes, use of aromatherapy, holding strokes, etc.). 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Try different methods for adapting a massage session to the needs of a client at the end of life.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the signs and symptoms of approaching death. • Discuss one’s own response to the dying process and its potential impact on work with clients at the end of life. • Discuss relevant factors when working with clients at the end of life. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instruction’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate massage methods appropriate for a client at the end of life. • Modify massage methods based on feedback from the client.

	<ul style="list-style-type: none"> • Discuss the benefits and effects of massage for clients at the end of life. • Discuss the contraindications and cautions of massage for clients at the end of life. • Discuss appropriate massage methods for clients at the end of life. 	<ul style="list-style-type: none"> • Modify massage methods based on felt sensations during the application of strokes. • Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Sessions for Clients with Disabilities

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *disability* (e.g., used in the medical sense for a functional impairment caused by an accident, trauma, genetics, or disease, etc.).
- Define the term *impairment* (e.g., used in the medical sense to mean a problem in body structure or function that impacts a person’s ability to execute a task or an action, etc.).
- Define the term *people-first language* (e.g., a form of disability etiquette that aims to diminish subconscious dehumanization that can occur with phrases like “disabled person” instead saying “person with a disability”, etc.).
- Define the term *assistive technology*, also commonly referred to as *adaptive technology* (e.g., the accepted term for devices and societal or personal modifications that help people with disabilities overcome impairments and broaden the accessibility of places, including and things like wheelchairs, prosthetics, speech recognition software, etc.).
- Match these terms to their written descriptions: *physical disabilities, sensory disabilities, intellectual disabilities, mental health disabilities*.
- Match these factors to consider when working with clients with physical disabilities to their written descriptions: personal responses to disability, the correct use of people-first language, access challenges, balance issues, body space issues (wheelchairs and other mobility devices are part of a person’s personal body space), eye level, medical equipment, paralysis, prosthesis, handling requests for assistance appropriately, speech impairments, getting on and off the massage table.

Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:

- Imitate the instructor’s methods, communication, and behaviors during a health intake interview with a client with a disability (e.g., sit at eye level, use of people-first language, use of appropriate intake questions, etc.).
- Imitate the instructor’s methods, communication, and behaviors for transferring a client from a wheelchair to a massage table.
- Try different methods for adapting a massage session to the needs of a client with a disability.

- Define these terms: *visual impairment*, *hearing impairment*.
- Name the two most common disabilities related to the five senses (hearing and visual impairments).
- Match these terms related to degrees of visual impairment to their written descriptions: *blind*, *legally blind*, *low vision*, *partially sighted*.
- Match these factors to consider when working with clients with visual impairments to their written descriptions: access issues, assumptions about degree of visual impairment, use of physical guidance, communication issues (e.g., use the name of a visually impaired person when addressing him or her), placement of personal items at the massage business, and interaction with service dogs.
- Match these factors to consider when working with clients with hearing impairments to their written descriptions: background noise, communication issues, working with hearing aids.
- List two cautions or contraindications when working with clients with sensory impairments (e.g., based on overall health picture as with all clients, cautions often relate to access issues, etc.).
- Match these types of intellectual disabilities to their written descriptions: autism, mental retardation, learning disabilities, brain injury.
- List two factors related to working with clients with intellectual disabilities (e.g., communication challenges, interpreting the client's response to massage, etc.).
- List two benefits of massage for clients with these intellectual disabilities: autism, mental retardation, learning disabilities, brain injury (e.g., studies indicate the children with autism exhibit less stereotypic autism behavior, fewer sleep problems, and demonstrate more on-task and positive social relating when they receive regular massage, etc.).

	<ul style="list-style-type: none"> List two cautions, contraindications, or session adaptations for clients with these intellectual disabilities: autism, mental retardation, learning disabilities, brain injury (e.g., firm strokes produce less restlessness in children with autism than light strokes, medications may contraindicate massage, etc.). Review definitions, session adaptations, benefits of massage, and cautions and contraindication for clients with mental health disabilities learned in other sub-topics. 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the medical meanings of the terms <i>disability</i> and <i>impairment</i>. Compare and contrast preferred people-first expressions with avoided expressions (e.g., “person with cerebral palsy” versus “palsied or spastic person,” or “a person using a wheelchair” versus “a person confined to a wheelchair,” etc.). Discuss one’s own responses to disability including fears, assumptions, etc. Discuss the access challenges faced by clients with disabilities and how to reduce those challenges in a massage practice. Discuss considerations when working with clients with disabilities and conducting health intake interviews or collection of the fee (e.g., sit at eye level, manage balance disorders or speech impairments effectively, etc.). Discuss the benefits and effects of massage for clients with a disability. Discuss the contraindications and cautions of massage for clients with a disability. 	<p>Conditions: Having learned hands-on techniques in other classes, and based on the instructor’s decision that hands-on practice for this special population is necessary, and having watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> Demonstrate appropriate communication, and behaviors during a health intake interview with a client with a disability. Demonstrate appropriate methods, communication, and behaviors for transferring a client from a wheelchair to a massage table. Demonstrate appropriate massage methods adapted to the needs of a client with a disability. Modify massage methods based on feedback from the client. Modify massage methods based on felt sensations during the application of strokes. Demonstrate effective and appropriate communication with clients during practice sessions.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Entry-Level Massage Therapy Curriculum Map

Subject: Career Development

Topic	Interpersonal Skills
Sub-Topics	<ul style="list-style-type: none">• Communication• Conflict Resolution
Topic	Student Clinic
Sub-Topics	<ul style="list-style-type: none">• Professionalism• Session Management• Clinic Management• Sessions with Clients
Topic	Career Planning
Sub-Topics	<ul style="list-style-type: none">• Envisioning a Massage and Bodywork Career• Employment• Private Practice

Topic: Interpersonal Skills

Learning Outcomes	<p>Conditions: Having completed 7 hours of instruction on interpersonal skills, the learner is expected to:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of the key terms and concepts related to interpersonal skills, including assertive communication and conflict resolution, on a written examination. • Demonstrate effective assertive communication skills during a role-playing activity in response to client-therapist scenarios assigned by the instructor, on a graded activity. • Demonstrate the steps in a conflict resolution process using assertive communication skills and appropriate therapist behaviors during a role-playing activity in response to a client-therapist scenario assigned by the instructor, on a graded activity.
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Key Terminology and Concepts

- Active communication
- Active listening
- Aggressive
- Assertive communication
- Body language
- Communication blockers
- Conflict resolution
- Conflict resolution process
- Emotional intelligence
- Equitable solution
- Filters
- I-statements
- Passive
- Personal space
- Reflecting
- Relating styles
- Self-awareness
- You-statements

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Communication
- Conflict Resolution

Sub-Topic: Communication

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Define the term *personal space*.
- List two ways people maintain their personal space in social relationships.
- Define the term *relating styles*.
- Match these relating styles to their written descriptions: passive, assertive, aggressive, passive-aggressive.
- List two benefits of an assertive relating style.
- List two drawbacks of a passive relating style.
- List two drawbacks of an aggressive relating style.
- Define the term *communication blocker*.
- Identify common communication blockers based on their written descriptions.
- Define the term *body language*.
- List three body language cues people use to communicate nonverbally (e.g., eye contact, body position, gestures, etc.).
- Define the term *active communication*.
- Describe three skills associated with active communication (e.g., self-awareness, active listening, ability to communicate a message, etc.).
- Identify three situations in which communication with clients occurs.
- Outline the steps in an assertive communication model (e.g., state your expectations, provide a rationale, describe consequences, identify obstacles, clarify expectations for the future).
- List two guidelines for communicating with other health care providers.

Conditions: Having viewed an instructor demonstration of assertive communication skills, the learner will be able to:

- Imitate the instructor’s assertive communication skills in these role-playing situations:
 - A client shares with the therapist that he or she doesn’t feel that massage has been effective for his or her condition.
 - A client shares his or her feelings of sadness about the impact of a condition on activities of daily life.
 - A client calls into the massage clinic to book an appointment and wants to hear about the therapist’s training and credentials.
 - A client shows up late for a massage appointment during a busy and hectic day at the clinic.
 - A client comes in to book an appointment after not showing up for a previous appointment and not contacting the therapist.
 - A client shares very specific directions for exactly the type of massage desired, but many of the techniques the client wants are dangerous for the client to receive based on medications being taken by the client.
 - A client resists signing the massage clinic’s required forms.
 - A client complains that he or she did not get the massage requested in the intake interview.

- List three types of written communication that might be used by massage therapists (e.g., emails, inter-clinic memos, business letters, reports to physicians or insurance companies, follow-up with clients, etc.).

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Compare and contrast a passive relating style with an assertive relating style and with an aggressive relating style. • Discuss four ways that communication can break down during interactions between therapists and clients (e.g., filters are too strong, judging occurs, there is inappropriate problem solving on the part of the therapist, the therapist attempts to psychoanalyze the client, the therapist uses sympathy instead of empathy with working with a client, etc.). • Discuss skills related to active communication (e.g., awareness, active listening, ability to communicate a message, etc.). • Discuss the roles environment, attunement to body language, body motion, and eye contact play in a therapist’s ability to be fully aware of a client’s experience during massage interactions. • Discuss ways to use reflecting and verbal encouragement to enhance client and therapist communication during an intake interview. • Discuss three methods for communicating a message effectively (e.g., speak the truth, use I-statements, state expectations, identify obstacles, etc.). • Discuss the role that emotional intelligence plays in assertive communication. • Compare and contrast an open body position with a closed body position. • Compare and contrast active listening with passive listening. • Compare and contrast the use of I-statements with the use of You-statements. 	<p>Conditions: Having viewed an instructor demonstration of assertive communication skills and having developed two role-playing scenarios with a peer, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice using assertive communication skills with a client in a prepared role-playing scenario. • Practice using assertive communication skills in role-playing situations assigned by the instructor. • Modify one’s communication practices based on feedback from instructors and peers.

- Analyze massage session scenarios in which therapists demonstrate different communication blockers and label each communication blocker.
- Discuss assertive communication methods to address client behaviors that are challenging for therapists (e.g., lateness for appointments, no shows, resistance to filling out paperwork, etc.).
- Discuss guidelines for communicating effectively with clients.
- Discuss guidelines for written communication with clients and other health care providers.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a self-evaluation exercise and participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Complete a self-evaluation to identify one’s own style of relating and recognize passive, assertive, and aggressive tendencies, and set goals for self-improvement. • Complete a self-evaluation to identify tendencies to use communication blockers, and set goals for self-improvement. • Complete a self-evaluation to identify one’s own assertive communication skills, and set two goals for self-improvement. • Work with a peer to develop two scenarios in which therapists and clients interact. In the first, the therapist demonstrates poor communication skills in handling the client’s request/issue/complaint. In the second, the therapist demonstrates good communication skills while handling the client’s request/issue/complaint. • Evaluate the scenarios of peers and identify good and bad communication behaviors. • Evaluate the communication skills used by peers during various role-playing activities, and provide useful feedback. 	<p>Conditions: Having participated in practice sessions, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate ongoing efforts to improve assertive communication skills during classroom and student clinic interactions.

Sub-Topic: Conflict Resolution		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>conflict resolution</i>. • List three reasons people experience conflicts in their interpersonal interactions. • List three reasons a massage therapist and client might experience conflicts during a therapeutic relationship. • List three reasons a massage therapist and a colleague might experience conflicts in a work environment. • Define the term <i>equitable solution</i>. • Define the term <i>conflict resolution process</i>. • Outline the steps in the school-selected conflict resolution process. 	<p>Conditions: Having viewed an instructor demonstration of assertive communication skills and conflict resolution, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s language and behaviors to reduce conflict while following a conflict resolution process in a client-therapist scenario. • Imitate the instructor’s language and behaviors to reduce conflict while following a conflict resolution process in a therapist-colleague scenario.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss conflict, equitable solutions, and conflict resolution. • Discuss each step in a conflict resolution process. • Compare and contrast therapist language and behaviors that lead to resolution of conflicts with therapist language and behaviors that escalate conflicts. • Write five questions to ask oneself to gain clarity and perspective on a conflict. • Analyze four written scenarios in which participants in a conflict did not reach an equitable solution, and identify an equitable solution for each. 	<p>Conditions: Having viewed an instructor demonstration of conflict resolution and having developed two role-playing scenarios with a peer, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice assertive communication and appropriate therapist behaviors to resolve two mock conflicts between a therapist and a client and between two therapists using a conflict resolution process. • Modify one’s communication and behaviors when using a conflict resolution process based on feedback from peers and instructors.

Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	There are no relevant learning objectives for this sub-topic in level 3 of the cognitive domain.	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Topic: Student Clinic

Learning Outcomes

Conditions: Having completed 50 hours of instruction in the student clinic, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to working in the school's student clinic, including professionalism, session management, and clinic management, on a written examination.
- Demonstrate effective and professional therapist language and behaviors to interact with student clinic clients, peers, and instructors during participation in the school's student clinic, as evidenced by client, peer, and instructor feedback forms.
- Follow student clinic policies and procedures and represent the school in a professional manner during participation in the school's student clinic, as evidenced by a graded student client evaluation conducted by a supervisor.
- Plan sessions in accordance with clients' goals, wants, and needs while integrating session adaptations based on cautions or contraindications, as evidenced by client feedback forms.
- Integrate skills including draping, bolstering, use of equipment and sanitation practices, application of strokes and methods, professionalism, and communication into a safe, effective, and enjoyable session, as evidenced by client feedback forms.

Key Terminology and Concepts

- Accountability
- Client feedback
- Client greeting
- Client interview
- Clinic management
- Clinic policies
- Clinic procedures
- Collecting the fee for the session
- Competency
- Courtesy
- Customization of the massage*
- Good manners
- Honesty
- Integrity
- Policies and procedures
- Professional image
- Professionalism
- Rebooking

- Saying goodbye
- Self-regulation*
- Session goals
- Session management
- Specialized knowledge
- Time management
- Work ethic

Use of Terms

*These terms are not consistently used or consistently defined in the massage therapy profession at this time. Curriculum designers are encouraged to use the terminology specific with their school's philosophy or the definitions of similar terms used in their textbooks. For the purposes of this document, these terms are defined as:

Customization of the massage: Therapists customize a massage when they plan a session based on the client's goals, needs, and wants while adapting for cautions and contraindications and staying within the boundaries of a therapeutic relationship and massage scope of practice. For example, if a client asks for a 1-hour massage and requests 30 minutes of the massage be spent on her back and 30 minutes of the massage be spent on her feet, the therapist can adapt his or her personal style, knowledge of techniques, and timing to meet the client's request.

Self-regulation: Control of oneself in response to stresses or pressures exerted by an outside force. For example, a therapist with good self-regulation can remain calm, composed, and rational even while dealing with a complaint from a client or dealing with an angry colleague.

Sub-Topics

- Professionalism
- Session Management
- Clinic Management
- Sessions with Clients

Sub-Topic: Professionalism

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>professionalism</i>. • Match these aspects of professionalism to their written descriptions: specialized knowledge, competency, work ethic, honesty, integrity, accountability, self-regulation, professional image, courtesy and good manners, time management. • Describe three attributes of a person with a good professional image. • List two examples of good time-management skills related to therapist-client interactions. • List three examples of behaviors that exemplify professionalism during interactions with work colleagues. 	<p>Conditions: Having viewed an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s language and behaviors in these areas: <ul style="list-style-type: none"> • Self-regulation in a situation involving conflict with a massage client. • Professional image including professional dress and hygiene in the student clinic. • Courtesy and good manners during interactions with others in the student clinic. • Honesty and integrity during interaction with others in the student clinic.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the types of specialized knowledge massage therapists must master to achieve success in their field. • Discuss the relationship between emotional intelligence, self-regulation, client-centered work, and professionalism. • Compare and contrast a massage therapist who is competent with a massage therapist who is lacking in competence. • Compare and contrast a massage therapist who demonstrates accountability with a massage therapist who does not demonstrate accountability. • Discuss the attributes of a person who exhibits the qualities of honesty and integrity. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice professional language and behaviors in these areas: <ul style="list-style-type: none"> • Self-regulation in situations involving conflicts with massage clients. • Professional image including professional dress and hygiene in the student clinic. • Courtesy and good manners during interactions with others in the student clinic. • Honesty and integrity during interactions with others in the student clinic.

	<ul style="list-style-type: none"> • Identify behaviors associated with professional self-regulation in scenarios depicting therapist-client interactions. • Identify behaviors associated with courtesy and good manners in scenarios depicting therapist-client interactions. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Conduct a self-evaluation analyzing aspects of professionalism, and identify one’s own strengths and weaknesses. • Evaluate a peer on aspects of professionalism and provide courteous and useful feedback. • Develop a professionalism self-improvement plan based on self-evaluation findings and feedback from instructors and peers. 	<p>Conditions: During ongoing interactions with colleagues, supervisors, and clients in the student clinic, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate consistent professional language and behaviors in these areas: <ul style="list-style-type: none"> • Self-regulation in situations involving conflict with massage clients. • Professional image including professional dress and hygiene in the student clinic. • Courtesy and good manners during interactions with others in the student clinic. • Honesty and integrity during interactions with others in the student clinic.

Sub-Topic: Session Management

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
<p>Receive Respond</p>	<p>Conditions: Having participated in a student clinic orientation, the learner will be able to:</p> <ul style="list-style-type: none"> • Review these terms: <i>client greeting, client interview, clinic policies and procedures, session goals, customization of the massage, rebooking, professionalism.</i> • Outline the events of a massage session from the moment a client enters the student clinic until the moment the client leaves the student clinic. • Describe one student clinic policy to explain to clients during an informed consent process. • List two items to be accomplished as part of the client interview (e.g., review of a health form to rule out contraindications, determination of session goals, agree to a plan for the massage, etc.). • Write three questions to ask a client to be better able to customize the massage to the client’s wants and needs. • Identify student clinic resources for researching unknown conditions or medications (e.g., drug reference, pathology reference, etc.). 	<p>Conditions: Having participated in a student clinic orientation and watched an instructor demonstration, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate the instructor’s professional language and behaviors in these areas: <ul style="list-style-type: none"> • Greet a client warmly and professionally. • Inform a client of clinic policies, procedures, and fees. • Obtain the necessary signed forms from the client. • Conduct a client interview and determine session goals with the client’s input. • Plan a 1-hour massage and check the plan with the client. • Obtain client feedback following student clinic procedures and using student clinic forms. • Write a summary of the client session using SOAP notes • Collect the client’s payment for the massage and ask the client to book additional sessions. • Say goodbye to the client warmly and professionally.
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
<p>Apply</p>	<p>Conditions: Having participated in a student clinic activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss processes, policies, and procedures for working at the school’s student clinic. • Inform a mock client of the student clinic’s policies and procedures during a mock client interview. • Ask effective questions during a mock client interview to determine the client’s goals for the session. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice professional language and behaviors in these areas: <ul style="list-style-type: none"> • Greet clients warmly and professionally. • Inform clients of clinic policies, procedures, and fees. • Obtain the necessary signed forms from clients. • Conduct client interviews and determine session goals with clients’ input.

	<ul style="list-style-type: none"> Plan the sequence and timing of a 1-hour and 90-minute massage to customize a massage for a mock client based on an interview. 	<ul style="list-style-type: none"> Plan massage sessions and check the plans with clients. Obtain client feedback following student clinic procedures and using student clinic forms. Collect clients' payment of fees for massages and ask clients to book additional sessions. Say goodbye to clients warmly and professionally.
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Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
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Problem Solve	<p>Conditions: Having participated in a student clinic activity, the learner will be able to:</p> <ul style="list-style-type: none"> Effectively manage a mock client's experience in the student clinic including greeting the client, obtaining necessary forms and signatures, informing the client of student clinic policies and procedures, conducting a client interview, ruling out cautions and contraindications, customizing the massage to the client's goals, performing a massage that follows the agreed treatment plan, collecting the client's fee for the session, rebooking the client, and saying goodbye. 	<p>Conditions: While participating in the school student clinic, the learner will be able to:</p> <ul style="list-style-type: none"> Perfect professional language and behaviors in these areas: <ul style="list-style-type: none"> Greet clients warmly and professionally. Inform clients of clinic policies, procedures, and fees. Obtain the necessary signed forms from clients. Conduct client interviews and determine session goals with clients' input. Plan massage sessions and check the plans with clients. Obtain client feedback following student clinic procedures and using student clinic forms. Collect clients' payment of fees for massages and ask clients to book additional sessions. Say goodbye to clients warmly and professionally. Integrate a variety of skills including body mechanics and self-care to maintain personal health and wellness during student clinic participation.
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Sub-Topic: Clinic Management

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

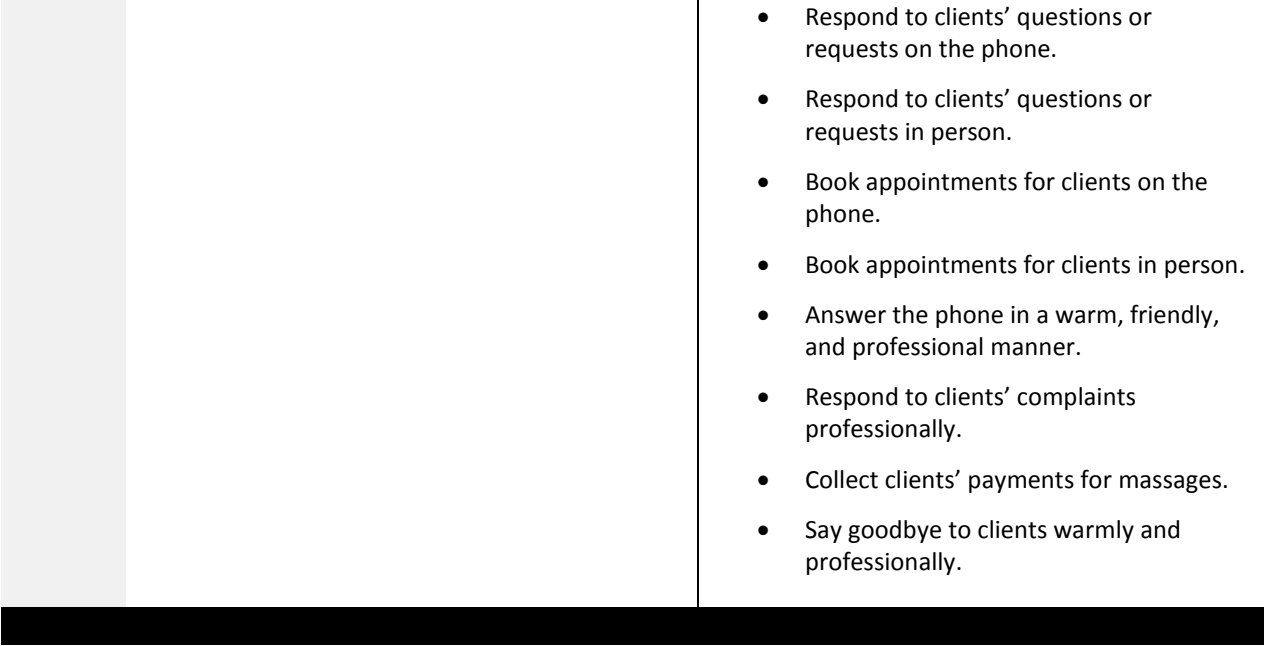
Conditions: Having read student clinic materials or with guidance from the student clinic supervisor, the learner will be able to:

- List three key policies and procedures of the student clinic.
- Outline the process to complete a client booking on the phone.
- Outline the process to complete a client booking on the Internet (when applicable).
- Recall the services and fees of the student clinic.
- Recall the hours of operation of the student clinic.
- List the forms student clinic clients must complete to receive a massage.
- Outline the steps for collecting payment from a client at the end of a session.

Conditions: Having watched a student clinic supervisor demonstration, the learner will be able to:

- Imitate the supervisor’s professional language and behaviors in these areas:
 - Greet clients warmly and professionally.
 - Inform clients of clinic policies, procedures, and fees.
 - Obtain the necessary signed forms from clients.
 - Introduce clients to therapists.
 - Respond to clients’ questions or requests on the phone.
 - Respond to clients’ questions or requests in person.
 - Utilize the clinic’s online booking software, if applicable
 - Book appointments for clients on the phone.
 - Book appointments for clients in person.
 - Answer the phone in a warm, friendly, and professional manner.
 - Respond to clients’ complaints professionally.
 - Collect clients’ payments for massages.
 - Say goodbye to clients warmly and professionally.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: With guidance from the student clinic supervisor, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss the methods and procedures used by the student clinic to collect payment from clients (e.g., check, credit card, cash, etc.) • Discuss the methods and procedures used by the student clinic to keep financial records. • Discuss the methods and procedures used by the student clinic to keep and protect client records. 	<p>Conditions: With guidance from the student clinic supervisor, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice using professional language and behaviors in these areas while fulfilling the duties of a student clinic receptionist or shift manager: <ul style="list-style-type: none"> • Greet clients warmly and professionally. • Inform clients of clinic policies, procedures, and fees. • Obtain the necessary signed forms from clients. • Introduce clients to therapists. • Respond to clients' questions or requests on the phone. • Respond to clients' questions or requests in person. • Book appointments for clients on the phone. • Book appointments for clients in person. • Answer the phone in a warm, friendly, and professional manner. • Respond to clients' complaints professionally. • Collect clients' payments for massages. • Say goodbye to clients warmly and professionally.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: With guidance from the student clinic supervisor, the learner will be able to:</p> <ul style="list-style-type: none"> • Perform the duties of the student clinic receptionist or student clinic shift manager during one of more shifts. 	<p>Conditions: With guidance from the student clinic supervisor, the learner will be able to:</p> <ul style="list-style-type: none"> • Perfect professional language and behaviors in these areas while fulfilling the duties of a student clinic receptionist or shift manager: <ul style="list-style-type: none"> • Greet clients warmly and professionally. • Inform clients of clinic policies, procedures, and fees. • Obtain the necessary signed forms from clients. • Introduce clients to therapists.

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- Respond to clients' questions or requests on the phone.
 - Respond to clients' questions or requests in person.
 - Book appointments for clients on the phone.
 - Book appointments for clients in person.
 - Answer the phone in a warm, friendly, and professional manner.
 - Respond to clients' complaints professionally.
 - Collect clients' payments for massages.
 - Say goodbye to clients warmly and professionally.

Sub-Topic: Sessions with Clients

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Conditions: Having completed a student clinic orientation and during ongoing shifts at the student client, the learner will be able to:

- Review information related to student clinic policies and procedures and managing client sessions, if necessary.
- Ask questions of student clinic supervisors when faced with unknowns.

Conditions: Having participated in a student clinic orientation and during ongoing shifts at the student clinic, the learner will be able to:

- Imitate the supervisor’s professional language and behaviors if weaknesses in these skill sets are identified by the supervisor during student clinic shifts:
 - Greet a client warmly and professionally.
 - Inform a client of clinic policies, procedures, and fees.
 - Obtain the necessary signed forms from the client.
 - Conduct a client interview and determine session goals with the client’s input.
 - Plan a 1-hour massage and check the plan with the client.
 - Obtain client feedback following student clinic procedures and using student clinic forms.
 - Write a summary of the client session using SOAP notes
 - Collect the client’s payment for the massage and ask the client to book additional sessions.
 - Say goodbye to the client warmly and professionally.
 - Interact with colleagues at the student client is a friendly and professional manner.
 - Others as determined by the student clinic supervisor.

Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having completed a student clinic orientation and during ongoing shifts at the student client, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss knowledge related to managing a client’s experience at the clinic, and adapt knowledge appropriately when areas of weakness are identified. 	<p>Conditions: Having been alerted to a weakness in skills identified by the student clinic supervisor, the learner will be able to:</p> <ul style="list-style-type: none"> • Practice professional language and behaviors in areas noted as weak: <ul style="list-style-type: none"> • Greet clients warmly and professionally. • Inform clients of clinic policies, procedures, and fees. • Obtain the necessary signed forms from clients. • Conduct client interviews and determine session goals with clients’ input. • Plan massage sessions and check the plans with clients. • Obtain client feedback following student clinic procedures and using student clinic forms. • Collect clients’ payment of fees for massages and ask clients to book additional sessions. • Say goodbye to clients warmly and professionally. • Interact with colleagues at the student client is a friendly and professional manner. • Others as determined by the student clinic supervisor.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having completed a student clinic orientation and during ongoing shifts at the student client, the learner will be able to:</p> <ul style="list-style-type: none"> • Effectively manage massage sessions and client experiences at the student clinic. 	<p>Conditions: Having participated in student clinic and completed all student clinic shifts, the learner will be able to:</p> <ul style="list-style-type: none"> • Demonstrate consistent professional language and behaviors in all interactions with clients, colleagues, and supervisors at the student clinic.

Topic: Career Planning

Learning Outcomes **Conditions:** Having completed 25 hours of instruction on career planning, the learner is expected to:

- Demonstrate knowledge of the key terms and concepts related to career planning, including envisioning a massage career, working as an employee, and the basics of starting a private practice, on a written examination.
- Write a personal one-year career plan, in a graded assignment.
- Demonstrate principles of good interviewing skills and effectively answer sample interview questions, in on a graded activity.

Key Terminology and Concepts

- Blended career
- Business name
- Business plan
- Career plan
- Career vision
- Client education
- Cover letter
- Employee
- Employer expectations
- Employment
- General liability insurance
- Income goals
- Independent contractor
- Interview
- Job shadowing
- Licenses and permits
- Limited liability company
- Marketing
- Marketing plan
- Needs
- Operating costs
- Partnership
- Personality traits
- Product liability insurance
- Professional liability insurance
- Promotion
- Publicity
- Record keeping
- Referral programs
- Resume
- Self-employed
- Sole proprietorship
- Special offers
- Specialization
- Startup costs
- Values
- Wants

Use of Terms

The terms used in this topic appear to be consistent and widely accepted.

Sub-Topics

- Envisioning a Massage Career
- Employment
- Private Practice

Sub-Topic: Envisioning a Massage and Bodywork Career

Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>career vision</i>. • Identify five important values of one’s own that might influence career planning. • Identify five key personality traits of one’s own that might influence career planning. • List types of massage environments of particular personal interest. • List three client types of particular personal interest. • Describe three employment options (e.g., employee, self-employed, independent contractor, blended career, etc.). • Describe two ways to get “real life” information about career options (e.g., job shadowing, internships, online forums, volunteer opportunities, mentors, etc.). 	<p>There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.</p>
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or class activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Discuss one’s personal values and how they relate to massage career choices. • Discuss one’s own personality traits and their suitability for different massage career paths. • Discuss the benefits and drawbacks of developing specialized skills to work with specific client types (e.g., pregnant women, athletes, etc.). • Analyze four massage work environments and their skill requirements (e.g., spas require good wellness massage skills; health care settings require strong assessment and treatment planning skills, etc.). • Compare one’s own skills to the skill requirements in four different work environments. 	<p>There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.</p>

	<ul style="list-style-type: none"> • Compare and contrast the benefits and drawbacks of a career as an employee, a business owner in private practice, an independent contractor, and a practitioner in a blended career (someone who has a part-time private practice and also works part time as an employee). • Determine one’s yearly, monthly, and weekly income goals. • Estimate how one’s own income goals can be achieved through these career paths: employee in a franchise clinic, employee in a local day spa, business owner of a private practice, blended career (e.g., how many clients per week in a private practice to achieve one’s income goal after expenses and taxes, etc.). 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Write a career plan for the first year after graduation including the primary goal for the year, chosen employment status (e.g., employee, business owner, etc.), chosen work environment, chosen client types (optional), and tasks and activities to achieve the primary goal. 	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Sub-Topic: Employment		
Level 1	Knowledge: Attain and Comprehend	Skills: Observe and Imitate
Receive Respond	<p>Conditions: Having read assigned material and/or participated in a lecture, the learner will be able to:</p> <ul style="list-style-type: none"> • Define the term <i>employment</i>. • List three places where a massage therapist looking for a job can identify potential employers (e.g., Internet, association websites, school job board, etc.). • Write five questions to ask potential employers when gathering basic information about a position (e.g., Are you currently hiring? What is the pay rate for entry-level massage therapists? etc.). • Describe the purpose of a resume. • Describe the purpose of a cover letter. • Describe the purpose of an interview. • List three attributes of well-written resumes (e.g., concise, honest, pertinent to the specific position, etc.). • Outline the sections of a basic chronological resume (e.g., contact information, job objective, education, work experience, etc.). • Outline the sections of a cover letter (e.g., opening, body, conclusion). 	<p>Conditions: Having viewed an instructor demonstration of interviewing skills, the learner will be able to:</p> <ul style="list-style-type: none"> • Imitate instructor interviewing behavior including: <ul style="list-style-type: none"> • Speaking at a good pace and volume. • Making good eye contact with the interviewer. • Smiling and expressing warmth and friendliness appropriately. • Using an open and receptive body position (e.g., sit up straight, arms uncrossed, sit forward slightly to demonstrate energy and interest, etc.). • Answering questions directly and concisely (e.g., get to the point, avoid rambling, demonstrate honesty, etc.). • Answer using good grammar and vocabulary (e.g., avoid slang words, use health care terminology correctly, etc.).
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or class activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Share one’s own views about career options (e.g., working as an employee while starting a private practice, etc.). • Discuss the sections of a chronological resume. • Discuss the type of information to include in a cover letter. • Discuss the type of clothing to wear to an interview. 	<p>Conditions: Having participated in a practice session, the learner will be able to:</p> <ul style="list-style-type: none"> • Answer ten sample interview questions in front of instructors and peers: <ul style="list-style-type: none"> • Speak at a good pace and volume. • Make good eye contact. • Smile and express warmth and friendliness appropriately. • Use an open and receptive body position. • Answer questions directly and concisely.

	<ul style="list-style-type: none"> • Discuss employers' expectations of employees. • Discuss employment packages and employee benefits (e.g., health plan or not, payment of liability insurance or not, payment for continuing education or not, etc.). • Analyze three sample resumes and cover letters. • Compare and contrast professional, well-written resumes and cover letters with unprofessional, poorly written resumes and cover letters. • Discuss the types of questions a massage employer might ask during an interview and outline good answers to each question. • Discuss the types of questions a potential employee might ask a potential employer (e.g., Why is this position open? Are there opportunities for advancement? What are the company's challenges and current goals? etc.). 	<ul style="list-style-type: none"> • Demonstrate good grammar and vocabulary. • Gather feedback to identify one's areas of strength and weakness. • Refine one's interviewing skills based on feedback.
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Plan a job hunt including methods to identify potential employers, goals for the development of a professional resume and cover letter, timelines, and resources. 	<p>Conditions: Having participated in a practice session and refined interviewing skills based on feedback, the learner will be able to:</p> <ul style="list-style-type: none"> • Effectively answer ten sample interview questions in front of instructors and peers, demonstrating good interviewing skills.

Sub-Topic: Private Practice

Level 1

Knowledge: Attain and Comprehend

Skills: Observe and Imitate

Receive
Respond

Note: This sub-topic should be viewed as an introduction to starting a private practice. Feedback from the profession on the first draft of the ELAP Blueprint indicated that skills like writing a business plan, some business activities, and some marketing and promotional activities are beyond the scope of entry-level education. These learning objectives provide a foundation for longer programs wishing to teach more advanced business skills.

Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:

- Match these types of business structures to their written descriptions: sole proprietorship, independent contractor, partnership, limited liability company.
- Match these important licenses and permits to their written descriptions: business license, sales tax permit, zoning permit, home occupation permit, registration of a business name, employer identification number.
- Match these insurance types to their written descriptions: professional liability, general liability, product liability, business personal property insurance, health insurance, disability insurance.
- List two factors to consider when choosing a business name (e.g., client should be able to pronounce and spell it easily, web domain name availability, etc.).
- Recall four factors to consider when choosing a location for a massage business (e.g., zoning and signage restrictions, proximity to clients and foot traffic, etc.).
- Match these types of financial statements that might be used by a massage business to their written descriptions: balance sheet, cash flow statement, profit and loss statement.

There are no relevant learning objectives for this sub-topic in level 1 of the psychomotor domain.

- Match these terms related to financial record keeping to their written descriptions: *startup costs, operating costs, business checking account, school-selected method for record keeping of business transactions.*
- List one method for keeping basic business records (e.g., a standard ledger, a digital system, etc.).
- Explain the items included in a basic business ledger for a massage business (e.g., date of the transaction, description of the transaction, income or expense, balance, etc.).
- Match these terms to their written descriptions: *taxes, income tax, self-employment tax, employment tax, sales tax.*
- List six examples of business expenses that can be deducted when paying taxes.
- Define the term *marketing*.
- List three items that help a massage business build its identify with potential clients (e.g., business name, logo, signage, business cards, website, brochures, etc.).
- List three items to be included on a menu of services (e.g., contact details and location of the business, services, fees, hours of operation, etc.).
- List the elements that should be included on a website.
- List three forms of promotion commonly used by massage therapists (e.g., client education activities, client referral programs, special offers, publicity opportunities, etc.).
- Describe in one's words how a basic referral program works.
- List three special offers a therapist might use to attract new clients (e.g., prepaid cards, punch cards, coupons, season promotions, etc.).
- List two web-based methods for filling sessions (e.g., social media, weekly e-blasts, etc.).

	<ul style="list-style-type: none"> List two methods for building client loyalty in a massage practice (e.g., client birthday cards with discounts, providing massage that meets the clients wants and needs, etc.). Identify five resources for learning more about business practices. 	
Level 2	Knowledge: Use and Connect	Skills: Practice and Refine
Apply	<p>Conditions: Having participated in an interactive lecture or classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> Discuss the types of business structures often adopted by massage business owners. Discuss important licenses and permits needed by massage business owners in the state, city, or town where the school is located. Discuss the types of insurance massage therapists should carry to protect their practice and life. Discuss the factors to consider when choosing a business name and location. Discuss basic financial record keeping including financial statements, startup costs, operating costs, and methods for keeping business records. Discuss taxes for small businesses and the types of taxes one might pay in a massage business. Discuss basic methods for keeping good tax records and getting tax advice. Discuss marketing and methods for building a business identify with potential clients. Discuss the items that belong in a menu of services including services, fees, hours of operation, directions to the business, contact details, etc. Discuss the importance of a business website and resources for website development. Discuss common promotional methods used by massage businesses. Discuss referral programs, their benefits, and how they work. 	There are no relevant learning objectives for this sub-topic in level 2 of the psychomotor domain.

	<ul style="list-style-type: none"> • Discuss special offers and how they are used by massage business owners to attract potential clients. • Discuss web-based marketing efforts. • Discuss methods for building client loyalty in a massage practice. • Discuss useful resources for learning more about how to build, manage, and operate a thriving massage business. 	
Level 3	Knowledge: Choose and Plan	Skills: Naturalize and Adapt
Problem Solve	<p>Conditions: Have completed a classroom activity, the learner will be able to:</p> <ul style="list-style-type: none"> • Complete a marketing planning form provided by the school including activities to create a business identity, client education activities, special offers, methods for using web-based marketing, seasonal promotions, and client loyalty building activities; place defined activities on a yearly calendar for one year. 	There are no relevant learning objectives for this sub-topic in level 3 of the psychomotor domain.

Entry-Level Massage Education Blueprint

Massage Learning in the Affective Domain

Topic Value Learning

Topic Value Clients

Topic Value Oneself

Topic Value Other Professionals

Topic Value the Profession

INTRODUCTION

Learning objectives in the affective (feeling) domain refer to the attitudes and values developed through self-awareness, self-exploration, effective role modeling, and learning experiences. Attitudes are manifest in an individual's manner, disposition, position, and orientation towards something (positive, negative, or neutral). Values are the importance, significance, or worth individuals or groups place on something. Attitudes and values are closely related; we tend to demonstrate a positive attitude towards those things we value.

Sometimes attitudes and values are the primary focus of education, such as with diversity awareness training and ethics education, but most often, they are learned implicitly. Although they may not always be aware of it, most educators are involved in some form of attitude and value teaching in all of their classes. In every word and action, including nonverbal communication, massage therapy educators are role modeling their own attitudes and values toward the profession, clients, and other dimensions of massage. Learners' own attitudes and values evolve in part as a result of learning implicit in the observation of instructors and other learners, as well as through explicit teaching.

To date, there is no one accepted statement of the attitudes and values held by the massage and bodywork profession as a whole, although there would appear to be some consensus in many areas such as ethical behavior, the importance of focusing on the client, and other aspects of professionalism. This blueprint for the affective domain focuses on objectives in areas that we generally view as true of the profession and noncontroversial: the importance of learning, values related to working with clients and with other professionals, and valuing the profession itself as well as one's own role within it. When integrated with the other ELAP blueprints, this affective domain blueprint reminds us to pay attention to ways in which learners become true massage professionals, rather than merely possessing knowledge and skills.

Topic: Value Learning

Conditions: Throughout the massage and bodywork training program, by examining, demonstrating, and internalizing the following attitudes and values, the learner will be able to:

Level 1	Receive and Respond
Receive Respond	<ul style="list-style-type: none">• Show enthusiasm for becoming a massage professional and obtaining massage credentials.• Describe the value of massage education.• Attend classes regularly and be prepared to work.• Listen respectfully to instructors and peers.• Use note-taking procedures during lectures and demonstrations.• Show interest in learning new information.• Ask questions and follow-up questions to clarify information.• Accept responsibility for personal behavior.• Cooperate with instructors and peers to ensure a safe and productive classroom environment.• Examine personal thoughts, beliefs, words, feelings, and actions in response to classroom content.• Recognize that others may hold different viewpoints.• Respond empathetically to the feelings of others.• Comply with the school dress code, policies, and procedures.• Identify how one can learn from other professionals and choose appropriate role models.• Locate professional resources in addition to those provided by the school.• Recognize the potential for contributing to the professional body of knowledge.
Level 2	Value
Apply	<ul style="list-style-type: none">• Modify one's own beliefs and behaviors as a result of learning.• Complete assignments and coursework in a timely manner.• Invite feedback from instructors and peers during classroom activities.• Calmly defend personal choices and opinions when appropriate.• Differentiate personal emotions and other's emotional responses to classroom content.• Challenge personal assumptions in light of new information.• Meet commitments to peers on team projects.• Share views willingly and respectfully during classroom discussions.• Seek opportunities for self-development and new learning.• Set challenging goals and work to achieve them.• Value diversity and the rights of all people in learning.• Seek to establish connections with other professionals in massage education and practice.• Identify ways in which one can contribute to the professional body of knowledge.

Level 3**Integrate and Internalize**

Problem
Solve

- Display self-reliance when working independently.
- Verify information by seeking additional resources.
- Weigh cause-and-effect outcomes to determine personal actions in classroom situations.
- Influence peers positively by modeling professionalism regularly.
- Resolve conflicts with peers and instructors in an equitable manner.
- Internalize the ethical standards of the massage and bodywork profession.
- Act in accordance with standards of professionalism as outlined by the school.
- Integrate new knowledge and skills into one's own approach to practice.
- Commit to ongoing learning and maintaining credentials.
- Fully participate in all educational and training activities.
- Integrate external professional resources into one's own practice.
- Foster professional relationships.
- Commit to contributing to the massage profession.

Topic: Value Clients

Conditions: Throughout the massage and bodywork training program, by examining, demonstrating, and internalizing the following attitudes and values, the learner will be able to:

Level 1	Receive and Respond
Receive Respond	<ul style="list-style-type: none"> • Recognize components of dignity and respect. • Recognize differences among people (e.g., cultural, lifestyle, health status, age). • Observe, listen to, and identify the client’s needs and requests. • Observe, listen to, and identify the client’s physical and emotional state. • Recognize the limits of one’s professional ability to meet some client needs and requests. • Accept professional responsibility to control the events and outcomes of massage sessions. • Identify ethical principles for client interaction (e.g., professional boundaries, confidentiality). • Describe the elements of trust in relationships. • Recognize the value of compassion for others.
Level 2	Value
Apply	<ul style="list-style-type: none"> • Demonstrate respect for all clients and their human dignity. • Validate and appreciate the differences among people. • Identify ways to address the client’s well-being. • Defend the case-specific need to limit one’s practice as necessary. • Adapt sessions based on the client’s physical and emotional state. • Value one’s responsibility to professionally control the events and outcomes of massage sessions. • Share ways to address clients’ needs. • Demonstrate commitment to following ethical principles in practice. • Initiate trust-building activities in the client-therapist relationship. • Demonstrate compassion for others. • Demonstrate an appropriate focus on the client throughout the session.
Level 3	Integrate and Internalize
Problem Solve	<ul style="list-style-type: none"> • Respect all individuals and the inherent worth of all clients. • Practice with intention for the client’s benefit. • Modify one’s approach to honor and accommodate individual differences. • Commit to enhancing the client’s well-being. • Practice only within one’s scope and abilities. • Modify one’s approach to respect and accommodate the client’s physical and emotional state and establish respectful control of the session. • Integrate communication of the therapist’s intention within practice. • Consistently adhere to ethical principles in all interactions with clients. • Display trustworthiness in the client-therapist relationship. • Practice with compassion.

Topic: Value Oneself

Conditions: Throughout the massage and bodywork training program, by examining, demonstrating, and internalizing the following attitudes and values, the learner will be able to:

Level 1	Receive and Respond
Receive Respond	<ul style="list-style-type: none">• Describe three reasons self-respect is important for a professional massage therapist.• Recognize the value of being honest about oneself to oneself.• Examine feelings about oneself to develop a healthy awareness of one's personal limits.• Describe why a professional therapist needs self-confidence for effective practice.• Examine the value of self-awareness and self-assessment.• Explain three reasons why education in massage practice never ends.• Describe one's personal views on the value of continuing professional and personal growth.
Level 2	Value
Apply	<ul style="list-style-type: none">• Demonstrate self-respect as a massage professional through interactions with clients, peers, instructors, other professionals, and the public.• Demonstrate self-honesty when encountering ethical, professional, or personal dilemmas.• Consistently self-evaluate to identify areas in which further education and training are needed.• Compare and contrast oneself to established ethical and professional codes to identify areas of strength and weakness.• Set challenging professional and personal goals and work to achieve them.• Seek new ways to grow both professionally and personally.
Level 3	Integrate and Internalize
Problem Solve	<ul style="list-style-type: none">• Maintain self-respect as a professional therapist even in challenging circumstances.• Take full responsibility for the practice of massage within one's personal limits.• Practice massage with self-confidence while taking full advantage of personal strengths.• Continually self-evaluate as part of striving for excellence as a professional therapist.• Commit to ongoing improvement of one's knowledge and skills.• Commit to ongoing professional and personal growth.

Topic: Value Other Professionals

Conditions: Throughout the massage and bodywork training program, by examining, demonstrating, and internalizing the following attitudes and values, the learner will be able to:

Level 1	Receive and Respond
Receive Respond	<ul style="list-style-type: none">• Describe three benefits of massage therapists working with other health care professionals.• Examine the advantages of working closely with other massage colleagues.• Consider the work of other massage professionals using diverse or unknown forms and styles of massage and bodywork.• Describe one benefit for clients from three diverse forms of massage and bodywork that are different from the benefits provided by one's own practiced forms.• List three benefits other health care professionals bring to clients that are different from the benefits of massage and bodywork.• Explain three reasons why massage therapists and other health care professionals can work as a team for a client's benefit.• Identify three situations in which it is appropriate to refer a client to another massage or bodywork therapist.• Identify three situations in which it is appropriate to refer a client to another health care provider who does not practice massage or bodywork.• List two ways one might develop professional connections with other health care providers.
Level 2	Value
Apply	<ul style="list-style-type: none">• Value the benefits of working with other health care professionals.• Develop close working relationships with massage colleagues.• Demonstrate openness to the ideas of other massage professionals using diverse or unknown forms and styles of massage and bodywork.• Discuss the role of a massage therapist when working on a team with other health care professionals to benefit a client.• Share, with the client's consent, the challenges of meeting session goals, and seek input from other massage professionals to benefit the client.• Value opportunities to refer a client to other health care providers.• Seek opportunities to develop professional connections with other health care providers.
Level 3	Integrate and Internalize
Problem Solve	<ul style="list-style-type: none">• Honor and respect the knowledge and skills of other health care professionals.• Honor and respect the knowledge and skills of other massage colleagues.• Balance openness to the ideas of other professionals using diverse or unknown forms and styles of massage and bodywork with a logical appraisal of the benefits for clients.• Pursue professional connections with other health care providers to work as part of a health care team to benefit clients.• Pursue professional connections with massage colleagues in order to share best practices and develop professionally.• Refer clients to other massage or bodywork professionals when appropriate.• Refer clients to other health care professionals when appropriate.

Topic: Value the Profession

Conditions: Throughout the massage and bodywork training program, by examining, demonstrating, and internalizing the following attitudes and values, the learner will be able to:

Level 1	Receive and Respond
Receive Respond	<ul style="list-style-type: none">• List three benefits of structured, professional touch for humans.• Recognize, accurately and without exaggeration, the benefits of massage therapy.• Recognize guidelines for professional attire and standards of personal hygiene in accordance with expectations of health care providers.• Accept the limits of massage therapy to meet all of a client’s health care needs.• Describe the methods and behaviors allowed by the scope of practice in the state where one will provide massage therapy.• List three methods or behaviors that are restricted by the scope of practice in the state where one will provide massage therapy.• Identify four behaviors or actions that violate professional and ethical standards and may harm a client.• Examine the laws in the state where one will practice massage.• Describe four components of professionalism (e.g., honesty, integrity, accountability, etc.).• Recognize the negative impact of unprofessional or unethical behavior on the entire profession.• Identify opportunities to become involved in the professional community and society at large.
Level 2	Value
Apply	<ul style="list-style-type: none">• Value the benefits of structured, professional touch for humans.• Share with others, accurately and without exaggeration, the benefits of massage therapy.• Practice professional attire and standards of personal hygiene in accordance with expectations of health care providers.• Share honestly with others the limits of massage therapy to meet all of a client’s health care needs.• Practice only the methods and behaviors allowed by the scope of practice in the state where one will provide massage.• Avoid behaviors or actions that violate professional and ethical standards and may harm a client.• Comply with the laws in the state where one will practice massage.• Cultivate professional attitudes, values, language, and behaviors (e.g., honesty, integrity, accountability, etc.) during interactions with clients, peers, instructors, and the public.• Hold high expectations for oneself and other massage therapists in regards to professional attire, standards of personal hygiene, ethics and professionalism, and compliance with laws.• Seek opportunities to become involved in the professional community and serve the community through the practice of massage therapy.

Level 3**Integrate and Internalize**

Problem
Solve

- Represent the massage profession accurately, ethically, and professionally.
- Adhere to the highest standards of professional attire and personal hygiene.
- Provide massage therapy in accordance with the state scope of practice.
- Adhere to the laws in the state where one provides massage therapy.
- Internalize and consistently cultivate the highest ethical and professional standards.
- Report observed violations of professional and ethical standards, scope of practice, or laws to the state board of massage and/or state or local authorities.
- Influence others positively through participation in the professional community and society.

Massage Learning in the Interpersonal Domain

INTRODUCTION

Learning objectives in the interpersonal (relating) domain refer to skills that are necessary to initiate, maintain, and manage positive relationships with a range of people in a range of contexts. Communication skills, including therapeutic communication with clients, are developed or enhanced from Interpersonal skills. Students learn interpersonal skills through modeling behaviors of effective peers and instructors, learning core concepts (e.g., personal space, filters, emotional intelligence, and relating differences), practicing the skills in various contexts (e.g., group projects, student clinic), and getting feedback through instructor coaching.

Conditions: Throughout the massage and bodywork training program, by developing, practicing, and personalizing the following interpersonal skills, the learner will be able to:

Level 1	Seek and Support
Receive Respond	<ul style="list-style-type: none">• Observe one’s own emotional responses during interactions with peers, instructors, and clients.• Identify others’ body language cues related to the expression of emotion.• Recognize one’s own personal moods and their influence on interactions with others.• Be attentive to the emotions of other people and the emotional moods of a group.• Greet others with warmth and friendliness.• Recognize differences in relating styles, learning styles, and life preferences.• Be willing to share thoughts and feelings with peers and instructors willingly, openly, and honestly.• Accept responsibility for one’s own communications (what and how) with others, including clients.• Demonstrate presence while others are speaking by practicing open body language.• Listen carefully to others and ask follow on questions in order to understand their point of view.• Encourage others to share their views.• List four behaviors that encourage trusting relationships (e.g., accountability, responsibility, caring, empathy, honesty, etc.).• Seek trusting relationships with peers, instructors, and clients.

Level 2**Communicate and Negotiate**

Apply

- Communicate ideas assertively (but not aggressively) and honestly.
- Seek feedback from peers and instructors when working through problems.
- Empathize with others during communication by using phrases such as “I understand why you would feel that” or “That makes sense to me – go on.”
- Summarize information learned from another during communication by repeating it back to the communicator (reflecting).
- Disagree respectfully and openly when one’s views differ from those held by peers and instructors.
- Agree openly with others when views are similar to those held by peers and instructors.
- Dialogue with others to understand where views differ or are similar.
- Negotiate an outcome by using effective (persuasive but honest and logical) arguments.
- Practice the language and behaviors that build trusting relationships with peers, instructors, and clients.

Level 3**Compromise and Resolve**Problem
Solve

- Consistently communicate assertively in interactions with peers, instructors, and clients.
- Encourage clients to communicate fully and honestly in matters related to safe, effective massage.
- Propose solutions to problems observed or described by others, including clients.
- Work through differences with others to arrive at an agreement.
- Compromise when appropriate to ensure equitable outcomes following negotiation.
- Facilitate the accomplishment of client or team goals.
- Join in a group process as an engaged member of a team.
- Assist others when help is needed.
- Initiate, establish, and maintain trusting relationships with peers, instructors, and clients.

ELAP 625 hrs

4%	Massage theory & principals History, Research Benefits & effects Cautions and contraindications
3%	Massage Professional practices equipment and environment hygiene, disease prevention standard precatons Laws and regulations body mechanics and self care
6%	Therapeutic Relationship positive relationship transference and countertransference Ethics and boundaries
13%	Anatomy and Physiology and Pathology
8%	Assessment and documentation
28%	Massage and bodywork applications principals and skills styles, draping, positioning Application methods massage and bodywork sessions
11%	Palpation and movement
12%	Adapting sessions for clients
13%	Career development

Average percentage converted to hours for both 500 and 625 hour programs

500 hr program	135	225	110	40
625 hr program	168	287	137	50

State Breakdown of Curriculum Standards

States with curriculum mandates and defined minimums (29)

Arkansas
Georgia
Missouri
Tennessee
Louisiana
Wisconsin
North Carolina
New York
New Mexico
Florida
Utah
Washington
Oregon
Pennsylvania
Rhode Island
Indiana
District of Columbia
Kentucky
Nebraska
Texas
South Dakota
Alabama
Mississippi
Delaware
West Virginia
Hawaii
Idaho
Indiana
Michigan

States with defined content areas only (7)

Illinois
Maine (*partial mandate*)
Maryland
New Jersey
Iowa
Indiana (*partial mandate*)
Massachusetts (*partial mandate*)

States with no defined content beyond total hours required (10)

Colorado
Arizona
California
Montana
Nevada (unknown)
New Hampshire
Ohio
Oklahoma
South Carolina
Virginia

Oregon

(4) Transcripts must include a minimum of 625 hours of certified classes. The 625 hours must include the knowledge and

skills identified in OAR 334-010-0047 competencies and must be comprised of:

- (a) A minimum of 200 hours of Anatomy & Physiology, Pathology, and Kinesiology; and
- (b) A minimum of 300 hours of Massage Theory and Practical Application, Clinical Practice, Business Development,

Communication and Ethics, and Sanitation. Hydrotherapy may be included as part of the 300 hours.

(c) The additional 125 hours can be in Anatomy & Physiology, Pathology, Kinesiology, Massage or Bodywork Theory and Practical Application, Clinical Practice, Business Development, Communication, Ethics, Sanitation or

Hydrotherapy.

(A) Of the 200 Anatomy & Physiology, Pathology and Kinesiology hours required, 120 hours minimum must be from certified class instruction. Of the 200 hours required, up to 80 contact hours of prior continuing education in subject areas may apply.

(i) Official Transcripts or Certificates of Completion must be documented on the approved Board of Massage form: Credentialing Review.

(B) Of the 300 Massage Theory and Practical Application, Clinical Practice, Business Development, Communication and Ethics, and Sanitation hours required, 140 hours minimum must be from certified class instruction. Of the 300 hours required up to 120 contact hours of prior continuing education in subject areas may apply. Of the 300 hours required, up to 40 hours of practical work experience may apply.

(C) The additional 125 hours can be in Anatomy & Physiology, Pathology, Kinesiology, Massage or Bodywork Theory and Practical Application, Clinical Practice, Business Development, Communication, Ethics, Sanitation or Hydrotherapy. Of the 125 hours required, up to 75 contact hours of prior continuing education in subject areas may apply.

Washington

Minimum program requirements

- One hundred thirty hours of anatomy and physiology, at least 40 of these to be kinesiology
- Fifty hours of pathology, including indications and contraindications
- Two hundred sixty-five hours of theory and practice of massage, to include techniques, remedial movements, body mechanics of the practitioner and the impact of techniques on pathologies. A maximum of 50 of these hours may include time spent in a student clinic. Hydrotherapy is to be included when consistent with the particular area of practice.
- Fifty-five hours of clinical/business practices, minimally to include hygiene, record keeping, medical terminology, professional ethics, business management, human behavior, client interaction and state and local laws.
- Certification in American Red Cross first aid and American Heart Association Cardiopulmonary Resuscitation.
- Four contact hours of training in HIV-AIDS in the following six topics: etiology and epidemiology; transmission and infection control; testing and counseling; clinical manifestations and treatment; legal and technical issues and psychosocial issues. Training can be obtained from local community hospitals and colleges.

California

1. Provide a minimum of at least 100 supervised clock hours (or credit unit equivalent) addressing the following subjects:
 1. (1) A minimum of 64 hours of Anatomy & Physiology, including but not limited to orientation to the human body; integumentary, skeletal, fascial, muscular, nervous, cardiovascular, and other body systems; and kinesiology.
 2. (2) A minimum of 13 hours of Contraindications, including but not limited to endangerment areas, contraindications, and medications and massage.
 3. (3) A minimum of 5 hours of Health & Hygiene, including but not limited to understanding disease, therapist hygiene, infection control, and standard precautions.
 4. (4) A minimum of 18 hours of Business & Ethics, including but not limited to obtaining and maintaining credentials, adhering to laws and regulations, ethical principles, standards of ethical practice, and compliance with the Law applicable to CAMTC certified massage professionals.
2. Provide a minimum of 400 additional and appropriately weighted supervised clock hours in subjects substantially related to the massage profession, including but not limited to additional hours for topics required above, massage theory and principles, professional practices, therapeutic relationship, assessment and documentation, massage and bodywork application, palpation and movement, and career development. CAMTC reserves the right, in its sole discretion, to determine whether curriculum is substantially related to massage or not.
3. Student clinic hours may count for no more than 75 of the required 500 supervised clock hours and shall demonstrate educational purpose by meeting the following conditions:

Utah

Massage Therapy Education and Training Requirements

A prospective Utah massage therapist can complete either a school-based program or an apprenticeship program. The state has set very specific requirements for each. However, the requirements are not the same.

School Based Massage Therapy Programs: Massage schools are to be registered with 1) the Utah Department of Commerce, Division of Consumer Protection or 2) an accrediting agency recognized by the U.S. Department of Education.

A school-based program must be at least 600 hours.

Anatomy, physiology, and kinesiology are together to comprise at least 125 hours.

There are to be no fewer than 40 hours in pathology.

At least 15 hours must focus on universal precautions and sanitation. This content area is to include CPR and first aid.

The student will need 285 hours of massage therapy theory and technique; Swedish massage must be among the topics covered.

Professional standards, business practices, and ethics are together to comprise at least 35 hours.

The program must include 100 hours of 'clinic coursework'; this is where the student puts his or her skills to work in a supervised student clinic.

Apprenticeship Programs: An apprenticeship program is to take place over a period of at least one year and comprise at least 1,000 hours.

The apprentice is to receive 300 hours of training in massage therapy services.

Hands-on instruction is to encompass 310 hours.

Another 120 hours must be devoted to techniques; the basic Swedish massage strokes must receive coverage.

Massage theory is to comprise 50 hours.

An apprentice is to have fully 40 hours in professional standards, business practices, and ethics.

Some requirements are the same for apprentices as they are for massage therapy students: Apprentices must have 125 hours of anatomy, physiology, and kinesiology; 40 hours of pathology; and 15 hours of sanitation and universal precautions.

Prospective apprentices must apply to the state licensing agency. The supervisor/ instructor must provide a copy of the curriculum.

Alabama

(1) Satisfactorily completed a minimum of 500 hours of supervised courses of instruction which shall include, but not be limited to, anatomy, pathology, physiology, massage techniques, clinical practices, ethics, health, hygiene, and related subjects. The board shall determine how the 500 hours of instruction shall be broken down. The course of instruction may be provided by a massage therapy school approved by the board. The minimum 500 hours shall consist of the following: 325 hours dedicated to the study of basic massage therapy techniques and clinical practice related modalities; 125 hours dedicated to the study of anatomy, pathology, and physiology; and an additional 50 hours of discretionary related course work, including, but not limited to, hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation and first aid. Beginning January 1, 1998, applicants for licensure shall be required to complete a minimum of 650 hours of instruction. By rule of the board, the minimum 650 hours shall consist of the following: 100 hours of anatomy and physiology to include 35 hours of myology, 15 hours of osteology, 10 hours of circulatory system, and 10 hours of nervous system, with the remaining 30 hours to address other body systems at the discretion of the school; 250 hours of basic massage therapy, the contradistinctions of massage therapy, and related touch therapy modalities, to include a minimum of 50 hours of supervised massage; 50 hours to include business, hydrotherapy, first aid, cardiopulmonary resuscitation, and professional ethics; and 250 hours of electives to be determined by the school. The board may adopt a rule to further increase the minimum number of hours of instruction required for licensure, not to exceed the number of hours recommended by the National Certification Board for Therapeutic Massage and Bodywork. Before performing therapeutic massage on an animal, a massage therapist shall graduate from a nationally approved program and complete at least 100 hours of postgraduate training and education in animal anatomy, pathology, and physiology for the type of animal upon which the massage therapist wishes to perform therapeutic massage.

Pennsylvania

20.11. Minimum hour requirements for massage therapy programs.

(a) Massage therapy programs must provide at least 600 hours of in-class, postsecondary education instruction, including:

(1) At least 175 contact hours of instruction in anatomy and physiology, kinesiology and pathology, including training in the human immunodeficiency virus and related risks.

(2) At least 250 contact hours in massage therapy and bodywork assessment, theory and practice including sanitation, safety and hygiene.

(3) At least 25 contact hours in professional ethics, and business and law related to a massage therapy business.

(4) At least 150 contact hours in related courses appropriate to a massage therapy curriculum as set forth in § 20.13 (related to required knowledge base), including cardiopulmonary resuscitation.

(b) Massage therapy programs may meet the 600-hour requirement through both didactic and clinical courses.

(c) Externship hours may not be included in the 600-hour minimum education instruction. For purposes of this section, an externship is an offsite practical technique learning experience where the student's supervision is provided by a licensed massage therapist, supervisor or other appropriate licensed health professional.

(d) Hours for practicing assigned techniques under indirect supervision may not be included in the 600-hour minimum education instruction.

Iowa

645—132.3(152C) Curriculum requirements. An approved curriculum shall include but not be limited to the 1. 2. 3. 4. 5. 6. 7. 8. 9.

following content areas:

Fundamentals of massage therapy.

Clinical application of massage and bodywork therapies.

Client communication theory and practice.

Health care referral theory and practice.

Anatomy and physiology.

Kinesiology.

Pathology and skills in infection control, injury prevention and sanitation.

Iowa law and ethics.

Business management, including legal and nancial aspects, documentation and record

maintenance.

10. Wellness and healthy lifestyle theory and practice in such areas as hydrotherapy, hot and cold

applications, spa techniques, nutrition, herbal studies, wellness models, somatic movement and energy work.

RHODE ISLAND

1. Furthermore, the curriculum shall have consisted of at least five hundred (500) hours which included study and practical training specifically designed to provide knowledge and skills necessary for the practice of massage. The content of the five hundred (500) hour program shall include no less than the following:

a) *Classroom Hours Subjects* (including practical training):

300 Theory and practice of massage therapy

Applied anatomy/ physiology, including 150 hours of the 300 hours to be the practice of massage, as defined in section 1.10.

100 Elective subjects, including first aid and cardiopulmonary resuscitation {CPR}, and any of the following: business practices/law, office procedures, ethics, professionalism.

Florida

(1) In order to receive and maintain Board of Massage Therapy approval, a massage school, and any satellite location of a previously approved school, must:

(a) Meet the requirements of and be licensed by the Department of Education pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state or county, or be within the public school system of the State of Florida; and

(b) Offer a course of study that includes, at a minimum, the 500 classroom hours listed below, completed at the rate of no more than 6 classroom hours per day and no more than 30 classroom hours per calendar week:

Course of Study Classroom Hours

Anatomy and Physiology 150

Basic Massage Theory and History 100

Clinical Practicum 125

Allied Modalities 76

Business 15

Theory and Practice of Hydrotherapy 15

Florida Laws and Rules 10

(Chapters 456 and 480, F.S. and Chapter 64B7, F.A.C.)

Professional Ethics 4

HIV/AIDS Education 3

Medical Errors 2

Hawaii

Education and Training Requirements

Hawaii massage therapists spend at least six months in preparation. They will need a minimum of 570 hours of training and education.

The 570 hours must include at least 50 hours of physiology, anatomy, and structural kinesiology (http://cca.hawaii.gov/pvl/files/2013/08/har_84-c2.pdf). There must be 100 hours of theory and demonstration. This is to include proper massage procedure, techniques for specific conditions, assessment, hygiene, draping, record keeping, and contraindications according to technique and condition. All massage therapists must have this coursework including those who will be trained as apprentices.

The prospective massage therapist will complete 420 hours of practical training either 1) as a student at a massage school/ under the supervision of a massage school teacher or 2) as an apprentice in the Board's apprenticeship program.

The Board notes that there is not a list of approved apprenticeships; the prospective massage therapist may seek out a sponsoring massage therapist on his or her own (http://files.hawaii.gov/dcca/pvl/faqs/FAQ_Massage_Therapy.pdf). The Board has, however, provided instructions and paperwork to ensure that the apprenticeship meets state regulation.

A Hawaii apprentice will receive 70 hours of training in clinical operations; the clinical operations training will include 30 hours each of sanitation and office procedures and 10 hours of record keeping. The apprentice will have 40 hours of advanced techniques, comprised of 20 hours of observation and 20 hours of consultation. The remaining 320 hours of the apprenticeship will be supervised practice of massage, along with record keeping duties.

Out-of-state trainees must receive their education through massage therapy schools; the Board will not accept out-of-state apprenticeship programs. Schools must hold appropriate approval or licensing. This may be granted by an educational agency, the American Massage Therapy Association (AMTA), or the Rolf Institute. Board-approved workshops may also be credited toward the instruction/ theory requirements.

The massage therapist will need training in infant and adult CPR. Training should be pursued through the American Red Cross or the American Heart Association. Courses by other providers may be accepted, but the applicant will need to submit a waiver request. Online study is not permitted.

Idaho

Educational Requirements

Prospective licensees must complete massage therapy programs comprised of at least 500 hours of education and training.

An individual can earn initial licensure on the basis of out-of-state education, but the education will need to meet the standards described in Idaho rule (<http://adminrules.idaho.gov/rules/current/24/2701.pdf>). The program must include at least 125 hours of body systems coursework, including anatomy, physiology, and kinesiology. It must include 200 hours of coursework in assessment, theory, and application of massage and bodywork. There must be 40 hours of pathology and 25 hours of business and ethics.

The student will do 110 hours of clinical work under the supervision of a licensed professional. A student enrolled in an Idaho program will not be allowed to begin clinical work until he or she has completed at least 20% of the required instruction hours.

New Mexico

Q: What are the minimum educational requirements to obtain a massage therapy license in New Mexico? (16.7.4 NMAC)

- Massage Therapy Certificate
- Minimum 650 hours of massage therapy training to include:
 1. 165 hours of Anatomy and Physiology (including Kinesiology and 40 hours of Pathology)
 2. 150 hours of Massage Therapy instruction (including Contraindications)
 3. 75 hours of General Instruction (to include Hydrotherapy, Business, 30 hours of Professional Ethics, a minimum of 4 hours of First Aid, and a minimum of 4 hours of CPR).
- A minimum of 150 hours of clinical practicum.

New York

Licensed Massage Therapist Educational Requirements in New York

The New York Board requires 1,000 hours of massage therapy education. New York programs are registered with the State Education Department. The Office of the Professions maintains a list of programs that are license-qualifying in the state

(<http://www.op.nysed.gov/prof/mt/mtprogs.htm>).

State-registered programs include 200 hours of anatomy, physiology, and neurology (with at least 50 hours in neurology).

They include 150 hours of instruction in myology and/ or kinesiology.

They include fully 100 hours of pathology; this study includes muscle, soft tissue, and skin disorders.

Programs include at least 150 hours of general massage therapy theory and technique, with at least 50 hours devoted to the fundamentals of each of the major traditions: Eastern and Western.

The Board has identified a number of other areas of study that are at least peripherally related to massage therapy practice, including hygiene and infection control, first aid, recognition of abuse and neglect in patients, and use and effects of oils and powders in treatment. Together, related subjects comprise an additional 75 hours. Board-identified subject must be addressed; other subjects may receive coverage as well. CPR training is credited toward this content area. CPR training must be recent; if three years have passed since the student completed the massage therapy program, the student will need to do CPR again.

The remaining 325 hours further the student's mastery of massage therapy technique; at least 150 must involving performing massage therapy.

Programs that are not registered with the State Education Department are to be "the substantial equivalent".

Options for Individuals Who Completed Shorter Programs

Although 1,000 hours of education and training will ultimately be required, massage therapy graduates may submit their license applications when they have completed as few as 500 hours. The Board will determine deficiencies. The individual will be able to correct the deficiencies by

taking coursework through an acceptable program. The licensing agency will carry out another review later.

A massage therapy graduate also has the option of applying to a license-qualifying New York program and matriculating as an advanced student. This option, unlike the previous one, will result in the student earning a new diploma or certificate. An individual who chooses this option will have to complete more hours of education, however, as New York massage therapy schools will only accept 250 hours of transfer credit.

A student who took massage therapy coursework but did not complete a program will need to complete one to become license-eligible in New York. Again, up to 250 hours of credit may be awarded for prior study.

Individuals with questions about verifying education from non-approved programs may contact the Bureau of Comparative Education by telephone at 518-474-3817, ext. 300 or by email at 'comped at nysed.gov'.

North Carolina

Licensed Massage and Bodywork Educational Requirements

Massage therapy education programs must be at least 500 hours.

North Carolina programs are subject to Board approval unless they are provided by 1) community colleges that hold accreditation through the Southern Association of Colleges and Schools or 2) universities or colleges that are licensed by the North Carolina Community College System or the University of North Carolina Board of Governors and hold accreditation through some agency recognized by the U.S. Department of Education.

The Board has provided a list of approved schools

(http://www.bmbt.org/pages/School_List.html#Schools_Approved_by_the_NC_Board).

North Carolina has set the following curriculum standards as part of its approval process:

At least 200 hours are to address the fundamentals of massage therapy theory and practice. This coursework is to develop entry-level skills in techniques that are consistent with the definition of massage (for example, acupressure, deep tissue massage, and Swedish massage). At least 100 of these hours are to be application. The following practice-related concepts are also to receive coverage: client assessment, indications and contraindications, standard procedures for hygiene and infection control, draping, body mechanics, and the history of the profession.

At least 100 hours are to be in anatomy and physiology. Pathology is to be included in this content area.

At least 20 hours are to be in practice-related psychological concepts including the mind-body connection, the client therapist relationship, boundary functions, and professional communication skills.

At least 15 hours are to be in practice-related business management skills.

Another 15 hours are to be in professional ethics and North Carolina laws and rules.

The remaining 150 hours are to consist of related coursework, which may include in-depth study of anatomy and physiology and massage therapy techniques. Supervised clinical practice and adjunctive modalities may receive credit in this content area. No more than 50 hours should address techniques that are exempt from license requirements. CPR and first aid are not credited.

Non-approved programs should be at least substantially equivalent to approved ones. The Board may review credentials of out-of-state graduates on a case by case basis. Administrative rules state that all programs must either be licensed by the jurisdiction's educational licensing authority or be statutorily exempt. If the curriculum of an out-of-state program meets most requirements, but not all, the Board may issue a license with conditions (<http://www.bmbt.org/downloads/GUIDELINES%2004%2011.pdf>). The licensee would then need to meet some additional requirements post-licensure.

Wisconsin

Education Requirements for Massage Therapists

The prospective massage therapist must complete an approved educational program or graduate from a massage or bodywork school that has the approval of the educational board. Total program length must be at least 600 hours (<http://www.dsps.wi.gov/Boards-Councils/Administrative-Rules-and-Statutes/Massage-Therapists-and-Bodyworkers-Administrative-Rules-and-Statutes/>).

An approved program includes the following:

- Kinesiology, anatomy, physiology, and pathology: 125 hours
- Law, business, and ethics: 50 hours, with no fewer than 6 hours of ethics
- Theory, technique, and practice: 300 hours, with no fewer than 100 hours of hands-on practice
- Student clinic: 20 hours
- CPR and first aid: 5 hours

In some cases, the five hours of CPR may be pursued through alternate means.

The student will need six hours of education in Wisconsin massage law and rules; this may or may not be a part of the original massage therapy program

(https://docs.legis.wisconsin.gov/code/admin_code/mtbt/2.pdf).

Alternate

Tennessee

Licensed Massage Therapist Educational Requirements

A prospective massage therapist will need to complete a curriculum in massage, bodywork, or somatic therapy. The total program must be at least 500 hours (<http://www.state.tn.us/sos/rules/0870/0870-01.20120906.pdf>).

Programs may be authorized by the Tennessee Higher Education Commission, the Tennessee Board of Regents, or an agency in another state that is comparable to the Tennessee Higher Education Commission.

Tennessee programs are approved by the Board based on meeting the regulations set forth in Chapter 0870-02 of administrative rule (<http://www.state.tn.us/sos/rules/0870/0870-02.20120906.pdf>). Rules cover policies and resources as well as curriculum. Admitted students must be at least 18 and in possession of high school diplomas or general equivalency diplomas.

At least 200 programs hours must consist of science coursework. This content area is to include anatomy, Western and/or Eastern physiology, kinesiology, pathology, hygiene, and blood borne pathogens, including HIV.

At least 200 hours are to cover the basics of massage theory and practice. This content is to include concepts such as indications and contraindications, body mechanics and self-care, assessment and documentation, as well as actual therapeutic manipulations. The Board has identified a number of manipulations that are to be addressed, among them, kneading, friction, joint movements, compression, and stretching. This content area is to include demonstration and practice.

At least ten hours are to address ethics.

At least five hours must cover Tennessee massage laws and regulations.

The remaining 85 hours are to consist of related subjects. The following are to be addressed: CPR and first aid, referral methods, special populations, the Americans with Disabilities Act (ADA), communication skills, business practices, and specialized and adjunctive therapies, including hydrotherapy. Other subjects may also receive coverage.

The licensing agency has provided a list of approved in-state schools (<http://www.tn.gov/health/article/ML-edu>).

Graduates of out-of-state programs will need to verify, at the time of application, that their programs included the minimum number of hours in the five mandated content areas; the licensing agency will look for this information on the transcript. Tennessee does not accept distance learning as being qualifying for initial licensure (<http://www.tn.gov/health/topic/ML-board>).

Louisiana

4. Official Education Transcript – Applicant must submit a certified transcript showing the completion of the educational hours required by Louisiana Law (Title 46 Part XLIV. Chapter 11 §1101 [B]). The minimum 500 in class hours shall consist of 325 hours dedicated to the study of massage therapy techniques and clinical practicum-related modalities, 125 hours dedicated to the study of anatomy and physiology, and 50 hours of discretionary related course work, including but not limited to hydrotherapy, business practices and professional ethics, health and hygiene, and cardiopulmonary resuscitation (CPR) and first aid.

Colorado

Licensed Massage Therapist Educational Requirements

The prospective massage therapist must attend an approved school (<http://higherred.colorado.gov/DPOS/Students/directorycategory.asp?residency=in>). Massage therapy schools can be considered approved if they meet one of the following standards:

- Certification by the Colorado Community College System
- Approval by the Colorado Division of Private and Occupational Schools
- Approval by educational regulatory agency in another state
- National accreditation

The massage therapy program must be at least 500 hours.

A program approved by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) is accepted as meeting requirements for program approval and minimum training hours.

International Massage Therapists

Internationally educated applicants will need to have their education, work experience, and other credentials reviewed by the International Education Research Foundation (IERF) or the International Consultants of Delaware, Inc. (ICD). IERF (www.ierf.org) can be reached at (215) 222-8454, ICD (www.icdeval.com) at (215) 222-8454. International applicants will upload their credential reviews to the online system.

The Colorado licensing agency also requires verification of any international licenses.

Massachusetts

Massage Therapist Education Requirements

The prospective massage therapist must complete an approved program. The Board does not maintain a list of approved programs, but notes that the school must be licensed in its own jurisdiction. It must also cover a Board-mandated curriculum.

The program must include at least 550 hours of academic coursework and 100 hours of internship or unpaid supervised practice. The Board has identified five academic content areas and set a minimum number of hours of study in each one. Additionally, the Board has published a detailed set of curricular guidelines, outlining concepts that should be addressed (<http://www.mass.gov/ocabr/licensee/dpl-boards/mt/>).

The program is expected to cover the following content:

Anatomy and physiology coursework is to comprise at least 100 hours. It is to cover structure and function of ten body systems, including the cardiovascular system, endocrine system, nervous system, and digestive system.

Pathology coursework is to comprise at least 45 hours. It is to cover the pathologies that a massage therapist typically encounters; contraindications and precautions are to receive coverage.

Kinesiology coursework is to comprise another 45 hours. The student will learn to identify and palpate muscular attachments and bellies.

Massage therapy theory and technique is to comprise fully 300 hours. This content area includes many skills, from the actual musculoskeletal palpation to treatment planning, draping, and writing of treatment notes. The student will also identify and develop personal care skills such as biomechanics. The Board notes that coursework in techniques that do not fall under the Board's definition of massage cannot be credited. Examples would be reiki, acupressure, and reflexology (<http://www.mass.gov/ocabr/licensee/dpl-boards/mt/regulations/board-policies/advisory-ruling-regarding-the-300-hours-in.html>).

Ethics and professionalism is to comprise at least 60 hours. This coursework will cover concepts such as professional boundaries, legal requirements, ethics codes, and confidentiality. The student will also develop job search and marketing skills and learn about opportunities for continued growth and professional development.

The prospective massage therapist must complete 100 hours of unpaid internship. At least 60 hours must be hands-on practice. The board will credit up to 100 hands-on clinical hours.

The Board notes that out-of-state transcripts can be reviewed if the school is either approved by the massage therapy regulatory agency or appropriately licensed

(<http://www.mass.gov/ocabr/licensee/dpl-boards/mt/regulations/board-policies/regarding-school-transcripts.html>).

Illinois

Massage Therapist Educational Requirements

Illinois massage therapists must have preliminary education at at least the high school level; a GED is acceptable. The student must complete at least 600 hours of massage therapy education; this represents an increase over years past. An individual who completed a program of fewer than 600 hours may need to complete additional coursework prior to licensure.

Programs are to include coursework in three content areas. The first content area includes anatomy and physiology, pathology, and kinesiology. The second includes massage theory, techniques, and practice. The third is comprised of other content identified by the Board, including benefits and contraindications, history, professional standards, universal precautions, body mechanics, legalities and business, client data collection, documentation, and therapeutic relations and communications. Students are expected to earn grades of at least 70% in their massage therapy coursework.

Illinois programs must meet standards delineated in Section 1284.20 of Title 68 (<http://www.ilga.gov/commission/jcar/admincode/068/068012840000200R.html>). Out-of-state programs are to have similar standards. They must be authorized by the appropriate agency in their own state.

An individual who is unable to provide sufficient documentation that Illinois standards have been met may be asked to appear before the Board.

Georgia

Massage Therapist Educational Requirements

A prospective massage therapist must complete a recognized 500 hour program. In-state programs are subject to state mandates (<http://rules.sos.state.ga.us/cgi-bin/page.cgi>). Each must have a school provider code from the National Certification Board for Therapeutic Massage and Bodywork and an unencumbered authorization code from the Nonpublic Postsecondary Education Commission (NPEC).

Georgia programs include at least 440 hours of instruction, excluding supervised clinical practice. A 500 hour program will have 50 to 60 hours of supervised clinical experience; a longer program could include much more. The 500 hours are to be divided in the following manner:

Anatomy, physiology, and kinesiology are together to comprise at least 125 hours.

Theory, technique, and practice are to comprise at least 200 hours. This content-area is to include specific Board-mandated techniques, including effleurage, petrissage, compression, superficial warming techniques, direct pressure, and stretching.

Pathology is to comprise 40 hours. Ethics and business management are together to comprise at least ten; of these, at least six should be ethics.

The remaining 125 hours are to address other topics identified by the Board, including benefits and contraindications, client data collection and documentation, therapeutic relationships, and universal precautions.

Curriculum is described in detail in 345-8-.01 of state rules and regulations (<http://rules.sos.state.ga.us/docs/345/8/01.pdf>).

The Board has provided a list of programs that are recognized within Georgia (<http://sos.ga.gov/PLB/acrobat/Forms/50%20Reference%20-%20Recognized%20Educational%20Programs%20in%20Georgia.pdf>).

Out-of-state programs must meet standards that are, at the minimum, substantially equivalent to those of Georgia programs (<http://sos.ga.gov/index.php/licensing/plb/33/faq>). The licensing agency has cautioned that not all programs will be accepted.

Missouri

4. Documentation that the massage ther-

apy program consisted of at least five hundred (500) clock hours of supervised instruction which consisted of:

A. At least three hundred (300) clock hours dedicated to massage theory and prac-

tice techniques. An instructor for massage theory and practice techniques shall document at least two (2) years of massage therapy practice and either be licensed as a massage therapist in this state or be licensure eligible, based upon board review of the instructor's credentials. An instructor of kinesiology or pathology within the massage theory and practice technique curriculum shall submit verification of education and/or experience in kinesiology or pathology instruction and licensure as a massage therapist or licensure eligibility shall not be required;

B. One hundred (100) clock hours dedicated to the study of anatomy and physiology provided by one of the following:

(I) An instructor with an associate, bachelor, or advanced degree in a science related field that includes a course of study in anatomy and physiology. Such degrees include, but are not limited to, physical therapy, chiropractic, osteopathy, medicine, nursing, chemistry, or biology and shall be from a college, university, or other institution of higher learning in the United States accredited by a regional accrediting commission recognized by the U.S. Department of Education;

(II) An instructor with fifteen (15) semester hours or twenty-five (25) quarter hours in science or science related courses from a college, university, or other institution of higher learning in the United States accredited by a regional accrediting commission recognized by the U.S. Department of Education. All course work must have a passing grade and at least eight (8) semester hours or fifteen (15) quarter hours of the course of study shall be in anatomy and physiology. For the purpose of this regulation a semester hour is equivalent to fifteen (15) clock hours and a quarter hour is equivalent to ten (10) clock hours;

C. Fifty (50) clock hours dedicated to business practice, professional ethics, hygiene and massage law in the state of Missouri provided by an instructor who demonstrates documented experience/education in a related field; and

D. Fifty (50) clock hours dedicated to ancillary therapies provided by an instructor(s) who demonstrates documented experience/education in a related field. The fifty (50) clock hours shall include but not be limited to cardiopulmonary resuscitation (CPR) and first aid which shall be provided by an instructor who holds the respective instructor certification; and

Arkansas

Massage Therapist Educational Requirements

Sections 6 and 18 of Act 1020 establish the curriculum for postsecondary schools.

The foundation for a massage therapy career is a high school diploma or GED.

The prospective therapist must also complete a massage therapy program of at least 500 hours; education must be pursued through a State-approved or Board-accepted school.

Schools operating within Arkansas are subject to state regulation; they are inspected annually.

The Board has provided a list of Arkansas-approved schools

(<http://www.healthy.arkansas.gov/programs-services/topics/massage-schools-examinations>)

Individuals educated out-of-state will need to provide evidence of having met Arkansas curricular standards. Arkansas mandates 175 hours of education in anatomy, physiology, pathology, and contraindications and 225 hours of education in massage therapy technique. Additionally, a student must have 25 hours in each of the following:

- Hygiene and infection control
- Hydrotherapy, heliotherapy, and electrotherapy
- Law, professional ethics, and business management, as they relate to massage therapy practice

The remaining 25 hours are to be in other related subjects as approved by the Board.

Illinois

Effective January 1, 2014, an applicant's massage therapy training must meet the following minimum criteria:

- 1) A minimum of 600 clock hours or its equivalent in credit hours of supervised classroom and supervised hands-on instruction. Should an applicant not meet the required number of classroom/hands-on hours, the Division may require completion of additional coursework, as identified in subsection (a)(2), prior to licensure. For purposes of this subsection (a)(1), "supervised" means the supervisor is physically on-site, qualified and immediately available.
- 2) The minimum required subject matter and activities are:
 - A) Human anatomy, physiology, pathology and kinesiology.
 - B) Massage therapy theory, technique and practice, which may include but is not limited to: effleurage/gliding; petrissage/kneading; compression; friction tapotement/percussion; vibration; direct pressure; superficial warming techniques; pumping; stretching; jostling; shaking; rocking.
 - C) Contraindications, benefits, universal precautions, body mechanics, history, client data collection, documentation, ethics, business and legalities of massage, professional standards including draping and modesty, therapeutic relationships and communications.

Maine

- A. Core curriculum. The curriculum must include a minimum of supervised 500 clock hours of classroom and clinical instruction.

- B. Curriculum content. The program curriculum must include at least the required subject matter described below and the hours allotted to each required area. The following are the minimum program elements that a curriculum must contain:
 - 1. Human Anatomy, Physiology, and Pathology (120 hours minimum);
 - 2. Massage Therapy Theory, Technique, and Practice which includes, but is not limited to the following: Gliding Strokes; Kneading; Direct Pressure; Deep Friction; Superficial Warming Techniques; Percussion; Compression (pumping); Vibration; Jostling; Shaking; Rocking;
 - 3. Contraindications, benefits, universal precautions, body mechanics, business, history, ethics, and legalities of massage and professional standards regarding draping and modesty; and
 - 4. A minimum of 100 hours of supervised hands-on practice.

- C. First Aid/CPR. Proof of current certification of completion of First Aid and CPR courses taught by an instructor certified by a nationally recognized organization. CPR or First Aid instruction hours may not be counted as part of the 500 minimum hours.

Maryland

- (i) At least 60 credit hours of education at an institution of higher education, as defined in § 10-101 of the Education Article, and as approved by the Board and the Maryland Higher Education Commission, of which a minimum of 24 credit hours shall have been in basic and applied science courses related to health care; or

- (ii) 1. At least 60 credit hours of education at an institution of higher education, as defined in § 10-101 of the Education Article, and as approved by the Maryland Higher Education Commission; and

- 2. 24 hours of advanced massage therapy continuing education as approved by the Board in basic and applied science courses related to health care;

- (4) Has completed 600 hours of education in a Board approved program for the study of massage therapy that includes the following areas of content:

- (i) Anatomy, physiology, and kinesiology;
- (ii) Massage theory, techniques, and practice; (iii) Contraindications to massage therapy; and (iv) Professional ethics;

New Jersey

The 500 hours of education must have included:

- o 90 hours of anatomy, physiology, pathophysiology
- o ethics and law;
- o theory and practice;
- o electives related to the practice of massage and bodywork therapy;
- o and at least 100 hours of clinical practice under the supervision of a faculty member legally authorized to practice in the State in which the school exists.

Iowa

645—132.3(152C) Curriculum requirements. An approved curriculum shall include but not be limited following content areas:

Fundamentals of massage therapy.

Clinical application of massage and bodywork therapies.

Client communication theory and practice.

Health care referral theory and practice.

Anatomy and physiology.

Kinesiology.

Pathology and skills in infection control, injury prevention and sanitation.

Iowa law and ethics.

Business management, including legal and nancial aspects, documentation and record

maintenance.

10. Wellness and healthy lifestyle theory and practice in such areas as hydrotherapy, hot and cold

applications, spa techniques, nutrition, herbal studies, wellness models, somatic movement and energy work.

Rolf Institute of Structural Integration

New Format for Rolforum

Rolforum now has an easier, more interactive format that allows "subscribers" to receive immediate responses. Only members of the Rolf Institute may "subscribe" to the list; this is a private list, meaning that no one except *Rolforum* members have access to the list. Below are directions on how to "subscribe," "unsubscribe," get help and send in comments. Please contact Vicki Egge at <owner-rolf-forum@list.bnt.com> for further information. Vicki is the administrator of *Rolforum*.

Rolforum is now set up so that all contributions are sent automatically to everyone who is on the subscription list. This means that subscribers may be receiving mail every day from the *Rolforum* list. This will add the ability for all to share experiences and to help other Rolfling Practitioners who have immediate needs of advice.

To subscribe send e-mail to: majordomo@list.bnt.com
subject: subscribe
in the area where you normally write a note type:
subscribe rolf-forum <your e-mail address>

Separate words by spaces and use lower case letters unless your e-mail address is case sensitive. Then send it. You will receive an e-mail from the administrator which describes the list, and some "netiquette" about the forum. You'll know you're on the list because you will begin to receive a lot of e-mail.

You may also unsubscribe or get help by replacing "subscribe" with "unsubscribe" or "help."

To post messages to the entire list send e-mail to: rolf-forum@rainer.bnt.com

To post messages to Vicki Egge regarding *Rolforum* send e-mail to:
owner-rolf-forum@list.bnt.com

Many thanks to Allan Kaplan who made *Rolforum* a reality!

Name:

SP Standard
Process.

By Laws	Ethics Implementation		
Code of Ethics	Procedures		

OfficeForum.sam



MEMORANDUM FOR THE DIRECTOR

The first part of the report deals with the general situation of the country. It is a very interesting and well-written report. The second part deals with the economic situation. It is also very interesting and well-written. The third part deals with the social situation. It is also very interesting and well-written. The fourth part deals with the political situation. It is also very interesting and well-written. The fifth part deals with the cultural situation. It is also very interesting and well-written. The sixth part deals with the environmental situation. It is also very interesting and well-written. The seventh part deals with the international situation. It is also very interesting and well-written. The eighth part deals with the future of the country. It is also very interesting and well-written. The ninth part deals with the conclusion. It is also very interesting and well-written. The tenth part deals with the appendix. It is also very interesting and well-written.

The report is very well-written and provides a comprehensive overview of the country's situation. It is a valuable resource for anyone interested in the country's development. The report is well-organized and easy to read. It provides a clear and concise summary of the country's situation. The report is a very good example of a well-written report. It is a valuable resource for anyone interested in the country's development.

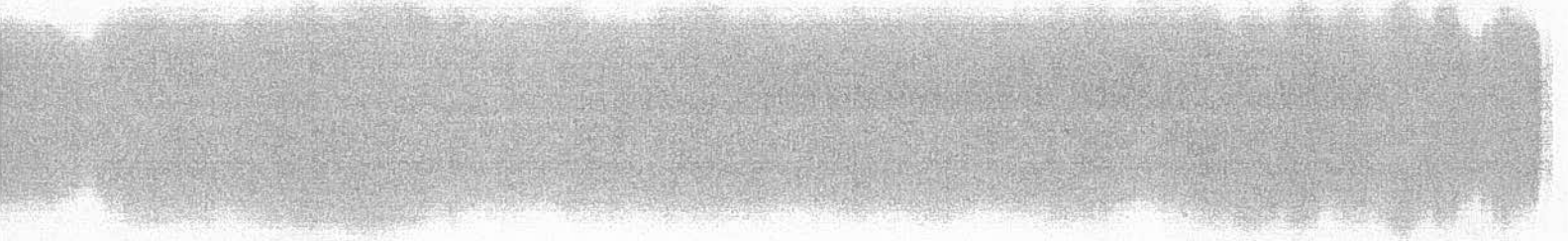
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**BY-LAWS
OF
THE ROLF INSTITUTE OF STRUCTURAL INTEGRATION**
(Revised April 30, 1996)

Article 1: NAME

The name of this Corporation is THE ROLF INSTITUTE OF STRUCTURAL INTEGRATION (hereinafter "ROLF INSTITUTE").

Article 2: OFFICES

Section 2.01 - Principal Office

The principal office for the transaction of the business of the corporation is fixed and located at 205 Canyon Boulevard, Boulder, Colorado 80302. The Board of Directors may at any time or from time to time change the location of the principal office from one location to another in the United States. Any change of location of the principal office shall be noted by the secretary on these By-Laws opposite this section, or this section may be amended to state the new location.

Section 2.02 - Other Offices

The Board of Directors may at any time establish branch offices, either within or without the United States, to advance the proper purposes of the ROLF INSTITUTE.

Article 3: PURPOSES

The purposes of the ROLF INSTITUTE are as follows:

- (1) To select, train, and certify qualified and competent practitioners of the Rolf method of personal structural integration;
- (2) To provide continuing education for practitioners of the Rolf method of personal structural integration;
- (3) To promote programs of research in the Rolf method of personal structural integration; and
- (4) To educate the general public concerning the principles of structural integration and the useful and beneficial nature of the Rolf method of personal structural integration.

Article 4: MEMBERSHIP

Section 4.01 - Members

There shall be four classes of members:

- (A) Active practitioner members who shall be voting members.
- (B) Inactive practitioner members who shall be voting members.
- (C) Limited practitioner members who shall be voting members
- (D) Faculty members who shall be voting members

Upon meeting the qualifications outlined in section 4.02 (and subject to section 4.05), any person shall be eligible for membership on approval of their membership application by the Board of Directors and on timely payment of such dues, assessments and fees as established by the Board of Directors and approved by the membership in accordance with section 4.03. References in these By-Laws to members shall mean members as defined in Section 5056 of the California Corporations Code, i.e., active, inactive and limited practitioner members, and faculty members.

Section 4.02 - Qualifications

- (A) Active practitioner members shall be certified Roling Practitioners in good standing with the ROLF INSTITUTE. Such members shall have successfully completed their basic training in Roling® structural integration or Roling® Movement Integration and maintain their membership in the ROLF INSTITUTE by payment of annual dues and by their adherence to the Master Agreement, the ROLF INSTITUTE Code of Ethics, Standards of Practice and other Board or member-approved policies.
- (B) Inactive and Limited practitioner members are those certified Roling Practitioners who meet Board established requirements for inactive status and apply on an annual basis for this status according to procedures established by the Board of Directors.
- (C) Faculty members shall be those members of the Rolf Institute who currently serve on the Faculty of the Rolf Institute by virtue of having been nominated by the Faculty and approved by the Board of Directors.

Section 4.03 - Voting Rights

Each active, inactive and limited practitioner member, and faculty member of the ROLF INSTITUTE shall be entitled to one vote.

Members exercise their voting rights to elect representative Directors on the Board of Directors; to amend the By-Laws; to approve changes in annual membership dues; and to vote on such

hearing shall be held, or the written statement considered, by the Board or by a committee or person authorized by the Board to determine whether the expulsion or suspension should take place.

(3) The Board, committee, or person shall decide whether or not the member should be suspended, expelled, or sanctioned in some other way. The decision of the Board, committee, or person shall be final.

(4) Any action challenging an expulsion, suspension, or termination of membership, including a claim alleging defective notice, must be commenced within one year after the date of the expulsion, suspension or termination.

4.06 - Membership meetings

(A) Quorum. A quorum of any meeting of the members shall be constituted by no less than one third of the Voting Members represented in person, by proxy or by written ballot. All proxies and written ballots shall be filed with the ROLF INSTITUTE records.

(B) Annual Meetings. Annual Meetings of the members of the ROLF INSTITUTE shall be held once a year at a reasonable time as determined by the Board of Directors. Written notice of the time and place of each Annual Meeting shall be sent to each voting member by mail, charges prepaid, addressed to him/her at his/her address as it is shown on the records of the ROLF INSTITUTE. Written notice shall be give not less than 30 nor more than 90 days before the date of the meeting to each member who, on the record date for notice of the meeting, is entitled to vote thereat. Notices shall include those matters which the Board, at the time the notice is given, intends to present for action by the members, but any proper matter may be presented at the meeting for action by the members.

(C) Special Meetings. Special meetings of the members for any lawful purpose may be called by the Board or by five (5%) percent or more of the members. A special meeting called by any person (other than the whole Board) entitled to call a special meeting shall be called by written request, specifying the general nature of the business proposed to be transacted, and submitted to the chairperson. The Board shall then fix the time and place of the special meeting and cause notice to be given to the members, within 20 days or receipt of the request. Written notice of the date, time, place and general nature of the business proposed to be transacted shall be give in the manner specified herein for Annual Meetings.

Article 5: BOARD OF DIRECTORS

Section 5.01 - Powers

(A) General Corporate Powers. Subject to limitations of the Articles of Incorporation,

other matters as are properly brought before the membership for vote. In addition, members shall have all rights afforded members under the California Nonprofit Public Benefit Corporation Law.

Section 4.04 - Liabilities and Relationships of Members with the ROLF INSTITUTE

No person who is now, or who later becomes, a member, Director, or Officer of the ROLF INSTITUTE shall be personally liable to its creditors for any indebtedness or liability, and any and all creditors of the ROLF INSTITUTE'S shall look only to the assets of the ROLF INSTITUTE for payment.

Members are not agents or employees of the ROLF INSTITUTE, and no member shall in any manner represent, publicize, or otherwise hold out to any person or entity that he/she is an agent or employee of the ROLF INSTITUTE. The ROLF INSTITUTE shall not be liable for any debts incurred or damages and injuries caused by a member in connection with his/her Roling training and practice. ←

Section 4.05 - Procedure for Expulsion or Suspension of Membership of Practitioner Members

Membership in the ROLF INSTITUTE, and all rights associated therewith may be suspended or terminated by expulsion if a member fails to timely pay dues, fees or assessments fixed by the Board of Directors, has violated any of the corporation's rules of conduct or ethics, or has engaged in conduct materially and seriously prejudicial to the purposes and interests of the corporation. A person whose membership is suspended shall not be a member during the period of suspension.

Membership in the ROLF INSTITUTE, and all rights associated with that membership may also be suspended or terminated for non-payment of annual dues in accordance with established policies and procedures. Any member so suspended or terminated may be reinstated to membership only upon payment of all unpaid dues and fees and in accordance with established policies and procedures.

If grounds appear to exist for expulsion or suspension of a member, the procedure set forth below shall be followed:

- (1) The member shall be give 15 days prior notice of the proposed expulsion or suspension and the reasons for the proposed expulsion or suspension. Notice shall be give by any method reasonably calculated to provide actual notice. Any notice given by mail shall be sent by first-class or registered mail to the member's last address as shown on the corporation's records.
- (2) The member shall be given an opportunity to be heard, either orally or in writing, at least five days before the effective date of the proposed expulsion or suspension. The

other sections of the By-Laws, and of California law, all corporate powers of the ROLF INSTITUTE shall be exercised by or under the authority of, and the business and affairs of the ROLF INSTITUTE shall be controlled by, the Board of Directors.

(B) Specific Powers. Without limiting the general powers, the Board of Directors shall have the power to:

- (1) Make policy, rules and regulations, and establish procedures not inconsistent with law, the Articles of Incorporation, or the By-Laws.
- (2) Select and remove the officers, agents, and employees of the ROLF INSTITUTE; prescribe any powers and duties for them that are consistent with the law, with the Articles of Incorporation, and with these By-Laws; and fix their compensation, if any.
- (3) Change the principal executive office or the principal business office from one location to another; cause the ROLF INSTITUTE to be qualified to do business in any state, territory, dependency, or country, and conduct business within or outside the State of California; and designate any place within or outside the State of California for the holding of any meeting.
- (4) Adopt, make, and use a corporate seal and alter the form of the seal.
- (5) Borrow money and incur indebtedness on behalf of the ROLF INSTITUTE and cause to be executed and delivered for the ROLF INSTITUTE'S purposes, in the corporate name, promissory notes, bonds, debentures, deeds of trust, mortgages, pledges, hypothecations, and other evidences of debt and securities.

Section 5.02 - Number of Directors

The Board of Directors shall consist of nine (9) Directors who are elected by the eligible voting membership.

Section 5.03 - Board Membership: Election, Term of Office, and Votes


✓ (A) Representative Directors: The Directors who represent the membership need not be members of the ROLF INSTITUTE nor reside in the zone which elects them with the exception of the At-Large Directors, as provided in Section 5.03 (A) (2).

(1) Zonal Directors. Five (5) Directors shall be elected by the voting members of the ROLF INSTITUTE residing in defined geographical zones, with one Director representing each of the following zones:

(a) EASTERN ZONE: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, Delaware, New

Jersey, Maryland, Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida;

(b) CENTRAL AND MOUNTAIN ZONE: Idaho, Iowa, Montana, Wyoming, North Dakota, South Dakota, Nebraska, Minnesota, Wisconsin, Michigan, Illinois, Indiana, Ohio, Kentucky, Tennessee, Mississippi, Alabama, Arkansas, Louisiana, Texas, Oklahoma, Missouri, Kansas, Colorado, New Mexico, and Utah;

 (c) WESTERN ZONE: Washington, Oregon, Nevada, Arizona, California, Hawaii, Alaska;

(d) WESTERN EUROPE: Austria, Belgium, Denmark, France, Ireland, Italy, Luxembourg, Monaco, The Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Germany; and

(e) INTERNATIONAL (all nations excluding the United States and Western Europe).

(2) At-Large Directors. Two (2) At-Large Directors who shall be members of the ROLF INSTITUTE and shall be elected by the active, inactive and limited practitioner members of the ROLF INSTITUTE.

(3) Faculty Directors. Two (2) Directors shall be elected by the Faculty Members of the ROLF INSTITUTE.

(B) Election of Representative Directors

(1) Election of Zonal Directors, At-Large Directors and Faculty Representative Directors shall be by secret ballot utilizing the mail. A simple majority of the votes cast by voting members in each zonal, at-large and Faculty election shall elect the representatives.

All Directors shall serve four year terms, except as provided by section 5.03 (B) (2) effective immediately for current Board members.

(2) Upon adoption of these revised By-laws, one of the first two elected Faculty Directors shall serve for two years in order to stagger the terms of office. Likewise, the terms of office of the two At-Large Directors shall be staggered.

(C) Chairperson (voting)

(1) The Chairperson, who is elected by the Board from among themselves, serves in this capacity at the pleasure of the Board of Directors. The Chairperson is responsible for developing the agenda for Board Meetings and for communication

and coordination among the Board, the Executive Staff, Board and Institute Committees, and the membership.

Section 5.04 - Vacancies and Recall

(A) Events Causing Vacancy

(1) The Board of Directors shall declare a vacancy if a Director resigns, fails to attend three (3) consecutive meetings, is legally judged to be of unsound mind, or has been convicted of a felony. The Board of Directors shall also declare a vacancy if a representative Director who is a member of the ROLF INSTITUTE has his/her membership suspended or terminated.

(2) A recall ballot may be initiated by a representative Director's constituency by fifteen (15%) percent of the members of that Zone. A simple majority of the votes cast is required to recall the Director and establish a vacancy.

(B) Filling of Vacancies. Representative vacancies in the Board of Directors shall be filled by a simple majority of the votes cast by the membership group represented by that Director within six (6) months. A successor Director so elected shall serve for the unexpired term of his predecessor.

Section 5.05 - Place of meetings, Meetings by Telephone

Regular meetings of the Board of Directors may be held at any place within or outside the state of California as designated from time to time by the chairperson or by resolution of the Board. In the absence of such designation, regular meetings shall be held at the principal office of the ROLF INSTITUTE. Special meetings of the Board of Directors shall be held at any place within or outside of the state as designated in the notice of meeting or, if not stated in the notice or if there is no notice, at the principal office of the ROLF INSTITUTE. Notwithstanding the above provisions of this Section 5.05, a regular or special meeting of the Board of Directors may be held at any place consented to in writing by all Board members, either before or after the meetings. If consents are given, they shall be filed with the minutes of the meeting. Any meeting, regular or special, may be held by conference telephone or similar communication equipment, so long as all directors participating in the meeting can hear one another. All such Directors shall be deemed to be present in person at such meeting.

Article 5.06 - Annual Meetings

The Board of Directors shall hold an annual meeting immediately following or preceding each Annual Meeting of members, for purposes of organization, election of the Chairperson and of officers, designating committees, and transacting regular business. Notice of this meeting shall be by first-class mail postmarked not less than 10 nor more than 40 days in advance thereof, except that any Director may waive notice as provided below.

Section 5.07 - Special Meetings

(A) Authority to Call. Special meetings of the Board of Directors for any purpose or purposes may be called at any time by the Chairperson of the Board; or by any three (3) Directors.

(B) Notice. Notice of any special meeting of the Board of Directors shall be given to all Directors either by first-class mail at least ten (10) days in advance or by notice delivered personally or by telephone or telegraph at least 48 hours in advance except that such notice may be waived by any Director as set forth in paragraph (D) below.

(C) Agenda. The agenda of any special meeting shall be limited to the purposes included in any notice of the meeting or in any waiver signed by the Directors.

(D) Waiver of Notice. The transactions of any meeting of the Board of Directors, however called and noticed and wherever held, shall be as valid as though taken at a meeting duly held after regular call and notice if:

(1) a quorum is present, and

(2) either before or after the meeting, each of the Directors not present signs a written waiver of notice, a consent to holding the meeting, or an approval of the minutes.

The waiver of notice or consent need not specify the purpose of the meeting. All waivers, consents, and approvals shall be filed with the ROLF INSTITUTE records or made a part of the minutes of the meeting. Notice of a meeting shall also be deemed given to any Director who attends the meeting without protesting before or at its commencement about lack of adequate notice.

Section 5.08 - Quorum

A quorum for any meeting of the Board of Directors shall consist of five (5) Directors. This quorum applies for the transaction of business, except to adjourn as provided in Section 5.09. Every act or decision done or made by a majority of the Directors present at a meeting held at which a quorum is present shall be regarded as the act of the Board of Directors, subject to the provisions of the California Nonprofit Public Benefit Corporation Law. A meeting at which a quorum is initially present may continue to transact business, notwithstanding the withdrawal of any Director, if any action taken is approved by at least a majority of the quorum required for meeting.

Section 5.09 - Adjournment

A majority of the Directors present, whether or not constituting a quorum, may adjourn any

meeting to another time and place.

Section 5.10 - Notice of Adjournment

Notice of the time and place of holding an adjourned meeting need not be given, unless the meeting is adjourned for more than 24 hours, in which case notice of the time and place shall be given before the time of the adjourned meeting to the Directors who were not present at the time of the adjournment. Such notice may be waived in the same manner as set forth under Section 5.07 (D).

Section 5.11 - Action Without Meeting

Any action required or permitted to be taken by the Board of Directors may be taken without a meeting if all Directors, individuals or collectively, consent in writing to that action. Such action by written consent shall have the same force and effect as a unanimous vote of the Board of Directors. Such written consent or consents shall be filed with the minutes of the proceedings of the Board.

Section 5.12 - Compensation of Directors

Directors and members of committees may receive reimbursement of expenses and such compensation as may be determined by resolution of the Board of Directors to be just and reasonable.

Section 5.13 - Restriction on Interested Directors

Not more than 49% of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (a) any person compensated by the ROLF INSTITUTE for services rendered to it within the previous 12 months, whether as a full-time or part-time employee, independent contractor, or otherwise; (b) any shareholder, employee or officer of any corporation, or partner or employee of any partnership, which has rendered compensated services to the ROLF INSTITUTE within the previous 12 months; and (c) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, mother-in-law, or father-in-law, of any person described in (a) or (b) hereof. Any violation of the provisions of this paragraph shall not, however, affect the validity or enforceability of any transaction entered into by the ROLF INSTITUTE.

Article 6: COMMITTEES

Section 6.01 - Committees of the Board of Directors

The Board of Directors may establish committees to serve at the pleasure of the Board. The Board shall clearly define the responsibilities of each committee and review its activities on a regular basis.

The Chairperson of each committee shall be appointed by the Chairperson of the Board with approval by the Board of Directors

All committees are responsible for reporting their activities on a timely basis to the Chairperson and to the Board of Directors.

The Chairperson of the Board of Directors is an ex-officio member of all committees.

Any member of any committee may be removed, with or without cause, at any time by the Board. Any committee, to the extent provided in the resolution of the Board, shall have all or a portion of the authority of the Board, except that no committee, regardless of the Board resolution, may:

- (A) Fill vacancies on any committee;
- (B) Amend or repeal the Articles of Incorporation or By-Laws or adopt new By-Laws;
- (C) Amend or repeal any resolution of the Board;
- (D) Designate any other committees of the Board or appoint the members of any committee;
- (E) Approve any transaction
 - (1) to which the ROLF INSTITUTE is a party and as to which one or more Directors has a material financial interest; or
 - (2) between the ROLF INSTITUTE and one or more of its Directors or between the ROLF INSTITUTE and any corporation or firm in which one or more of its Directors has a material financial interest.

Section 6.02 - Executive Committee

The Board may appoint two (2) or more Directors and the Chairperson of the Board of the ROLF INSTITUTE to serve as the Executive Committee of the Board. The Chairman of the Board shall serve as chair of the Executive Committee. The Executive Committee, unless limited by a resolution of the Board, shall have and may exercise all the authority of the Board in the management of the business and affairs of the ROLF INSTITUTE between meetings of the Board; provided, however, that the Executive Committee shall not have the authority of the Board in reference to those matters enumerated in Section 6.01, nor may the Executive Committee bind the ROLF INSTITUTE to any contract or agreement which may create liability for an amount in excess of \$10,000.

Article 7: OFFICERS

Section 7.01 - Officers

The ROLF INSTITUTE corporation shall have the following officers: Chairperson of the Board, Executive Officer, Secretary, and Financial Officer, and such other officers as the Board may designate by resolution and appoint pursuant to Section 7.03. Officers need not be Directors or members of the ROLF INSTITUTE. One person may hold two or more offices, except those of Executive Officer and Secretary, Executive Officer and Financial Officer, Chairperson and Secretary, or Chairperson and Financial Officer.

All officers are bound to uphold the Articles of Incorporation, the By-Laws, and Board-adopted policies of the ROLF INSTITUTE.

Section 7.02 - Election of Officers

The Officers of the ROLF INSTITUTE, except those appointed in accordance with the provisions of Section 7.03 of this Article, shall be elected by the Board of Directors at its annual meeting and each shall serve at the pleasure of the Board, subject to the rights, if any, of any Officer under a contract of employment.

Section 7.03 - Subordinate Officers

The Board of Directors may appoint, and may authorize the Executive Director or any other officer to appoint, any other officers that the business of the ROLF INSTITUTE may require, each of whom shall have the title, hold office for the period, have the authority, and perform the duties specified by the By-Laws or determined from time to time by the Board of Directors.

Section 7.04 - Removal of Officers

Subject to rights, if any, under any contract of employment, any Officer may be removed, with or without cause, by the Board of Directors, at any regular or special meeting of the Board, or, except in the case of an Officer chosen by the Board of Directors, by an Officer on whom such power of removal has been conferred by the Board of Directors.

Section 7.05 - Resignation of Officers

Any Officer may resign at any time by giving written notice to the Board of Directors, to the Executive Officer, or to the Corporate Secretary of the ROLF INSTITUTE. Any resignation shall take effect at the date of receipt of that notice or at any later time specified in that notice. Unless otherwise specified in that notice, the acceptance of the resignation shall not be necessary to make it effective. Any resignation shall be without prejudice to the rights, if any, of the ROLF INSTITUTE under any contract to which the Officer is a party.

Section 7.06 - Vacancies in Office

A vacancy in any Office because of death, resignation, removal, disqualification, or any other cause shall be filled only in the manner prescribed in these By-laws for regular appointment to that Office.

Section 7.07 - Responsibilities of Officers

(A) Executive Officer. The Executive Officer shall be the chief executive officer of the ROLF INSTITUTE. He/she shall have such powers and duties as may be prescribed by the Board of Directors or these By-Laws. The Executive Officer shall be responsible to the Board of Directors, shall see that the Board is advised on all significant matters of the ROLF INSTITUTE'S business, and shall see that all orders and resolutions of the Board are carried into effect. The Executive Officer shall be empowered to act, speak for, or otherwise represent the ROLF INSTITUTE between meetings of the Board within the boundaries of policies and purposes established by the Board and as set forth in the Articles of Incorporation and these By-Laws. The Executive Officer shall be responsible for keeping the Board informed at all times of staff performance as related to program objectives, and for implementing any personnel policies adopted by the Board.

(B) Secretary. The Secretary shall report directly to the Executive Officer, and shall attend to the following:

(1) Book of Minutes. The Secretary shall keep or cause to be kept, at the principal executive office or such other place as the Board of Directors may direct, a book of minutes of all meetings and actions of Directors with the time and place of holding regular and special meetings, and if special, how authorized, the notice given, the names of those present at such meetings, and the proceedings of such meetings.

(2) Notices, Seal, and Other Duties. The Secretary shall give, or cause to be given, notice of all meetings of the Board of Directors required by the By-Laws to be given. The Secretary shall keep the corporate seal of the ROLF INSTITUTE in safe custody, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or the By-Laws.

(C) Financial Officer. The Financial Officer shall report directly to the Executive Officer, shall oversee the general financial management of the ROLF INSTITUTE, and shall attend to the following:

(1) Books of Account. The Financial Officer shall keep and maintain, or cause to be kept and maintained, adequate and correct books and records of accounts of the properties and business transactions of the ROLF INSTITUTE, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital, and other matters customarily included in financial statements. The books of account shall be open to inspection by any Director at all reasonable times.

(2) Additional Duties and Powers. The Financial Officer shall render to the Executive Officer and Directors, whenever they request it, an account of all financial transactions and of the financial condition of the ROLF INSTITUTE; and shall have such other powers and perform such other duties as may be prescribed from time to time by the Board of Directors or the By-Laws.

(3) Bond. If required by the Board of Directors, the Financial Officer shall give the ROLF INSTITUTE a bond in the amount and with the surety specified by the Board for the faithful performance of the duties of his or her office and for restoration to the ROLF INSTITUTE of all its books, papers, vouchers, money, and other property of every kind in his or her possession or under his or her control on his or her death, resignation, retirement, or removal from office.

Article 8: RECORDS AND REPORTS

Section 8.01 - Maintenance of Articles and By-Laws

The ROLF INSTITUTE shall keep at its principal executive office the original or a copy of the Articles and By-Laws as amended to date.

Section 8.02 - Maintenance of Other Rolf Institute Corporate Records

The accounting books, records, and minutes of the proceedings of the Board of Directors and any committee(s) of the Board of Directors shall be kept at such place or places designated by the Board of Directors, or, in the absence of such designation, at the principal executive office of the ROLF INSTITUTE. The minutes shall be kept in written or typed form, and the accounting books and records shall be kept in either written or typed form or in any other form capable of being converted into written, typed, or printed form.

Section 8.03 - Inspection by Directors

Every Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every kind and the physical properties of the ROLF INSTITUTE and each of its subsidiary corporations. This inspection by a Director may be made in person or by an agent or attorney, and the right of inspection includes the right to copy and make extracts of documents.

Article 9: CONTRACTS AND LOANS WITH DIRECTORS AND OFFICERS

Section 9.01 - Contracts with Directors and Officers

(A) No Director or Officer of the ROLF INSTITUTE, nor any owner corporation, firm,

association, or other entity in which one or more of the ROLF INSTITUTE'S Directors or Officers are directors or have a material financial interest, shall be interested, directly or indirectly, in any contract or other transaction with the ROLF INSTITUTE, unless

- (1) the material facts regarding such Director's or Officer's financial interest in such contract or transaction and/or regarding such common directorship, officership, or financial interest are fully disclosed in good faith and are noted in the minutes, or are known to all members of the Board prior to consideration by the Board of such contract or transaction;
- (2) such contract or transaction is authorized in good faith by a majority of the Board by a vote sufficient for that purpose without counting the vote or votes of such interested Director(s);
- (3) prior to authorizing or approving the transaction, the Board considers and in good faith determines after reasonable investigation under the circumstances that the ROLF INSTITUTE could not obtain a more advantageous arrangement with reasonable effort under the circumstances; and
- (4) the ROLF INSTITUTE enters into the transaction for its own benefit, and the transaction is fair and reasonable to the ROLF INSTITUTE at the time the transaction is entered into.

(B) The provisions of this Section do not apply to a transaction which is part of an educational or charitable program of the ROLF INSTITUTE if it:

- (1) is approved or authorized by the ROLF INSTITUTE in good faith and without unjustified favoritism; and
- (2) results in a benefit to one or more Directors or Officers or their families because they are in the class of persons intended to be benefited by the educational or charitable program of the ROLF INSTITUTE.

Section 9.02 - Loans to Directors and Officers

The ROLF INSTITUTE shall not make any loan of money or property to or guarantee the obligation of any Director or Officer, unless approved by the Attorney General of the State of California; provided, however, that the ROLF INSTITUTE may advance money to a Director or Officer of the ROLF INSTITUTE for expenses reasonably anticipated to be incurred in the performance of the duties of such Director or Officer, provided that in the absence of such advance such Director or Officer would be entitled to be reimbursed for such expenses by the ROLF INSTITUTE.

Article 10: BOARD OF TRUSTEES

The Board of Directors may appoint a Board of Trustees to serve in an advisory capacity to the ROLF INSTITUTE Board of Directors.

Article 11: REGIONS

The Board of Directors may recognize and establish membership regions upon request by ROLF INSTITUTE members within the proposed region. The Board shall provide to the region all rights and benefits or regional status and assign to the region functions and responsibilities in accordance with established policies and procedures.

Recognition and establishment of regions by the Board of Directors shall not imply or confer any rights to elect Directors or otherwise directly participate in the governance of the ROLF INSTITUTE.

Article 12: AMENDMENT OF BY-LAWS

By-Laws may be adopted, amended or repealed by a two-thirds majority of the votes cast by voting members of the ROLF INSTITUTE.

Article 13: REFERENDUM

It is the right of the membership to bring any issue to vote by the full membership by a signed petition containing signatures representing 15% of the full voting membership.

Any issue brought to vote of the members shall be voted on by secret ballot furnished by first class mail to all voting members. Members shall have no less than Thirty (30) Days and no more than Sixty (60) Days from the date of the mailing of such ballots to respond. Two-thirds majority of the votes cast is required for passage of any resolution submitted to the membership. At least 50% of the voting members must participate in the referendum in order for the referendum to be binding upon the Board of Directors.

Article 14: CODE OF ETHICS, STANDARDS OF PRACTICE, ETHICS IMPLEMENTATION DOCUMENT

The ROLF INSTITUTE maintains a Code of Ethics and Standards of Practice. Such documents may from time to time be amended by a simple majority vote of the membership. All of said documents shall be binding upon and scrupulously adhered to by the members, and any departure from the true spirit and meaning of the provisions of said documents shall subject the offending member to the discipline of the ROLF INSTITUTE, including censure, suspension, or termination of membership rights.

Article 15: INDEMNIFICATION AND INSURANCE

The ROLF INSTITUTE shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative by reason of the fact that he/she is or was a director, officer, employee, staff member, volunteer, committee member, or other duly authorized agent of the ROLF INSTITUTE to the fullest extent permitted under the California Corporations Code as the same may from time to time be amended, against expenses (including attorney's fees), judgments, fines, settlements and other amounts actually and reasonably incurred by him/her in connection with such action, suit, or proceeding.

The ROLF INSTITUTE shall have the power to purchase and maintain insurance on behalf of any Director, Officer, or agent of the ROLF INSTITUTE, against any liability asserted against or incurred by the Director, Officer, or agent in any such capacity or arising out of the Director's, Officer's, or agent's status as such, whether or not the ROLF INSTITUTE would have the power to indemnify the agent against such liability under Article 15 of these By-Laws; provided, however, that the ROLF INSTITUTE shall have no power to purchase and maintain such insurance to indemnify any Director, Officer, or agent of the ROLF INSTITUTE for any self-dealing transactions, as described in Section 5233 of the California Nonprofit Corporation Law.

Article 16: FISCAL YEAR

The fiscal year of the ROLF INSTITUTE shall be the calendar year.

ROLF INSTITUTE

STANDARDS OF PRACTICE

NOTE: The Standards of Practice are a statement of the principles underlying what is appropriate technique in the practice of Rolfing - what it is and what it is not. The Code of Ethics governs the nature of relationships between Rolfer and client, Rolfer and colleague, and Rolfer and the general public. These documents overlap in some respects; it is therefore well to refer to the Code of Ethics when reading the Standards of Practice.

PREAMBLE

Rolfing is a cooperative venture between Rolfer and client defined primarily by intention rather than technique.

Rolfing is dedicated to the exploration of the concept that the human body has transformational potential for the total being.

Rolfing observes that living bodies have accompanying energy fields and that shifts in the structure produce concomitant changes in these energy fields.

Rolfing postulates that well-being manifests as a more ordered relationship between the energy fields of the body and the energy fields of the earth.

Rolfing teaches that the structure of the body is supported and reinforced by the gravitational field of the earth. A change toward better function is evoked by establishing an improved dynamic relationship between the individual and gravity.

The Rolfing concept of order manifests as dynamic symmetrical balance expressed around a vertical line of intention.

By freeing holding patterns created by unresolved history, Rolfing allows the body to assume a more integrated form.

Rolfing is primarily achieved through education, by releasing and reorganizing the myofascial network through the use of the hands and elbows with controlled pressure and direction.

The work is initiated by a standard series of ten sessions. This initial progression leads to a new level of integration which allows spontaneous continuing change to occur toward higher levels of function.

STANDARDS OF PRACTICE

PREAMBLE (continued)

Progress toward balance may be continued or accelerated beyond the ten sessions through further Rolfing and/or through Rolfing Movement work.

Rolfers recognize that their personal embodiment of the structural and energy concepts of Rolfing provide the foundation for their skill.

I. ROLFING IS A COOPERATIVE VENTURE BETWEEN ROLFER AND CLIENT.

- A. The Rolfer represents Rolfing to the client in a manner that is consistent with the overall goals and intentions of Rolfing.
- B. It is the responsibility of the Rolfer to recognize the parameters of the Rolfing process and to be sensitive to the client's rate of growth.
- C. The Rolfer is sensitive to the amount of input a client can receive in each session and regulates the duration and intensity of the session accordingly.
- D. The Rolfer clearly specifies to the client when other special talents and techniques are not considered Rolfing.
- E. Clients who are concurrently working with other health professionals are requested to notify them that they are working with a Rolfer.
- F. As part of the mutual agreement between Rolfer and client, the cost of the standard series of ten sessions is stated ahead of time. Rolfing is paid for by the session rather than by the hour.

II. ROLFING IS PRIMARILY ACHIEVED THROUGH EDUCATION, BY RELEASING AND REORGANIZING THE MYOFASCIAL NETWORK THROUGH THE USE OF THE HANDS AND ELBOWS WITH CONTROLLED PRESSURE AND DIRECTION.

- A. The Rolfer involves the client in the process by using contact that evokes responsible experiential change.
- B. Using verbal and manual means of communication, the Rolfer works with the myofascial system in such a way that the body responds with improved order and efficiency.
- C. It is not standard practice for the Rolfer to use chemical or mechanical aids to manipulation.
- D. The anus and vagina are never entered as part of the standard practice of Rolfing.

III. ROLFING IS INITIATED BY A STANDARD SERIES OF TEN SESSIONS.

- A. The series of ten sessions involves a progressive sequence toward the goal of integration and balance.
- B. By following the outline of standard series of ten session, Rolfers provide clarity and continuity in Rolfing for their clients, their colleagues, and the public.
- C. A photographic record of the Rolf work is recommended for educational and evaluative purposes. The client may request before one and after ten photographs.

IV. PROGRESS TOWARD BALANCE MAY BE CONTINUED OR ACCELERATED BEYOND THE TEN SESSION THROUGH ROLFING AND/OR ROLFING MOVEMENT WORK.

- A. Post-ten work is intended to reintegrate the balance of the tenth session. It may be done by any Certified Rolfer.
- B. Advanced work is an accelerated means of evolving the tenth session form to a new level of organization and awareness. It may only be done by Certified Rolfers trained in advanced work.

V. ROLFERS RECOGNIZE THAT THEIR PERSONAL EMBODIMENT OF THE STRUCTURAL AND ENERGY CONCEPTS OF ROLFING PROVIDE THE FOUNDATION FOR THEIR SKILL

As Rolfers, we recognize the challenge and importance of maintaining progress in our level of competence through professional development in classes and workshops as well as through attention to our own physical and personal process.

ROLF INSTITUTE OF STRUCTURAL INTEGRATION

CODE OF ETHICS

PREAMBLE:

As Rolfers, we believe in the dignity and worth of the individual human being. We are committed to increasing physical and general well-being. While pursuing this endeavor, we protect the welfare of any person who may seek our services. We do not use this professional relationship, nor do we knowingly permit our services to be used by other, or purposes inconsistent with these values. While demanding for ourselves freedom of inquiry and communication, we accept the responsibility this freedom confers, for competence where we claim it, for objectivity in the report of our findings, and for consideration of the best interest of our clients, our colleagues, and of society.

I. RESPECT THE HUMAN DIGNITY OF OTHERS

As Rolfers, we respect the human dignity of each individual with whom we are associated in our profession. We are guided at all times by the welfare of the clients who have entrusted themselves to our cares.

We have the right to refuse to attend prospective clients. However, once accepted, we owe our clients complete loyalty, care, attention, and integrity. We shall strive to complete all necessary sessions with our clients. We will discontinue our services only when self-respect, dignity, or other good cause requires this action. We strive to make our services accessible to all persons wishing to be Rolfed.

II. TO USE THE ROLFING PROCESS FOR THE PURPOSE OF CREATING ANOTHER KIND OF RELATIONSHIP IS UNETHICAL.

As Rolfers, we show sensible regard for the social codes and moral expectations of the community in which we work, recognizing that violation of accepted moral and legal standards on our part may involve our clients and colleagues in damaging personal conflicts and injure our personal reputation and the reputation of the profession.

We protect the welfare of any person who may seek our services. We do not use our professional position or relationship for purposes inconsistent with our values. We do not attempt to transfer the authority of the teaching relationship inherent in Rolfing to other associations with our clients, realizing that sexual relations or the imposition of opinions, prejudices, or personal preferences of any kind is detrimental to the welfare of our clients. We take care to insure an appropriate setting in our practice of Rolfing to protect our clients and ourselves from actual or imputed harm and the profession from censure. Emotions are often released and experienced in the course of Rolfing. We provide a safe environment consistent with our professional

and ethical standards for the client to experience these emotions. We are willing to discuss these feelings when we and the client agree it is appropriate, and we understand and protect the confidentiality of such communications.

In establishing rates for professional services, we consider carefully the ability of the client to meet the financial burden as well as the charges made by other professional persons engaged in comparable work. We are willing to contribute a portion of our services to work for which we receive little or no financial return.

III. ROLFING EDUCATES THE CLIENT IN THE POSSIBILITIES INHERENT IN HIS OR HER STRUCTURE.

The art of Rolfing does not presuppose an ideal form, nor does it attempt to superimpose a uniform template on individual clients. As Rolfers, our goal is to introduce a structure and provide the information that will enable the clients to use his or her physical self to its fullest capacity.

The maintenance of high standards of practice is a responsibility shared by all Rolfers. We continually strive to improve our knowledge of the principles and techniques of Rolfing, and consider it our duty to take every opportunity to observe and study new Rolfing practices. Toward this end, we are pledged to maintain open channels to communication between practitioners of the different aspects of Rolfing: research, teachers, and those who are engaged in clinical application of Rolfing principles.

We assist our clients in obtaining professional help for all important aspects of their physical or emotional and mental well-being insofar as they are made known to us, directing the client to other well-qualified professionals when the problem falls outside of the boundaries of our own competence. We accept no commission or rebate or any form of remuneration for referral of clients for any kind of professional services, including Rolfing, nor do we give such remuneration when clients are referred to us.

We do not endorse equipment or manufactured goods of any kind. We do not endorse professional or other services if we receive any remuneration or consideration in return for such endorsement. We do not participate in or use misleading, deceptive, or unfair statements or claims.

We consider that it is improper to attempt to obtain clients by persuasion or influence, using communications that (1) are intended to create inflated or unjustified expectations of favorable results, (2) are self-laudatory, (3) contain incorrect or incomplete facts, (4) imply that one Rolfer has skills superior to another.

IV. RESPECT AND COMPASSION EXEMPLIFY THE RELATIONSHIP BETWEEN ROLFER AND CLIENT, ROLFER AND COLLEAGUE, ROLFER AND THE PUBLIC.

As Rolfers, we discourage the practice of Rolfing by unqualified persons and assist the public in identifying Rolfers competent to give dependable professional service.

Where there is a complaint against a Rolfer with respect to ethics or any other matter, we are pledged to respond to that complaint without delay, and in a spirit of fairness and compassion for all parties, and in the manner set forth in our statement of Ethics Procedures. We do not consider that punitive action is the most just or efficacious form of discipline, seeking rather to heal the dispute and find ways of resolving the conflict between Rolfer and complainant. We recognize that competition, mistrust, or the spread of rumors destroys the spirit of kindness and union which is the heart of any human association.

We consider that an association of Rolfers has value in and of itself. The integrity and confidence of Rolfing may best be upheld, its sphere of influence expanded, and its science advanced through such an association.

Since we profit from the labor of predecessors and associates, we accept the obligations inherent in the practice of Rolfing. We consider it our duty to enrich the scientific lore, to improve the position and practice of Rolfing, and to conduct ourselves in our affairs so as to avoid discredit to the profession. While promoting the right of each Rolfer to extend his or her abilities to the fullest, we recognize that this expansion must be tempered by the integration of new insights into the line of inquiry called Rolfing.

V. ROLFING INCLUDES BOTH VERBAL AND NON-VERBAL COMMUNICATION. AS ROLFERS WE UNDERSTAND AND ACCEPT THE RESPONSIBILITY THAT THIS COMMUNICATION BE UNDERSTOOD.

As Rolfers, we assume responsibility for educating our clients regarding the boundaries between our Rolfing work and other professional skills we may possess. We do not offer information or advice, solicited or unsolicited, on matters that fall outside our professional competence. We do not imply that non-Rolfing techniques or information are a part of Rolfing.

When we interpret the science of Rolfing or describe services of Rolfers to clients or to the general public, we have an obligation to report fairly and accurately. We seek to avoid exaggeration, sensationalism, superficiality, and other kinds of misrepresentation. Modesty, scientific caution, and due regard for the limits of present knowledge shall characterize all statements by Rolfers who supply such information to the public either directly or indirectly.

We consider safeguarding information about an individual that has been obtained in the course of our teaching, practice, or research a primary obligation. Such information is not communicated to others unless certain important conditions are met: (a) information received in confidence is revealed only after most careful deliberation and where there is a clear and imminent danger of an individual or to society, and then only to appropriate professional workers or public authorities. (b) Information obtained is discussed only with persons clearly concerned with the matter. In written or oral reports, data presented is limited to the purpose of the report and every effort is made to avoid undue invasion of privacy. (c) Clinical materials are used in classroom teaching and in writing only when the identity of the persons involved is adequately disguised.

VI. THE AIM OF ROLFING IS TO CREATE INDEPENDENCE, NOT DEPENDENCE.

As Rolfers, we consider that the client is the best and final authority about his or her own welfare. We seek at all times to further that understanding; at no time do we endeavor to assume that function to ourselves. When a client is not competent to evaluate the situation (as, for example, in the case of a child), we inform the person responsible for the client of the circumstances which may influence the Rolfing relationship.

We exercise sound judgment in extending our services to a client, neither prolonging the number of his or her sessions unduly or without good cause, nor continuing Rolfing when it is reasonably clear to us that the client is not benefiting from it. Where we intend to prolong treatment or curtail it, we consult with the client as to his or her judgment in the matter, presenting our reasons fairly and clearly and in moderate terms. We do not represent Rolfing as a be-all or end-all of human evolution. We do not represent a cycle of Rolfing as solving all ills, stating rather that the process achieves a plateau of efficient functioning.

We do not normally offer our professional services to a person receiving Rolfing from another Rolfer except by agreement with the other worker or after termination of the client's relationship with the other Rolfer.

We recognize that our effectiveness depends on good part upon our ability to maintain sound interpersonal relations: that temporary or more enduring aberrations in our own personality may interfere with our ability or distort our appraisal of others. We refrain from Rolfing when our personal problems are likely to result in inferior professional service or harm to the client.

We recognize that resistance or pain may accompany the changes brought about by Rolfing. We accept the responsibility to create with our clients an atmosphere in which these are experienced as release.

VII. "WHEN THE BODY GETS WORKING APPROPRIATELY, THE FORCE OF GRAVITY CAN FLOW THROUGH. THEN SPONTANEOUSLY, THE BODY HEALS ITSELF." Ida P. Rolf, Ph.D.

As Rolfers, we do not consider ourselves to be therapists or healers, but rather teachers. We employ verbal and non-verbal, spoken and direct tactile modes of communication. Our aim is to increase the client's access to the complex relations between energetic, emotions and structural phenomena in his or her body; to evoke his or her inherent ability to live in harmony with physical reality; and to establish a structure which will allow him or her to creatively employ physical energies for the evolution of all.

Updated 3/31/97

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Annual Dues and The Mission of The Institute

T. Scott Smith

It is essential that The Rolf Institute keep its membership informed about all facets of its financial activities because the membership is the ultimate governing body of the Institute. As such, the membership is responsible for the organization's fulfillment of its tax-exempt purposes. The membership elects the Board of Directors to manage the affairs of the Institute, and it reserves certain powers to itself in the Institute's By-laws. It is this governance function which is the primary purpose of the membership.

Other governance arrangements could and undoubtedly were considered at the time of The Institute's creation. The one we have was selected because it was considered to be the best way to ensure that The Institute would accomplish its mission of sharing Dr. Rolf's work with the

world. It is a structure that has proven very successful but is often misunderstood by individual members.

According to our by-laws, the Rolf Institute of Structural Integration has four purposes which serve as statements of strategy for accomplishing our mission. These are:

First, to select, train and certify qualified and competent practitioners of The Rolf Method of personal structural integration.

Second, to provide continuing education for practitioners of The Rolf Method of personal structural integration.

Third, to promote programs of research in The Rolf Method of personal structural integration.

Fourth, to educate the general public concerning the principles of structural integration and the useful and beneficial nature of The Rolf Method



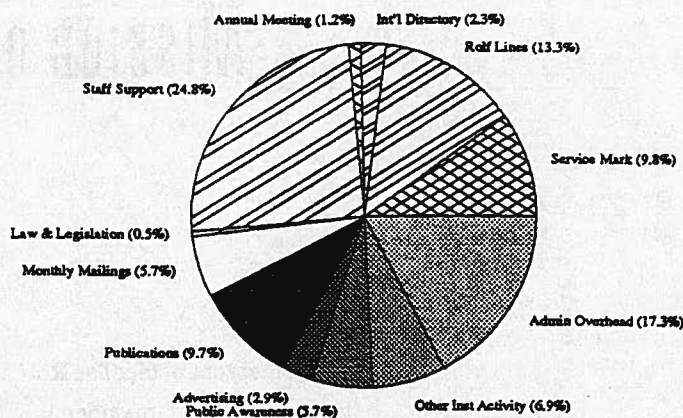
of personal structural integration.

Nowhere in The Institute's four purposes is there mention of services to members. This is because The Rolf Institute is not a "membership organization" in the general meaning of the term, and it's primary purpose is not to provide services to its members. To emphasize, the membership body as a collective whole exists to govern The Institute in accomplishing its purpose of service to humankind. The degree to which one or more activities paid for out of members' dues, (or profits from the school or other income sources) are of direct benefit to individual members is obviously desirable, but at a very basic level coincidental.

As Board Chair Aline Newton states earlier in this issue, The Institute's activities are currently funded from three primary revenue sources—including membership dues which provide approximately 20 percent of total revenues. Each of these sources of funding should be reviewed carefully by the membership to determine if they are accomplishing one or more of the four purposes stated in the By-laws.

In 1995 income from membership dues is projected

to be \$197,000. The following chart shows how your membership dues are budgeted to be spent to forward the overall purposes for which The Institute exists.



As the chart shows, dues cover a broad range of activities, each of which can be directly related to the four purposes presented above.

For example, 9.8 percent of your dues pay for service mark protection in the many countries where Rolfling practitioners work. We renew and extend this protection periodically. New registrations and renewals cost an average of \$1,500.00 per country. Letters are regularly mailed to individuals who infringe on the service mark requiring both staff and legal counsel activity. We also notify publications in which individuals inaccurately representing themselves as Rolfling practitioners. Such service mark protection is clearly necessary to accomplishing purpose four of The Institute.

Likewise, the advertising, public awareness, publications and international directory items help to accomplish objective four. Publication of *Rolf Lines*, the Annual Meeting and monthly mailings support the second purpose of The Institute—related to high quality education—and also provide information to the membership which allows it to more effectively perform its governance function. The reason for the activities shown in the chart and their relationship to one or more of The Institute's purposes is generally obvious.

Three areas in the chart are not obvious and deserve brief explanation. The staff support item covers the full cost of the

Membership Services Director (who's sole purpose is the staffing of these activities), as well as a portion of the cost of the Executive Director, Finance Officer, Office Manager and Receptionist. Administrative overhead covers such items as a portion of telephones, rent, utilities, etc. The item, Other Institute Activities, includes a portions of Board expenses, new program development and such special projects as the proposed celebration of the centennial of Dr. Rolf's birthday. In future years special projects might also include research or additional public education projects.

Membership dues play a critical role in the accomplishment of our mission and purposes. As a member of the ultimate governing board of The Institute, each Rolfling practitioner has both the right and the responsibility to know how his/her dues are spent. Please feel free to call Board Chair Aline Newton, Membership Services Director, Karna Handy, Executive Director Gary Wolfe or any member of your Board of Directors if you wish more information about how your membership dues are advancing the mission of The Rolf Institute.

**ROLF INSTITUTE
OF STRUCTURAL INTEGRATION**

ETHICS IMPLEMENTATION PROCEDURES

REVISED
November 1997

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ARTICLE 1 PREFACE

These Ethics Implementation Procedures ("Procedures") set forth the manner in which the Rolf Institute will address alleged violations of its Code of Ethics or Standards of Practice. The goal of the Procedures is to serve the Rolfling community as a whole and to protect the reputation of the Rolf Institute. We want our members to engage in sound business practices and successful professional relationships. We want the professional conduct of our members to enhance the reputation of Rolfling.

ARTICLE II ETHICS and BUSINESS PRACTICES COMMITTEE

Section A: Function and Responsibilities

1. **Purpose:** The purpose of the Ethics and Business Practices Committee (the "Committee") is to serve the Rolfling community as a whole, protect the reputation of the Rolf Institute (the "Institute"), and support members in engaging in sound business practices and successful professional relationships. The Committee will strive to maintain the quality and integrity of the relationships among members, their clients, and the public at large.

2. **Powers and Duties:** The Committee is authorized and empowered to:

- a. Implement these Procedures;
- b. Advise members on business and ethics issues;
- c. Help members who have practice-related disagreements to resolve their differences;
- d. Support mediation of disputes;
- e. Review, investigate, and conduct hearings with respect to allegations of ethics violations;
- f. Caution or admonish members; put a member on probation; or recommend the suspension or revocation of membership to the Board of Directors ("Board"). Probation and reinstatement after suspension may be conditioned on the member's meeting certain requirements, including but not limited to payment of costs of the proceedings; mandatory education, therapy or practice supervision; or restitution;
- g. Adopt rules to govern its internal operations.

Section B: Structure

1. Composition, Qualifications, Terms of Service: The Board will appoint 10 Institute members in good standing to serve on the Committee, and name one Committee member as Chair. Committee members shall be appointed to three-year terms. Following the initial appointments, appointments shall be staggered so that three positions expire and are appointed in each of the first and second years, with four being appointed the third year. Members are eligible to be reappointed. Terms of office shall begin on January 1. The Board shall fill any vacancies.

2. Procedures Coordinator ("Coordinator"): The Institute Executive Director will appoint an Institute staff member as the Coordinator. The Coordinator will serve as the administrator of the Procedures; be the initial contact for complaints about Institute members' conduct; and maintain all records, documents, and files pertaining to complaints and the activities of the Committee.

3. Chair: The Chair will oversee all Committee activity. The Chair will work closely with the Coordinator to implement these Procedures. The Chair will be the primary communication link between the Committee and the Board.

4. Review and Hearing Panels: The Chair will divide the remaining nine Committee members into three groups of three to function as Review and Hearing Panels. Each group will serve as the acting Review Panel for a four-month period. Should a Hearing Panel be required, the Chair will appoint three other Committee members to serve that function.

5. Reimbursement of Committee Members' Expenses: Committee members shall be reimbursed for reasonable travel, lodging, and other expenses incurred in the performance of their duties, subject to the Institute's reimbursement policies.

6. International Members

Europe: Ethics complaints against European members by their clients or other European members will be addressed by a committee of Institute members appointed by the European Rolfing Association (ERA) Board of Directors. These committee members may be members of the Committee. Complaints by non-European members against European members will be handled by the Committee.

Brazil: Ethics complaints against Brazilian members by their clients or other Brazilian members will be addressed by a committee of Institute members appointed by the Associacao Brasileira De Rolfistas (ABR) Board of Directors. These committee members may be members of the Committee. Complaints by non-Brazilian members against Brazilian members will be handled by the Committee.

The ERA and ABR Boards of Directors may, in keeping with their license agreements with the Institute, use procedures that vary from these Procedures to suit their cultural and

organizational circumstances. Such procedures must be consistent with the intent of these Procedures, and are subject to the approval of the Institute Board.

Others: Ethics complaints against other non-US members will be handled by the Committee. If necessary, the Chair can assign Institute members other than Committee members to investigate and hear cases.

ARTICLE III ADMINISTRATION

A. Confidentiality:

Except as otherwise provided herein, the Institute will keep all records and information concerning the activities of the Committee confidential; but this information does not have a privileged and/or protected status by law and may be subject to disclosure through legal process or court order. Moreover, in the event of legal proceedings between a member and the Institute, the Institute may make disclosures concerning the activities of the Committee as necessary to prosecute or defend the litigation.

B. Proceedings:

1. **Complaints:** Any person may submit to the Coordinator a written, signed complaint concerning allegedly improper activity by an Institute member. Persons making oral complaints will be told that the Institute cannot act upon a complaint unless it is in writing and signed.

Upon receipt of a complaint, the Coordinator will notify the Chair and the member who is the subject of the complaint (the "respondent"), and promptly transmit the complaint to the respondent (by certified mail) and to the Chair. The respondent must be told that he or she has a right to be represented by counsel and be given a copy of these Procedures. The respondent will be asked to make a written response to the Coordinator within 20 days of the respondent's receipt of the complaint.

2. **Action by the Chair:** The Chair or the Chair's designee may request more information from either the complainant or the respondent. Within a reasonable period of time, the Chair will:
 - a. decline to conduct further proceedings and dismiss the complaint because the complaint does not allege a violation of the Code of Ethics or Standards of Practice; obviously lacks merit; has been or is already being acted on; or other good cause as the Chair may determine on an individual case basis;
 - b. try to resolve a matter that amounts to no more than a business disagreement through advice or mediation (by either the Chair or another Committee member that the Chair designates), and then dismiss the complaint; or

- c. refer the matter to a Review Panel for further proceedings.

The Chair will prepare a memorandum of the decision (to dismiss or to refer to a Review Panel) that includes the basis of the decision, which the Coordinator will transmit to the respondent. The Coordinator will give the complainant written notice of the Chair's decision.

A complainant may seek reconsideration of a dismissal by giving written notice to the Coordinator within 10 days of the complainant's receipt of notice of a dismissal. The Coordinator will immediately notify the Chair and the respondent. The Chair will promptly reconsider the dismissal, in consultation with the Review Panel to which the complaint would be referred, were it to go forward. If either the Chair or at least two members of the Review Panel believe that the complaint should not have been dismissed, the complaint will be sent to the Review Panel. The Coordinator will give prompt written notice of the outcome of the reconsideration to the respondent and the complainant.

3. **Action by the Review Panel:** The Coordinator will give the complaint and all related correspondence to the Review Panel. The Coordinator will give the respondent the names of the Review Panel members.

The Review Panel will investigate the allegations. The Review Panel may interview witnesses, take and request statements, review records, and use any other legal means to obtain relevant information.

Based on the investigation, the Review Panel will determine, within 45 days of the referral, whether there is probable cause to believe that grounds for discipline exist and notify the Chair in writing of one of the following:

1. there is no substantial evidence of an ethics violation, and the Review Panel has done all it can to address the matter;
2. there is no substantial evidence of an ethics violation, and the Review Panel would like to take a specific amount of time to further address the matter;
3. there is substantial evidence of an ethics violation, but the violation is either technical or trivial, the respondent's future conduct is unlikely to pose a threat to the public or the Roling community, and it would not serve the Institute's interests to pursue the matter;
4. there is substantial evidence of an ethics violation, and the matter should be sent to a Hearing Panel.

The Chair may extend the period for the Review Panel's decision for good cause. The Panel will make a written report of its decision and the basis for it, which the Coordinator will transmit to the Chair and the respondent. The Coordinator will give the complainant written notice of the Review Panel's decision.

4. **Hearings:** If the Review Panel recommends a hearing, the Chair will assign a Hearing Panel. At least 30 days prior to the hearing, the Coordinator will give written notice to the respondent (by certified mail) of the date, time, and place of the hearing; the alleged conduct that gave rise to the charges; the particular violation of the Code of Ethics or Standards of Practice alleged; the names of the Hearing Panel members. The notice will also apprise the respondent of the rights to be represented by counsel, to present and cross-examine witnesses, and to review or receive copies, as soon as practicable, of any documents in the complaint file other than Committee members' notes.

At least 20 days before the hearing, the respondent may request that one or two of the Committee members assigned to the Hearing Panel be removed from the panel. The respondent need not give any reason for the request. Upon receipt of the request, the Chair will assign replacement(s) to the Hearing Panel. If possible, the replacement(s) should be Committee members; however, if necessary, the Chair may assign to a Hearing Panel an Institute member who is not a Committee member.

Hearings may be rescheduled for good cause; however, scheduled hearings will go forward even if the respondent does not appear. Hearings are oral presentations of information and testimony pertinent to the complaint. One member of the Review Panel will present the case against the respondent. The respondent may present his or her own case, or may be represented by counsel. Both the respondent and the Review Panel representative may present witnesses at the hearing; provided, however, that the Hearing Panel may exercise reasonable control over the scope and manner of questioning to prevent intimidation or other abuse. Hearings are not open to the public. Attendance is limited to members of the Hearing and Review Panels, the respondent, witnesses, and counsel. Hearings may be conducted by teleconference. Hearings will be transcribed by a certified court reporter.

No later than five business days after the hearing, the Hearing Panel will either determine that the allegations are not proved and dismiss the complaint; or determine that a violation occurred, and recommend a sanction. The sanction may be: a) a period of probation, during which the respondent must fulfill specific requirements to avoid further sanction; b) suspension of membership unless and until the respondent fulfills specific requirements; or c) revocation of membership.

In recommending a sanction, the Committee may consider the respondent's ethics history. The Hearing Panel's decision shall be set forth in a written report, which the

Coordinator will transmit to the respondent (by certified mail), the Chair, and the Board Chairperson. The Coordinator will give the complainant written notice of the Hearing Panel's decision.

If the finding is adverse to the respondent, the transmission to the respondent will include notice of the right to appeal, and a summary of the appeal procedures.

5. Appeals:

1. The respondent may appeal an adverse decision by the Hearing Panel if, within 10 days after receipt of the Hearing Panel's report, the respondent transmits a written appeal to the Coordinator. The appeal should state the ground(s) on which it is based. If an appeal is not timely made, the Hearing Panel's decision will become final. Upon receipt of the appeal, the Coordinator shall transmit it to the Chair, the Hearing and Review Panel members, and the Board Chairperson. The Coordinator will transmit the complaint, the reports of the Review and Hearing Panels, and the transcript of the hearing (collectively, the "record") to the Board. The Coordinator will give the complainant written notice of the appeal.

The parties to the appeal are the respondent and the Committee. For purposes of the appeal, the Review Panel member who presented the case against the respondent to the Hearing Panel (the "presenter") will defend the Hearing Panel's decision.

2. The Board, or a committee thereof, shall review the record to determine whether the proceedings were conducted in good faith and in substantial compliance with these Procedures; whether the record contains sufficient evidence to support the Hearing Panel's factual determinations; whether the Hearing Panel's interpretation of the Code of Ethics and Standards of Practice is reasonable as applied to the facts determined; and whether the sanctions imposed by the Hearing Panel are reasonable under the circumstances.

The Board may entertain additional oral or written argument. However, the Board may not consider oral arguments unless both the respondent and the presenter are present, either in person or by telephone; and may not consider written arguments unless the opposing party has received the submission and been given an opportunity to respond.

3. Within 30 days of its receipt of the record, the Board will complete its review of the case and make a written report of its decision and the basis for it.

The Board may:

- A. Sustain the original decision with, or without, comment;
- B. Vacate the original decision, with cause stated, and dismiss the complaint;
- C. Return the complaint to the Committee for rehearing with directive comment; or

CARE and FEEDING of ROLFERS

A Rolfer's Tools

- Educational background
- Intelligence
- Personality
- Intuition
- Ability to synthesize and extrapolate
- Compassion (as opposed to sympathy)
- Sense of humor
- Eyes, ears, voice, breath
- Touch
- Sensing
- Hands (fingers, knuckles, fists, palms)
- Forearms, elbows
- Body weight
- Feet (toes, heels), knees
- Love (increasing appreciation and acceptance of self and others)
- Responsibility and the ability to determine the balance of responsibility between Rolfer and client, in regards to the changes that occurs during the therapeutic process.
- Acceptance of, and ability to teach, the natural law: "REACH, GRASP, LET GO, WITHDRAW"
- The "ROLFER'S HAT" for maintaining a professional attitude with client

Hazards of Doing Rolfing

- Telescoped fingers, narrowing of palm area
- Twisted and sprung fingers
- Sore, tender hands and elbows
- Crowding and collapse of clavicle area
- Migrating 6th cervical vertebra and L.D.H.
- Failure to breath deeply, frequently
- Tunnel vision and limited use of eyes
- Becoming too serious
- Developing crepitus in shoulder joints
- Fibrosis in trapezius
- Efforting through the psoas and shortening it

Remedies

After or during each session, de-telescope by pulling, twisting, and smoothing hands and wrists, especially fingers. Stretch palms, working deeply in the tightening areas.

For soreness and tenderness, soak hands in a bowl of apple cider vinegar for 20 minutes. There are 3 amino acids in the vinegar that are absorbed into the skin and comfort is received quickly.

For general body soreness and fatigue, use 2 1/2-5 lbs. of Epsom salts in a hot bath, Soak for 30 minutes to an hour at bedtime.

Clavicle crowding: create the habit of lengthening the arms to the side from the shoulder girdle, and of moving forward from the pelvic hinge, instead of diminishing your width.

6th cervical and L.D.H.: remember your line - lengthen while you work, look from "up there", don't crouch.

Take a deep breath every time you ask your client to breathe and do so often.

Remember to scan. You are working with a total unit, not just a piece of it. It is serious work, but remember you are introducing your client to their magnificence, and in that there is joy!

Use the Rolf Movement Program a few minutes daily, to keep the shoulders well-oiled, and the body long and flexible.

Fibrosis forming in the traps tells you that you are using too much effort. Slow down, lighten up, and use more weight than strength.

When you find your belly shortening and extending forward, you know that you are not honoring your own fatigue level; you are pushing yourself. Watch for this sign and back off. "YOU HAVE ALL OF ETERNITY TO GET WHERE YOU ARE GOING."

Equipping Rolfing Space

Mirrors, at least 2, ideally 3 and really 5 (one over the Rolf table on the ceiling, and one on the closet or near the clothes-hanging hooks)

Rolfing table and mat

Small table for extra things

Chest of drawers (for film, linens, papers, etc.), camera, tripod, grid on wall for pictures, waste basket

Rolfing stool, preferably adjustable

Straight-back chair

Wall decor (certificates, a picture of beauty, some humor, some philosophy and/or anatomy - change these occasionally)

Supply of towels and "wet ones" or moist towelettes

Placque for identifying picture number and date

Thick carpet or area rugs for comfort in kneeling

Thick, resistant pillow (preferably down)

Small thin pillow for between the knees

Calendar, appointment book, receipt book, model releases, original Roling agreements

Carafe of water and paper cups

Finger cots, lubricants and tissues

Good air circulation and temperature controls

Sheets and pillow cases (supply depends on laundry facilities and frequency of scheduling)

Toys, a few, from cuddlies for infants to appropriate 4-5 year old types. Also a few interesting "baubles" - especially broken items with all of the pieces present to use as a puzzle to keep children's interest, and picture books in the waiting room.

Personal Needs

A trouble free book-keeping system, or a good book-keeper/accountant. They are worth what they cost.

A minimum but effective daily regimen of total body use, for circulation, balance and integration.

Ongoing attention to nutrition.

Rewards (What are you working for? Remember to accept your rewards, and to give them to yourself. Make your work meaningful.)

Communicate with other Rolfers and colleagues in the healing professions frequently - put it on your calendar!

Remember the balance of living - work, worship, rest, and recreation. They are equally important.

Make time for private renewal, as well as nourishment through being with loved ones.

Make time for new input (schedule time for learning, and receiving inspiration from others).

Reading for pleasure and "escape".

Professional Stimuli

Regular reading (minimum 15 minutes a day)

Anatomy and other physically-oriented books, plus psychological, spiritual, occult, humor, poetry, history, research, whatever appeals at the moment.

Take an interest in community, and find ways to contribute, while calling attention to what you have to contribute. Supporting others' efforts brings support for your own efforts.

Research the legal aspects of your profession; discover ways to talk about your work within the legal limits of your practice.

Plan your work and work your plan, but be flexible and open to change.

ENJOY!!!! Put joy into your body and live it !

BE GOOD YOURSELVES, SO THAT YOU MAY BE AROUND LONGER TO BE GOOD TO OTHERS.

Lovingly submitted,

Stacey D. Mills
Rolfing Instructor



WHO ARE WE?

Liesel Orend

What follows are the results of the 1996 Rolf Institute Education survey. We have received a total of 309 surveys to date; reflecting a 36% return rate. Many thanks to those members who took the time to complete their surveys! The purpose of this project was to gain a clearer picture of who we are as a group; both for our own knowledge, and so that we can accurately provide this information for potential students, students in training, and newly certified Rolfers.

Who Answered the Survey?

First, we'll take a brief look at the 309 Rolfers who answered this survey. There was a fairly even distribution of Rolfers in terms of length of practice, and responses within the United States. Half of the Rolfers who responded are Advanced Rolfers, and one fifth are Rolfing Movement Teachers. A majority of Rolfers seem to practice in urban areas. The question about other practices besides Rolfing drew a wide variety of responses. The breakdown is as follows:

NUMBER OF YEARS AS ROLFERS:

1-3	67	22%
4-6	38	12%
7-9	49	16%
10-12	44	14%
13-15	36	12%
16-20	44	14%
21 +	14	5%
No Answer	17	5%

ADVANCED ROLFERS: 155 50%

MOVEMENT TEACHERS: 63 20%

STATE/COUNTRY

Total number of responses: 302



USA: 250 83%
 USA Unspecified - 8

Eastern Voting Zone
80 (33% of USA)

- Connecticut - 3
- District of Columbia - 1
- Florida - 11
- Georgia - 1
- Indiana - 2
- Louisiana - 2
- Maine - 3
- Maryland - 5
- Massachusetts - 6
- Michigan - 3
- New Hampshire - 2
- New Jersey - 5
- New York - 8
- North Carolina - 9
- Ohio - 1
- Pennsylvania - 2
- Rhode Island - 2
- Vermont - 3
- Virginia - 7
- Wisconsin - 4

Central Voting Zone
84 (35% of USA)

- Alabama - 2
- Arizona - 11
- Arkansas - 6
- Colorado - 29
- Illinois - 5
- Kansas - 2
- Minnesota - 4
- Missouri - 1
- Montana - 2
- New Mexico - 11
- Oklahoma - 2
- Tennessee - 1
- Texas - 6
- Utah - 2

Western Voting Zone
78 (32% of USA)

- California - 50
- Hawaii - 10
- Nevada - 3
- Oregon - 4
- Washington - 11

Europe: 33 11%

- Denmark - 4
- England - 2
- Germany - 15
- Ireland - 1
- Italy - 5
- Netherlands - 1
- Norway - 1
- Spain - 2
- Switzerland - 2

South America: 6 2%

- Brazil - 5
- Argentina - 1

Pacific Basin: 6 2%

- Australia - 5
- Japan - 1

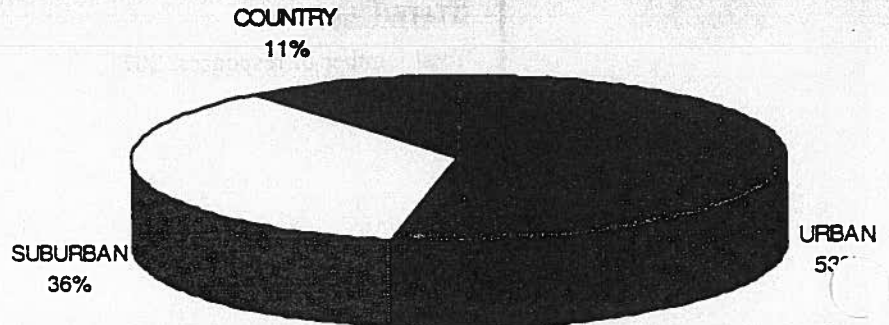
Canada - 6 2%

Kenya - 1

AREA OF PRACTICE:

Total number of answers: 311 (some members answered with more than one category)

Urban	166	53%
Suburban	111	37%
Country	34	10%





OTHER PRACTICES BESIDES ROLFING:

Of the 309 respondents, 155, or 50%, reported practicing something in addition to Rolfing. This is the breakdown:

Massage - 29	9%
Trauma - 29	9%
CranioSacral - 29	9%
Psychotherapy - 14	5%
Physical Therapy - 8	3%
Yoga - 7	2%
Energy work - 7	2%
Counseling - 6	2%
Feldenkrais - 5	2%
Chiropractic - 3	1%
Jin Shin - 4	1%
Acupuncture - 2	1%
Herbalism - 3	1%
Other - 9	3%

Rolfers' Practices

This section was designed to gain information about Rolfers' practices. Questions were asked about how much work Rolfers do, what they specialize in, and when they refer clients to other professions. Their answers are presented below:

NUMBER OF SESSIONS PER WEEK:

1-10	97	31%
11-20	142	46%
21-30+	53	18%
No Answer	17	5%

IDEAL NUMBER OF SESSIONS PER WEEK:

1-10	34	11%
11-20	206	67%
1-30+	53	17%
No Answer	16	5%

NUMBER OF RESPONDENTS WHO REPORT DOING THEIR IDEAL NUMBER OF SESSIONS:

193 69%

NUMBER WHO REPORT DOING MORE THAN THEIR IDEAL NUMBER:

17 6%

NUMBER WHO REPORT DOING FEWER THAN THEIR IDEAL NUMBER:

71 25%

QUESTION: ONCE CERTIFIED, HOW LONG DID IT TAKE BEFORE YOUR PRACTICE REACHED THE LEVEL YOU EXPECTED?

Less than 6 months	70	31%
6 months to 1 year	55	25%
1 - 2 years	40	18%
2-3 years	24	10%
3-5 years	14	6%
more than 5 years	24	10%

QUESTION: DID YOU RETURN TO YOUR OWN COMMUNITY TO START YOUR PRACTICE, OR DID YOU MOVE SOMEWHERE NEW?

Returned to community 227 73%



AREAS OF SPECIALIZATION:

The 309 respondents reported 329 areas of specialization. Many of these (42) were mentioned only once, but others appeared often:

Movement	31	10%
Athletes/Dancers/Actors	29	9%
Trauma/Sexual Abuse	29	9%
Psychotherapy	28	9%
CranioSacral/Visceral work	27	9%
Head/Neck/Shoulders/Back	26	8%
Children	21	7%
Injury Rehabilitation	18	6%
Emotional Problems	16	5%
Chronic Pain	15	5%
Pregnancy/Post Partum/Birth	11	4%
Energetic work	9	3%
Horses	7	2%
Repetitive motion/Carpal Tunnel	6	2%
Spiritual/personal growth	6	2%
Elderly	5	2%
Yoga	3	1%
Others	42	14%

OTHER PROFESSIONALS THAT ROLFERS SOMETIMES REFER CLIENTS TO:

Rolfers seem to refer clients to a wide variety of other professionals, with Chiropractors, Psychotherapists, Acupuncturists, and medical doctors being the most frequently named. A total of 807 responses were received:

Chiropractors	157	51%
Psychotherapists	126	41%
Acupuncturists	96	31%
MDs	86	28%
Massage Therapists	67	22%
Osteopaths	60	10%
Nutritionist/Herbalist	30	10%
Homeopathy	25	8%

Yoga	20	6%
Naturopaths	19	6%
Physical Therapy	19	6%
CranioSacral Therapy	18	6%
Martial Arts/Excercise	14	5%
Pilates	12	4%
Dentists	10	3%
Energy	10	3%
Feldenkrais	9	3%
Spiritual Counseling	5	2%
Visceral	5	2%
Other Rolfers	4	1%
Colonics	4	1%
Alexander	3	1%
Orthopedists	3	1%
Other	5	2%

Building Practices, Finding Clients

The purpose of this section is to show how Rolfers find clients and build their practices, and to show which methods have proven most effective for them. It seems that overall, practicing builds practices; client referrals were most often listed as the primary source for new clients. Still, a number of Rolfers do other promotion as well:



MARKETING TOOLS THAT ROLFERS USE:

Respondents were asked to check each tool that they currently use, and to rank it's effectiveness, with 1 being ineffective, and 5 being very effective.

MARKET TOOLS	INEFFECTIVE					VERY EFFECTIVE				
	1	2	3	4	5	1	2	3	4	5
Demonstrations/Lectures 147 48%	18	22	46	34	27					
Health Fairs 96 31%	19	25	36	9	7					
Advertising - Newspaper 135 44%	23	33	41	22	16					
Advertising - Magazine 138 145%	24	28	54	19	13					
Posted Flyers 92 30%	25	25	28	9	5					
Brochures - Rolf Institute 148 48%	19	26	49	38	16					
Brochures - self-produced 124 40%	7	15	47	37	18					
Client Referrals 277 90%	3	7	19	37	211					
Professional Referrals 248 80%	7	31	57	55	98					

QUESTION: WHAT IS YOUR GREATEST SOURCE OF CLIENTS?

Respondents gave a total of 316 answers:

Word of mouth/client referral	244	77%
Printed materials	25	8%
Other professionals	19	6%
Yellow Pages	8	3%
TV or radio	5	2%
Lectures or demonstrations	3	1%
other	12	3%

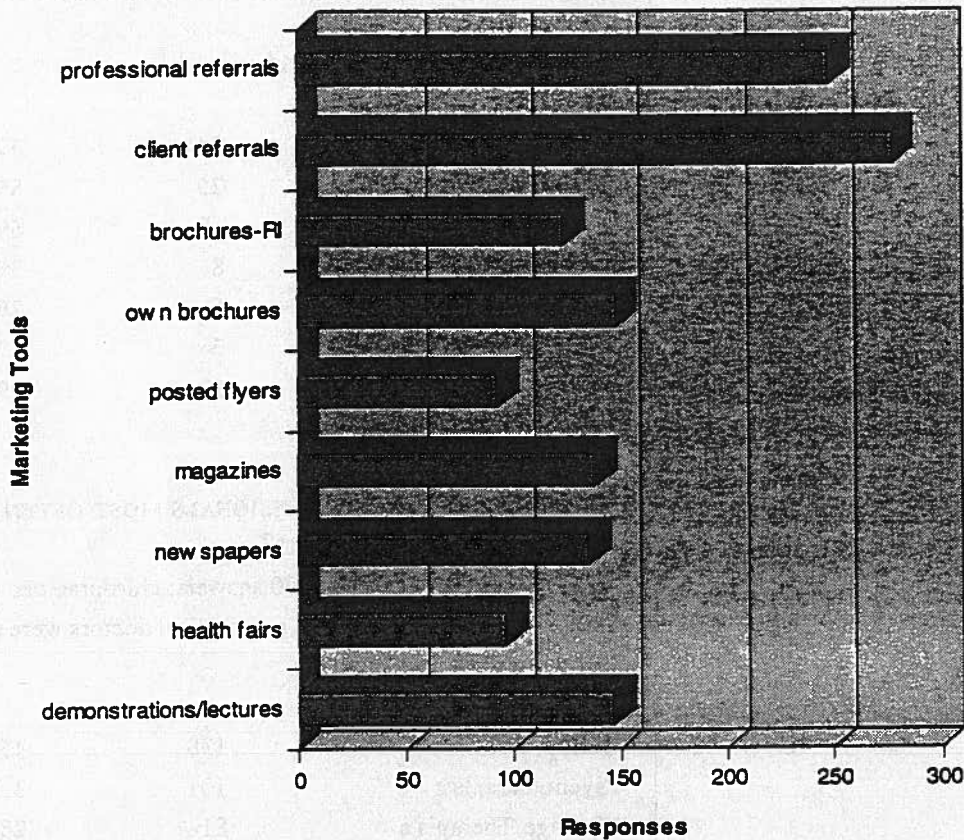
QUESTION: WHICH PROFESSIONALS MOST OFTEN REFER CLIENTS TO YOUR PRACTICE?

Respondents gave a total of 580 answers; chiropractors, psychotherapists, massage therapists, and medical doctors were the most frequent responses.

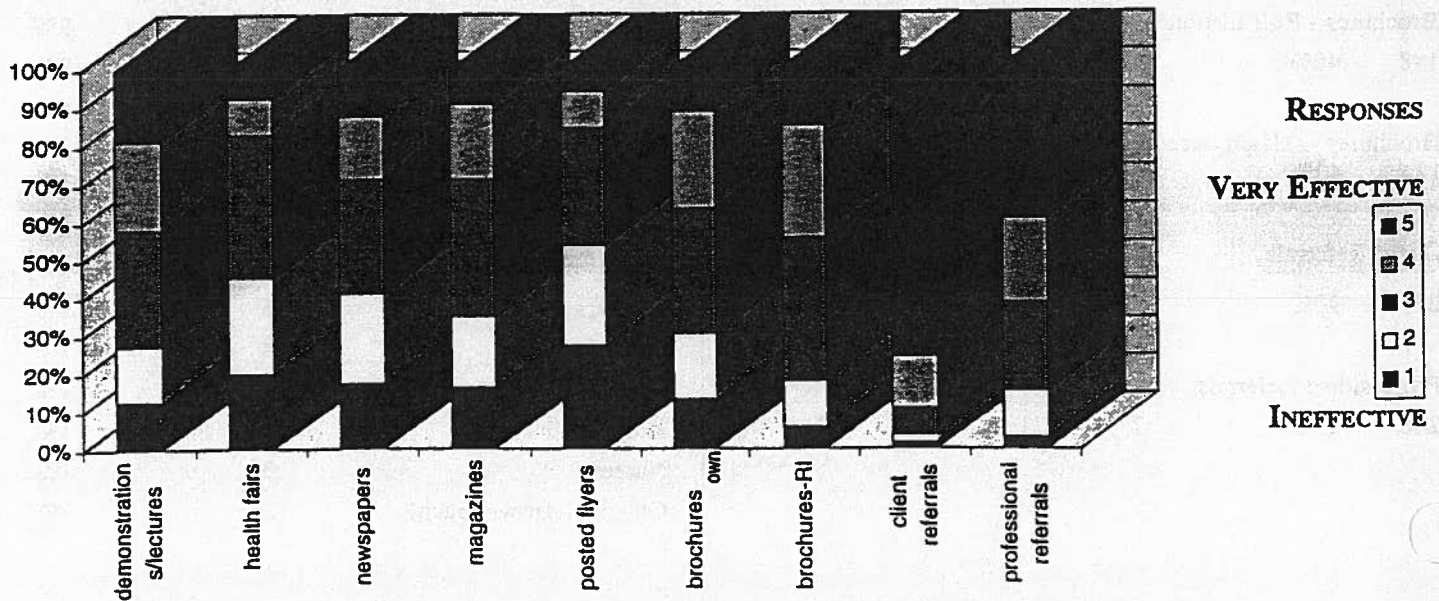
Chiropractors	138	45%
Psychotherapists	101	33%
Massage Therapists	81	26%
MDs	80	26%
Physical Therapists	35	11%
Osteopaths	29	9%
Acupuncturists	29	9%
Athletes or exercise trainers	12	4%
Dentists	9	3%
Yoga teachers	7	2%
Naturopaths	7	2%
Energy practitioners	7	2%
Dancers	5	2%
Other Rolfers	4	1%
Nutritionists	4	1%
Homeopaths	3	1%
Nurses	3	1%
Others (1 answer each)	26	8%



WHICH TOOLS ARE USED?



WHICH TOOLS ARE MOST EFFECTIVE?





QUESTION: HAVE YOU BEEN FEATURED IN A LOCAL NEWSPAPER ARTICLE?

117 (38%) said yes

QUESTION: HAVE ARTICLES ABOUT ROLFING IN GENERAL GENERATED CLIENTS?

181 (58%) said yes

QUESTION: HAVE YOU RECEIVED REFERRALS FROM THE ROLF INSTITUTE IN THE PAST 3 YEARS?

187 respondents, or 61% said that they had received referrals from the Rolf Institute. The breakdown below shows the percentages from the people who said that they had received referrals:

Between 1 and 3 clients:	122	39%
Between 4 and 6 clients:	36	12%
Between 7 and 10 clients:	15	5%
Between 10 and 12 clients:	7	2%
More than 12 clients:	7	2%

Rolfing Community and the Bodywork and Health Care Fields

These questions pertain to the Rolfing community, and to the various ways in which Rolfers interact with the greater bodywork and health care fields.

QUESTION: DO YOU GET TOGETHER WITH OTHER ROLFERS AND MOVEMENT TEACHERS IN YOUR AREA? IF SO, PLEASE TELL US HOW FREQUENTLY, AND YOUR REASONS FOR GETTING TOGETHER.

176 respondents, or 57%, said that they did get together with other Rolfers

How frequently:

More than once a month	18	10%
once a month	20	11%
4 times a year	25	14%
twice a year	26	15%
once a year	12	7%
sometimes/often	37	21%
seldom	38	22%

Reasons:

178 reasons for gathering with other Rolfers were given (some respondents gave more than one answer)

Social	54	30%
Share ideas, business related, advice	47	26%
Trade sessions	34	19%
Meetings	31	18%
Workshops/clinics/ instruction	12	7%

QUESTION: DO YOU BILL INSURANCE COMPANIES FOR YOUR SERVICES? IF SO, PLEASE COMMENT ON YOUR EXPERIENCES WITH THIS:

140 respondents, or 45%, said that they do bill insurance companies for their services.

46 respondents, or 15%, said specifically that they are not willing to bill insurance companies, many because of bad past experiences.

Comments:

Good experience (14% of those who bill insurance)	20
Don't like to, but will bill for clients (13% of those who bill insurance)	18
Limited use/other practitioner billing (36% of those who bill insurance)	51



QUESTION: HAVE YOU TAKEN THE NATIONAL CERTIFICATION EXAM? IF SO, PLEASE COMMENT ON THE EXAM (WAS IT EASY? DIFFICULT?), AND TELL US WHY YOU DECIDED TO PARTICIPATE. IF NOT, PLEASE TELL US WHY NOT.

98 Respondents, or 40% of the USA respondents, said that they have taken the National Certification Exam.

Comments from those who took the exam: (Percentages are of Rolfers who reported taking the exam)

About the exam:

Exam was easy:	57%
Too general, massage oriented,	
Irrelevant to Rolfing:	35%
Exam was difficult:	14%
Exam was poorly designed:	5%
Exam was well done:	2%
Rolf Inst. exam much harder:	1%

Why the exam was taken:

Took to support system/national regulation:	27%
Wanted to increase professional status:	13%
Took because Rolf Institute recommended:	11%
Needed/recognized in area:	8%
Won't take it again:	7%
Grandfathered in:	4%
Just took it:	4%

Comments from those who have not taken the exam:
(Percentages of USA Rolfers who did not take the exam)

No need, no benefit:	48%
Opposed to regulation:	29%
Don't want to:	16%
Haven't done it yet:	12%
Too expensive:	5%
Didn't know about it:	4%
Will take if needed:	3%

QUESTION: ARE YOU LICENSED OR REGULATED IN ANY WAY TO PRACTICE IN YOUR CITY OR STATE? IF YES, HOW DIFFICULT WAS THE PROCESS? PLEASE DESCRIBE. IF NOT, WHY NOT?

137 respondents, or 44%, said that they were licensed or regulated in their city or state.

Comments from those who are regulated:

(Percentage of those who reported being regulated)

Had to comply legally -	29	21%
It was easy -	24	17%
Don't like it -	23	16%
It was difficult -	19	14%
Licensed as Massage Therapists -	11	8%
It was expensive -	7	5%
Did before, but it's gotten harder -	3	2%

Comments from those who are not regulated:

(Percentage of those who did not report being regulated)

Don't need to be -	18	10%
Licensed in other field -	17	10%
Don't comply with laws -	16	9%
Doesn't apply to Rolfing -	6	3%

QUESTION: DO YOU HAVE LIABILITY INSURANCE? IF SO, DO YOU USE THE POLICY AVAILABLE THROUGH THE ROLF INSTITUTE/FEDERATION(WOHLERS)? A DIFFERENT COMPANY (WHICH ONE)? IF NOT, WHY NOT?

201 respondents, or 65%, said that they do carry liability insurance.

These are the companies mentioned:

Wohlert's (the liability insurance available through the Federation/Rolf Institute):	127
AMTA -	15
ABMP -	11
Others -	10



Some comments:

- Don't need insurance, or don't believe in it: 10
- Can't use, don't live in the United States: 4
- Hasn't done it yet: 4
- Too expensive: 3
- Others: 5

QUESTION: IF YOU USE THE LIABILITY INSURANCE AVAILABLE THROUGH THE ROLF INSTITUTE, HAS YOUR EXPERIENCE BEEN POSITIVE? PLEASE DESCRIBE.

Very few comments were made about the experience Rolfers have had with the liability insurance available through the Rolf Institute. Of the few comments that were received, five respondents are pleased with the price, while one thought that it was too expensive. Two Rolfers had a difficult time using the policy, and one thought that the response was very professional. Three Rolfers noted that their questions were promptly answered.

QUESTION: DO YOU USE THE HEALTH INSURANCE AVAILABLE THROUGH THE ROLF INSTITUTE/FEDERATION? IF SO, HAS YOUR EXPERIENCE BEEN POSITIVE?

Only 2 respondents indicated that they currently used the health insurance available through the Federation/Rolf Institute. Many people were unaware of its availability, and expressed interest in this program, now in its first year. More information is available through the Rolf Institute.

How much is charged per session:

281 responses were received:

\$60 - \$69:	20	7%
\$70 - \$79:	73	26%
\$80 - \$89:	88	31%
\$90 - \$99:	47	17%
\$100 +:	53	19%

Total yearly income:

Total of 272 responses.

10,000 - 20,000	35	13%
20,000 - 30,000	44	16%
30,000 - 40,000	56	21%
40,000 - 50,000	37	13%
50,000 - 75,000	54	20%
75,000+	46	17%

Yearly income from Rolfing

Total of 269 responses.

10,000 - 20,000	67	25%
20,000 - 30,000	47	17%
30,000 - 40,000	49	18%
40,000 - 50,000	34	13%
50,000 - 75,000	44	16%
75,000+	28	11%

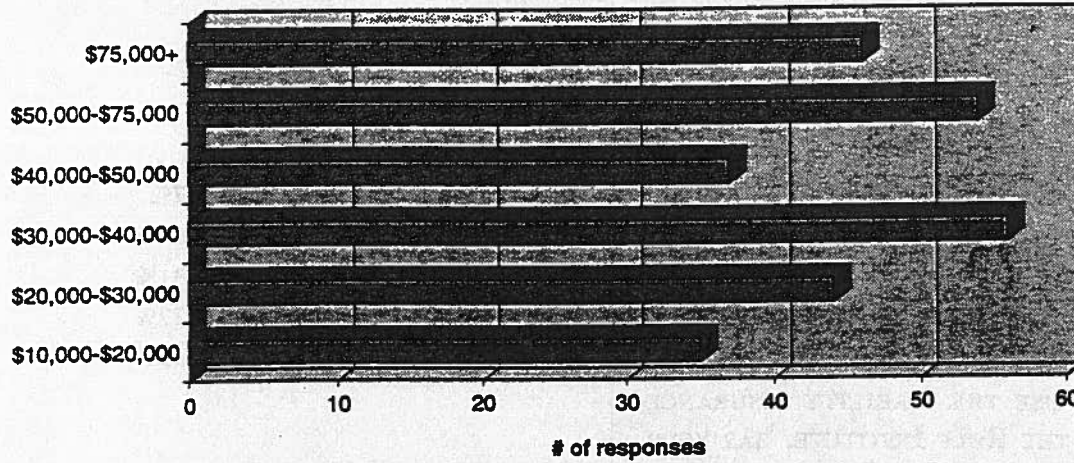
Financial Information

One of the questions of how much Rolfers charge and how much they earn are among the most frequently asked by potential students. While experience, location, local competition, and other factors certainly affect these figures, these responses give a student some idea of what they can expect.

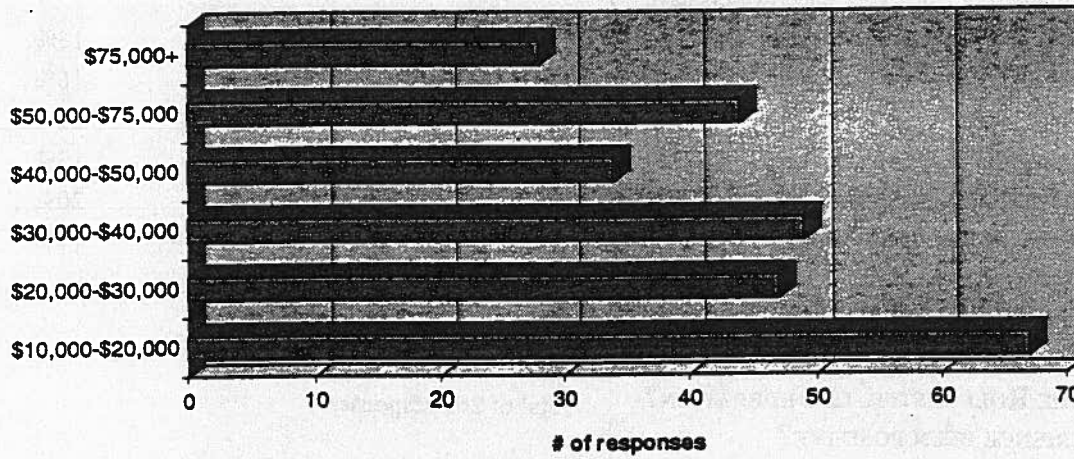
**SPECIAL THANKS TO JIM BLACKBURN AND
KARNA HANDY FOR THEIR HELP WITH
THE DEVELOPMENT OF THIS SURVEY.**



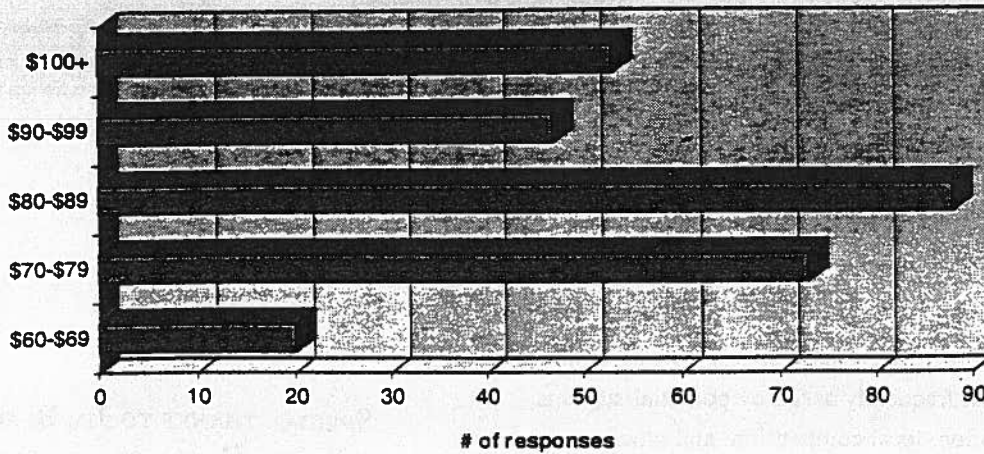
Total Yearly Income



Yearly Income From Roling



How much is charged per session?



SUPPLIES & EQUIPMENT

This list is presented for use by newly trained Rolfers setting up their Rolfig studio.

The items are only suggestions—you will have your own preferences based on need and that will truly determine what you select for your Rolfig studio. Some items on the list may not be appropriate at all for you; however, I have listed all the things I could think of for your consideration.

BASIC SUPPLIES

1. Sheets (flat/single bed-size)
2. Finger Cots (Latex, tissue thin)
3. Mineral oil in a Dropper bottle
Oil of Eucalyptus (optional)
or
K-Y Jelly
4. Kleenex tissues
- *5. Epsom Salt
Rubbing Alcohol
Book matches
small saucepan w/ handle
trivet
oven mit
6. Hand soap
towels (paper or cloth)
Fingernail scrub brush
Fingernail file
7. Polaroid Film (Type 107 B&W)
#10 manila business envelopes
8. Appointment Book
(Suggestion: Week-at-A-Glance)
9. Ledger for keeping record payments.
10. Printed material about Rolfig

BASIC EQUIPMENT

1. Rolfig Table
3" "firm" foam mat
2. Rolfig Bench
3. Polaroid Camera
Tripod
Sign Set (date & session #)
Auxiliary Lighting/bulbs
4. Full-length Mirror(s)

OPTIONAL SUPPLIES/EQUIPMENT

1. Light-weight sheet blanket
2. Fabric mattress cover for mat
3. Pillow(s) & pillowcases
4. File container for photographs
(Suggestion: Perma-Drawer)
5. Extra underwear for men and women.
- *6. Fire Extinguisher!

TABLE FOR ROLFING

This table is fairly simple to build in about six hours with a few tools. The materials cost approximately \$50. The table can be built portable with a hinge in the middle and legs which unscrew. If you don't need a very portable table, simply omit the center cuts on pieces xx' and yy' and omit the hinge. However, still use 8 legs for stability. This is still somewhat portable since the legs unscrew. A Note: the pipes can be obtained from a plumber, cut and threaded to specifications. He should also have the floor flanges. *Special:* The Flanges should *not* have a depression around the neck on the flat side of the base. These are weak. There are flanges available with a full neck all the way into the base on the under side.

Cut the plywood into the pieces as shown in figure D. First cut the sheet lengthwise into a piece 39" x 96" and a piece 9" x 96". Then cut the two 37½" x 39" pieces (leave it in one piece if you don't need the table to fold). Cut the two 37½" x 9" pieces. Finally cut the 39" x 21" into two interlocking pieces whose largest dimensions are 37½" x 11¼". These two pieces fit together underneath the table for support at the hinge. (Omit the cut for a non-folding table) Use a jig saw or a drill to make the short cut of the notch.

If you want an exact fit, cut the two large pieces oversize, fasten the hinge and trim the edges in the folded position.

Place the two pieces x and x' together, the good side of the wood facing each other. Figure H. Center the hinge on the 39" edges and use the 1" and 1¼" screws to fasten the hinge to the edges of the plywood. Have the axis or pin side of the hinge away from the wood. This is the folded position of the platform. Opened, the hinge protrudes slightly into the table surface. With the table open (75" x 39") put the good sides down facing the floor and fasten the four support pieces yy'zz'. Center all from the lateral edges. Place the end supports z & z', 1½" from their respective ends. Place the center pieces y & y' so that the notch is centered on the center line of the table (beneath the hinge). Place the good faces of yy'zz' showing. Drill lead holes for the 8 gauge screws and put them in as in figure B. Then place the 8 flanges in position as in figure B, mark and drill lead holes and fasten the flanges with the 14 gauge screws. Put the pipes in the flanges and then put the other flanges on the other ends of the pipes. Blocks can be attached to these latter flanges to raise the table if necessary. Then put the screen moulding on the outside edges and attach it with the ¼" screws. Put the non-skid tape on the table top. This helps keep the mattress from slipping.

MATERIALS

- 16" ¼" black pipe threaded both ends (¼" is the inside diameter of the pipe). Or you can have one end threaded and one end plain using 8 rubber table leg caps with steel washers as inserts. Then omit buying 8 or the 16 floor flanges. For easy tightening, drill a ¼" hole in the middle of the length of the pipe. A lever can be inserted through the hole for easy turning.
- 4' x 8' sheet ¼" AC exterior Plywood
- 30" x 1½" continuous hinge
- ¼" x ¼", 10 foot lengths screen moulding (6-40 inch pieces)
- flathead screws: 34-1½" 14 gauge, 40-1¼" 8 gauge, 24-¼" 4 gauge, 20-1" 4 gauge, 10-1¼" 4 gauge.
- 8 floor flanges for the pipe or 8 floor flanges if you use rubber leg tips.
- feet of 2" wide non-slip tread tape. (optional)

(See note in directions)

California Educational Standards

From: Ron Gibbs
To: [Dulebohn, Dawn L \(CED\)](mailto:Dulebohn, Dawn L (CED))
Subject: Re: California Bureau for Private Postsecondary Education
Date: Monday, February 05, 2018 3:43:03 PM

As listed on Jill's ballot, Hamilton College is "pending" approval by CAMTC. I contacted them today and spoke with the education director, J.B. Smith. The school has received notification of the state's intent to deny their application. They have petitioned for an extension of the denial until April. But Mr. Smith indicated that there would likely not be a change. He is forwarding a copy of their proposed denial letter and I will send it to you once I receive it.

Ron

On Feb 5, 2018, at 2:22 PM, Dulebohn, Dawn L (CED)
<dawn.dulebohn@alaska.gov> wrote:

Hello Board Members:

Ms. Chingduang is appealing the Board's decision to deny her license. I was asked by the Department of Law to try to call the school (they had a hard time making contact) and find out if they were accredited.

Since there is the current discussion of educational standards, I thought I would share this research with you:

I called Hamilton School at 11:26 a.m. and spoke with Jessica Kim. I identified myself and asked her to supply me with her school's accreditation information. She asked me to call her back in 2 hours which I did. When I called her back she told me her school was accredited by BPPE (California Bureau for Private Postsecondary Education). I asked if they were accredited by COMTA or FSTMB and she said no, just the BPPE. I looked up Hamilton School on the BPPE website and found that they are listed but the only as a Bureau approved institution (see attached application and website pages). In their FAQ's it says that the BPPE does not accredited institutions...only accreditation agencies can accredit institutions. I also attached a screenshot from Alaska Commission on Postsecondary Education for comparison's sake.

Best Regards,

Dawn Dulebohn

Licensing Examiner
Board of Massage Therapists
Board of Certified Real Estate Appraisers
Corporations, Business, and Professional Licensing



**CALIFORNIA
MASSAGE THERAPY
COUNCIL**

One Capitol Mall, Suite 800 | Sacramento, CA 95814
tel 916.669.5336 fax 916.669.5337 www.camtc.org

VIA FIRST CLASS MAIL WITH DELIVERY CONFIRMATION

June 2, 2017

Hamilton College – Los Angeles, CAMTC School Code: SCH0112
3251 6th Street, Suite 401
Los Angeles, CA 90020

Hamilton College – Monterey Park, CAMTC School Code: SCH0113
660 Monterey Pass Rd., Ste. 201
Monterey Park, CA 91754

Re: Notice of Proposed Denial of Applications for School Approval

Dear Hamilton College (Los Angeles and Monterey Park locations):

The California Massage Therapy Council (“CAMTC”) has completed its review of your applications for school approval for Hamilton College (“Hamilton”) for both of your campus locations and request for approval of the following massage programs:

- Massage Therapist – 500 hours
- Massage Therapist – 720 hours
- Massage Therapist – 900 hours

After carefully reviewing all of the information related to your massage programs, including but not limited to, the application for approval and all supporting documents and site visit observations, CAMTC has determined that it must propose to deny your applications for school approval, effective August 30, 2017. The proposed decision to deny your requests for approval was made by CAMTC’s Educational Standards Division (“ESD”) pursuant to CAMTC’s law and CAMTC’s Policies and Procedures for Approval of Schools (“Procedures” – copy enclosed).

Background:

The proposed denial of your applications for school approval is based on the fact that your school has violated the Massage Therapy Act and multiple provisions of CAMTC's Procedures. After completing its review of the information in its possession in relation to your school, CAMTC has determined that Hamilton has violated the following Procedures, in accordance with its Reasons for Imposing Discipline, Denying, or Revoking Approval:

- Section 6.a. – Failing to meet or maintain the requirements for approval set forth in the Procedures;
- Section 6.a.(4) - Engaging in fraudulent practices, including but not limited to, the creation of false documents to aid or abet students seeking CAMTC certification, aiding or abetting students to use false documents and/or to present false testimony in CAMTC hearings, aiding or abetting students in engaging in fraudulent practices with respect to CAMTC hearings, making false claims, or otherwise engaging in fraudulent practices;
- Section 6.a.(6) – Failure to create, record, or maintain accurate records, including but not limited to student attendance records and student transcripts;
- Section 6.a.(9) – Failure to meet the requirements for an approved school as defined in Business and Professions Code section 4601(a);
- Section 6.b. – Engaging in or has engaged in unprofessional business practices or an owner, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer) has engaged in or is engaging in unprofessional business practices;
- Section 6.c. – Procuring or attempting to procure school approval by fraud, misrepresentation, or mistake or an owner, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer) has procured or attempted to procure school approval by fraud, misrepresentation, or mistake;
- Section 6.d. - Violating or attempting to violate or has violated, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, or has assisted in or abetted the violation of, or conspired to violate, any provision of the Massage Therapy Act or any rule, regulation, policy, or procedure adopted by CAMTC by the actions of the school or an owner, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer);
- Section 6.f. – Committing any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a CAMTC certificate holder or CAMTC approved school or an owner, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer) commits or has committed any fraudulent, dishonest, or corrupt act that is substantially

related to the qualifications, functions, or duties of a CAMTC certificate holder or CAMTC approved school;

- Section 6.h. – Failure to fully disclose all information requested on the application or provide information upon request to an individual working on behalf of CAMTC;
- Section 6.i. – Denial of licensure, permit or certificate, or revocation, suspension, restriction, citation, or any other disciplinary action against the school, an owner, and, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer) by CAMTC, by a state or territory of the United States, by a government agency, or by another California health care professional licensing board. A certified copy of the decision, order, judgment, or citation shall be conclusive evidence of these actions; and
- Section 6.j. - An owner, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer) has owned, worked at, or been associated with a school that has been un-approved by CAMTC.

Findings of the ESD after reviewing the facts:

After careful review of your complete file, ESD finds that your school's applications for school approval should be denied because Hamilton has failed to meet minimum standards for training and curriculum in massage and related subjects, in violation of Business and Professions Code section 4601(a), and has violated multiple provisions of CAMTC's Procedures. Hamilton has applied for approval for massage programs at both its Los Angeles and Monterey Park locations. Given the nature of the conduct engaged in, the proposed decision to deny Hamilton's request for school approval affects both applications and locations.

1. 500-Hour and 720-Hour Programs

On your application for school approval, you list the following programs: Massage Therapist – 500 hours; Massage Therapist – 720 hours; and Massage Therapist – 900 hours. In order for your massage programs to be eligible for approval, they must be BPPE approved. (Procedures section 1.D.a.) According to BPPE's website, the only massage program that is BPPE approved is: Massage Therapist - 900-hours. (Exhibit 1.) According to BPPE's website, the 900-hour program has been approved since 2000, and there is no indication that any other massage program is or has been approved by BPPE for your school. Therefore, only your 900-hour massage program is eligible for CAMTC approval. Both your 500-hour program and your 720-hour program are not eligible for CAMTC approval.

In accordance with CAMTC's law and Procedures, CAMTC cannot accept applications for certification if the program completed has not been BPPE approved. (Business and

Professions Code section 4601(a); Procedures section 1.D.a.) For this reason, CAMTC cannot accept any transcripts from your students for certification purposes that are not from your 900-hour BPPE approved massage program, regardless of the outcome of your request for approval of your identified massage programs. This means that should this proposed denial be upheld, students who are currently on hold, and students who submit applications for CAMTC approval during the 90-day grace period, may not apply for CAMTC certification unless they have transcripts and diplomas that show that they have fully completed your 900-hour program. It also means that should your application for school approval for your 900-hour program be approved, CAMTC can only accept transcripts and diplomas for students that have fully completed your 900-hour program.

Additionally, after review of your student files and other documents, CAMTC finds that your school has engaged in inappropriate practices in relation to your massage programs. The records and materials you provided to CAMTC state that you have three massage programs (500 hour, 720 hour, and 900 hour). Of these programs, only one has been BPPE approved. During the site visit, school inspectors found students who had completed enrollment agreements for the 900-hour program, yet had only completed 500 hours of education and received diplomas for 500 hours of education, with no indication on the transcript or diploma that the 900-hour program was enrolled in, but a lesser number of hours was completed. Please see the records for Pantharee Sonneson. This student had an enrollment agreement for 900 hours, but a transcript for 500-hours and there was no indication in the file that a program other than the 900-hour one was attended. (Exhibit 2.) Nor was there any indication that the 500-hour program and 720-hour programs were not BPPE approved. Likewise, CAMTC also found enrollment agreements for a 500-hour program, as was seen in the files for Joung Ha Lee. (*Id.*) The 500-hour program is not BPPE approved, and CAMTC cannot accept diplomas or transcripts for this program. During a conversation with David Brockway, former COO and current Dean of Academics, regarding this practice, Mr. Brockway admitted that Hamilton was providing transcripts to students for 500 hours, regardless of the fact that the students were enrolled in a 900-hour program. Mr. Brockway also stated to the school inspectors that he knew that this might not be the proper process, then stated that the school was currently seeking BPPE approval for the 500-hour and 720-hour programs. When asked to provide evidence to prove these statements, none could be provided and Mr. Steve Kim, owner of the school, stated that he was not sure if the school was applying for BPPE approval of these two programs.

After reviewing records and speaking with school staff, CAMTC searched its own records and determined that since October 2015 through August 2016, CAMTC has received 47 applications for certification from Hamilton graduates. (Exhibit 3.) Of those 47 applications, 22 were for 500 hours, 24 were for 720 hours, and only 1 was for 900 hours. This data shows that your school is engaging in a consistent pattern of inappropriate behavior, in that your school is consistently providing transcripts for hours that are less than the BPPE approved massage program, so the vast majority of your graduates who have applied to CAMTC for certification aren't completing a BPPE approved massage program. The data shows that the issuance of 500-hour and 720-

hour transcripts with only a 900-hour BPPE approved program was consistent and on-going. This practice has been used to allow Hamilton graduates to apply for and obtain CAMTC certification without having those students complete a BPPE approved massage program, which is a violation of CAMTC's law and Procedures. Mr. Brockway acknowledged that the school was intentionally engaging in this practice, and further acknowledged that it was not proper. These admissions are an indication that the school was knowingly engaging in this inappropriate practice.

Nowhere on the 500-hour and 720-hour transcripts do they indicate that applicants were enrolled in a 900-hour program that was terminated early. While there might be situations where a student does not complete the entire program and has a transcript for fewer hours than the program they enrolled in, these instances should be few and far between. Instead, only 1 out of 47 Hamilton applicants submitted a transcript for a full 900-hours. Furthermore, partial completion of program scenarios would also reflect random and arbitrary numbers of hours completed. Instead, your transcripts show exactly 500 hours and 720 hours, supporting the fact that your school has primarily been offering a 500-hour program and 720-hour program, even though these programs are not BPPE approved. For those students who do choose early withdrawal from the 900-hour program, there should be supportive documentation to support "Drop," "Withdrawal," or "Completion" of the program. None of this documentation was seen in the student files.

Furthermore, upon review of your school's files, it was seen that students with 900-hour enrollment agreements paid tuition ranging from \$1,500 to \$3,500. These varied amounts of money paid indicates that students were, in fact, signing an enrollment agreement for one set of hours, but intentionally completing and receiving a transcript for an entirely different set of hours and programs that were not BPPE approved. CAMTC therefore finds that your school engaged in fraudulent practices, in that it was intentionally and consistently having students complete 500-hour and 720-hour programs that it knew to be not approved by BBPE, as required by CAMTC's law, and consistently submitted transcripts to CAMTC for 500-hour and 720-hour massage programs that it knew were not BPPE approved; and therefore, should not have been used for CAMTC certification.

CAMTC therefore finds that your school violated Procedures sections; 6.a.; 6.a.(4) in that your school engaged in fraudulent practices including but not limited to the creation of false documents to aid or abet students seeking CAMTC certification; 6.a.(6) in that your school failed to create, record, or maintain accurate records including student transcripts; 6.a.(9) by engaging in unprofessional business practices by enrolling students in a 900-hour program but having them pay for and complete a 500-hour or 720-hour program which are not BPPE approved massage programs; 6.b. by engaging in unprofessional business practices; 6.c. by attempting to procure school approval by fraud, misrepresentation, or mistake; 6.d. by violating provisions of the massage therapy act and Procedures; and 6.f. by committing fraudulent, dishonest, or corrupt acts that are substantially related to the qualifications, functions, or duties of a CAMTC certificate

holder or CAMTC approved school or an owner, faculty member, or other member of the school's staff. CAMTC finds that these findings are sufficient in and of themselves to deny Hamilton's applications for school approval.

2. David Brockway's Administrator Qualification Form

CAMTC's application requires that all parts be fully and truthfully completed. Hamilton initially submitted an organizational chart that stated that Mr. Brockway was the Chief Operating Officer of Hamilton. (Exhibit 4.) CAMTC requested that an Administrator Qualification Form be filled out for Mr. Brockway. In response to this request, Hamilton submitted a letter stating that no form needed to be filled out for Mr. Brockway as he was an independent contractor, and a new organization chart was submitted to CAMTC that downgraded Mr. Brockway's position to "Dean of Academics." (Exhibit 5.) No Administrator Qualification Form or background check form was submitted for Mr. Brockway at this time. (*Id.*) Eventually, after additional requests from CAMTC for this information and clarification that independent contractor status had no bearing on whether these forms needed to be submitted, Mr. Brockway did submit an Administrator Qualification Form to CAMTC and did submit to a background check. (Exhibit 6.) However, Mr. David Brockway failed to fully disclose all information requested on the Administrator Qualification Form and provided false information on this form in an attempt to procure school approval by fraud, misrepresentation, or mistake. (*Id.*) On this form, Mr. Brockway answered "No" to the following question:

Have you ever had a license, certificate, certificate of registration, permit, or other authorization for a massage therapy business or to practice massage therapy, **or for any other profession**, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate or other authorization)?

[Emphasis added.] Additionally, Mr. Brockway also answered "No" to the following question:

Have you ever had, or is there currently pending against you, in any city, county, state, country, or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?

In addition to answering "No" to this question, Mr. Brockway also added the following statement in an attempt to limit his response to this question and skirt the issue: "Not in Education." Mr. Brockway signed the following statement on the bottom of his Administrator Qualification form on March 15, 2016:

I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY WITHOUT ANY

RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION ARE **COMPLETE, TRUE, ACCURATE, AND CORRECT**. Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.

However, Mr. Brockway has had disciplinary action taken against him (suspension in 1991, suspension in 2006), and was disbarred in 2007, by the State Bar of California. (Exhibit 7.) Mr. Brockway therefore should have answered "Yes" to both of these questions and provided a written statement and documentation in support of his "yes" answers, as the application requests. Mr. Brockway failed to truthfully answer these questions and also failed to provide any documentation in relation to these answers. His attempt to limit his response to the second question noted above by stating, "Not in Education," does not excuse his failure to disclose relevant information. The question does not ask about complaints related to professional competence only in the area of education. Mr. Brockway's attempt to limit his response to this question is an inappropriate attempt to place a reservation on his response.

CAMTC therefore finds that Hamilton has violated Procedures sections: 6.a.; 6.b. by engaging in unprofessional business practices when Mr. Brockway failed to disclose the multiple instances of disciplinary action taken against him by the California State Bar; 6.c., attempting to procure school approval by fraud, misrepresentation, or mistake, by failing to disclose that disciplinary actions that had been taken against him by the California State Bar; 6.d. when Mr. Brockway failed to disclose relevant information as required; 6.f. by committing a fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a CAMTC certificate holder or CAMTC approved school or an owner, faculty member, or other member of the school's staff when he failed to disclose the disciplinary action against him; 6.i. because disciplinary action was taken against Mr. Brockway by a government agency; and 6.h. by failing to provide all of the information requested on the application. CAMTC finds that these findings are sufficient, in and of themselves, to deny Hamilton's applications for school approval.

3. Disciplinary Action Taken Against the School

CAMTC's application for school approval requires that a school fully disclose disciplinary action taken against it. Multiple disciplinary actions have been taken against the school, but the school failed to disclose this information to CAMTC. On the Owner's Worksheet, which Mr. Steve Kim signed on July 27, 2015, he answered "No" to the following question:

Have you ever had a license, certificate, certificate of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, **or operate a school**, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate or other authorization)?

[Emphasis added.] Mr. Kim should have answered “Yes” to this question and provided information in support of that “Yes” answer as requested on the application. Instead, he answered “No.”

Mr. Kim also signed the Owner Worksheet agreeing with the following statement:

I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update my Application for school approval and/or this Worksheet after it has been submitted and to update my information and notify CAMTC should I receive school approval, if and when any change in circumstances or conditions occurs which might affect CAMTC’s decision concerning my school approval. . . .

I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY WITHOUT ANY RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION ARE **COMPLETE, TRUE, ACCURATE, AND CORRECT**. Should I furnish any false information on or in support of this Application and/or Worksheet, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against my CAMTC School Approval.

Action has been taken against Hamilton, which Mr. Kim failed to disclose. Hamilton was formerly known as “Walter Jay M.D. Institute for Paramedical Studies, Inc.” (hereafter “Walter Jay.”) BPPE has confirmed this fact, and it can also be seen because the two schools share the same BPPE approval number, 1923711. (Exhibit 8.) Additionally, the phone number for Walter Jay in 2010 was (213) 388-1369, which is the same phone number Hamilton provided on its application for school approval. (Exhibits 9 & 10.) Furthermore, Walter Jay was located at 501 Shatto Place, Suite 120, in Los Angeles. (Exhibit 9.) This is the same address that was listed on a letter CAMTC received from Hamilton in 2012, when it was communicating with your school in relation to the placement of your school on the inadequate education list. (Exhibit 11.) This address was again used on the credit card authorization form submitted with the initial application for CAMTC school approval. (Exhibit 10.) This is also currently the mailing address listed on the BPPE website for your Monterey Park location.

Changing the name and address of a school does not create a new school. The school remains the same, as can be seen by the fact that it retains the same BPPE approval number. Additionally, the ownership of the school remained the same, as can be seen from a letter sent by Mr. Steve Kim to the Board of Vocational Nursing and Psychiatric Technicians on August 23, 2010, when Mr. Kim requested that the name be changed to Hamilton State College. (Exhibit 9.) Mr. Steve Kim represented himself to be the owner of the school at that time. (*Id.*) On September 16, 2010, Walter Jay had its provisional accreditation revoked by the California Board of Vocational Nursing & Psychiatric Technicians (“BVNPT”), and the school was removed from the list of accredited Vocational Nursing schools. (*Id.*) The school’s request for reconsideration of this decision was denied. (Exhibit 12.) Mr. Kim was the owner of the school at this time and this disciplinary action should have been disclosed to CAMTC.

Additionally, the Accrediting Council for Continuing Education and Training (“ACCET”) denied Walter Jay’s re-accreditation, effective April 6, 2010. (Exhibit 13.) This organization is listed by the U.S. Department of Education as a nationally recognized accreditation agency. While this action may have occurred before Mr. Kim became the owner of the school, it was or should have been known to him and therefore should have been disclosed on the school’s application for school approval.

Furthermore, on March 10, 2015, the U.S. Immigrations and Custom Enforcement (“ICE”) took action against Walter Jay for allegedly operating a “pay-to-stay” scheme to help foreign nationals remain in the United States as foreign students without attending classes. (Exhibit 14.) Because of this action, Walter Jay can no longer access SEVIS, which means that the school can no longer enroll foreign students. (*Id.*) Mr. Kim was the owner of the school when this occurred, and should have disclosed this information on his CAMTC application for school approval. CAMTC notes that Mr. Kim was aware of the ICE action, as he personally told Mr. Smith and Mr. Simancek in April of 2016, about the ICE action and its impact on two other schools, though he failed to mention its impact on Walter Jay or his association with Walter Jay.

CAMTC therefore finds that Hamilton has violated Procedures sections: 6.a.; 6.b. by engaging in unprofessional business practices when Mr. Kim, the owner of the school, failed to disclose the multiple instances of disciplinary action taken against the school; 6.c., attempting to procure school approval by fraud, misrepresentation, or mistake, by failing to disclose that multiple instances of disciplinary action had been taken against the school; 6.d. when he failed to disclose relevant information and made false statements on the application; 6.f., committing a fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a CAMTC approved school when Mr. Kim failed to disclose multiple instances of disciplinary action taken against the school; 6.h. by failing to provide all of the information requested on the application; and 6.i. by having action taken against the school by a California health care professional licensing board (BVNPT). CAMTC finds that these findings are sufficient, in and of themselves, to deny Hamilton’s applications for school approval.

4. Associations with an Un-approved School

During its investigation of Hamilton, CAMTC found links and associations with an un-approved school. In accordance with Procedures section 6.j., CAMTC may deny a school approval if,

An owner, faculty member, or other member of the school's staff (including but not limited to a visiting instructor, independent contractor, administrative staff, or volunteer) has owned, worked at, or been associated with a school that has been un-approved by CAMTC.

During a scheduled site visit to the Monterey Park campus on March 22, 2016, ESD inspectors found numerous links to Royal Irvin College. Royal Irvin College was un-approved by CAMTC, effective May 21, 2012. Hamilton's Monterey Park location appears to share the same address as that used by Royal Irvin College. The building directory lists Hamilton as Suite 201 and Royal Irvin College as Suite 210. (Exhibit 15.) A sign posted on the building mailbox for Suite 201 says "Suite 201 & 210 Royal Irvin College Hamilton College," which makes it clear that the two schools share one mailbox. (Exhibit 16.) Furthermore, on a sign for Hamilton, it states that mail is to be delivered to Suite 210, which is stated to be the location for Royal Irvin College. (Exhibit 17.) On the second floor, suite numbers are inconsistent, non-sequential, and fail to identify which suites have been combined. Hamilton clearly occupies numerous suites on the second floor and the sign on the mailbox seems to indicate that the two schools share the same address.

Additionally, during the scheduled site visit, Hamilton placed the ESD inspectors in an office that they claimed belonged to "an associate." This office was across the hall from the Hamilton classrooms. In the desk drawer of this office were business cards for John Chung, CEO of Royal Irvin College. (Exhibit 18.) In addition to the business cards, there was also correspondence, business documents, and checks through February 2016, which show that Royal Irvin College continues to operate at this address. (Exhibit 19.) This is interesting given the fact that Royal Irvin College is no longer BPPE approved. In these documents were copies of checks from John Chung to two individuals working for Hamilton. One check, dated August 24, 2015, was signed by John Chung and made payable to Angelo Pajimola, for \$250 with a memo stating "tracking school fee." (Exhibit 20.) The second check was dated December 7, 2015, in the amount of \$500, signed by John Chung, and made payable to David Brockway. (Exhibit 21.) Mr. Brockway and Mr. Pajimola therefore appear to have an association with an un-approved school. It is notable that nowhere on Mr. Brockway's Administrator Qualification form does he disclose this relationship with Royal Irvin College, though he was required to do so.

Furthermore, during an interview with CAMTC's school inspector at the Los Angeles location on February 29, 2016, Hamilton instructor Shaogou Huai stated that he used to teach at Royal Irvin College. Mr. Huai submitted an Instructor Qualification Form, dated

August 13, 2015. (Exhibit 22.) On this form he failed to disclose that he previously taught at Royal Irvin College. (*Id.*) The form clearly states that, “providing misleading or incomplete information to the California Massage Therapy Council (“CAMTC”) may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.” Mr. Huai signed this form stating that he answered all of the questions completely, truthfully, and accurately, but that was not the case. Mr. Huai was required to disclose this information on his Instructor Qualification Form but failed to do so.

CAMTC therefore finds that Hamilton has an undisclosed association with an un-approved school and has violated Procedures sections: 6.a.; 6.b. by engaging in unprofessional business practices as described above; 6.c. by attempting to procure school approval by fraud, misrepresentation, or mistake when three individuals working for the school were associated with an unapproved school and failed to disclose this information to CAMTC; 6.d. by violating or attempting to violate provisions of the Massage Therapy Act and CAMTC’s Procedures by failing to provide all information requested on the application and supporting documents; 6.f. by committing fraudulent, dishonest, or corrupt acts that are substantially related to the qualifications, functions, or duties of a CAMTC approved school by failing to disclose the relationship and association with Royal Irvin College; 6.h. by failing to fully disclose all of the information request on the application; and 6.j. by being associated with a CAMTC un-approved school. CAMTC finds that these findings are sufficient, in and of themselves, to deny Hamilton’s applications for school approval.

5. Failure to Create, Record, and Maintain Accurate Records

During a scheduled site visit to the Los Angeles campus on February 29, 2016, school inspectors requested two months of attendance records dating from January 2016 to the date of the site visit, but Mr. Angelo Pajimola and Ms. Sonja Saenz were unable to produce any attendance records prior to the week of the visit. School staff stated that the student attendance records were stored off site in San Bernardino. The school inspector did not find this alleged practice logical or this statement credible. For current students, Mr. Pajimola could not locate attendance records on the computer. He later produced a computer-generated print out of attendance records but could not show the inspector where the files had been on the computer. Documents to support the paper copy of the attendance records for current students (daily attendance sheets) could not be provided, because, according to staff, these documents were also stored off site in San Bernardino. It strains credibility to believe that daily attendance records for current students allegedly attending the Los Angeles location would be stored off site in San Bernardino. These documents were eventually emailed to the school inspector over two weeks later on March 17, 2016.

Additionally, the attendance rosters provided failed to have a “time in” and “time out” for the students. During the unscheduled site visit on April 12, 2016, the school inspector noted that two students arrived late to class (at 10:15 am when class is scheduled to

start at 9:00 am) and did not provide a “time in” when they arrived. Without complete, accurate, and reliable attendance records, CAMTC cannot determine whether students have attended all of the classes and all of the hours listed on their transcripts, have completed core curriculum requirements, or whether they are actually even enrolled in and attending the program.

The school inspector also noted that files for current students did not contain enrollment agreements. Only graduate files had enrollment agreements. This lack of documentation for current students was particularly concerning, as enrollment agreements are documents that must be completed before a student can begin a program. Having enrollment agreements for graduates only is one factor commonly seen in student files for students who have not actually attended a school, but merely purchased a transcript. CAMTC therefore finds this omission particularly concerning.

CAMTC’s Procedures require that student files be kept securely. Student files have personal identifying information that may be used by others for identity theft and it is important that schools properly protect this important information. On April 12, 2016, during the unscheduled school visit to Monterey Park, the school inspector noted that student files were in a filing cabinet that was lockable, but was unlocked. Ms. Saenz, whom the school identified as no longer working for it, was the only person present in the office and had access to the unlocked files. The only school employee on site was the instructor who was in the classroom.

CAMTC therefore finds that Hamilton has violated Procedures section 5.B.j. in that it did not have, or appear to follow, clearly defined written procedures for accurately and securely keeping and maintaining student files, which is a violation of Procedures section 6.d. CAMTC further finds that Hamilton violated Procedures sections: 6.a.; 6.a.(4) in that Hamilton engaged in fraudulent practices when it failed to maintain enrollment agreements for current student and failed to provide and maintain student daily attendance records on site; 6.a.(6) in that your school failed to create, record, or maintain accurate student records including attendance records; 6.a.(9) by engaging in unprofessional business practices by failing to have and maintain accurate student records; 6.b. by engaging in unprofessional business practices; 6.c. by attempting to procure school approval by fraud, misrepresentation, or mistake; and 6.f. by committing fraudulent, dishonest, or corrupt acts that are substantially related to the qualifications, functions, or duties of a CAMTC certificate holder or CAMTC approved school or an owner, faculty member, or other member of the school’s staff. CAMTC finds that these findings are sufficient, in and of themselves, to deny Hamilton’s applications for school approval.

6. School Staff

CAMTC requires that all school administrators and instructors fill out and submit Administrator Qualification Forms or Instructor Qualification Forms. CAMTC also requires that all of these individuals pass a background check. Hamilton initially

submitted an organizational chart to CAMTC that identified Angelo Pajimola (“Mr. P.”) as the Chief Academic Officer, Sonia Saenz as an Administrative Assistant/Registrar, and David Brockway as Chief Operating Officer. (Exhibit 4.) However, these individuals did not submit Administrator Qualification Forms, government issued photo IDs, or background check applications with the school application for approval. These documents were requested from Hamilton, and in response Mr. Kim sent a letter dated February 25, 2016, in which he states that this request is “not applicable” (and therefore these documents were not provided), as these individuals are “independent contractors.” (Exhibit 5.) Mr. Kim also sent a new organizational chart, changing the titles for these individuals in an apparent attempt to try and downgrade their positions so that the completion of the Administrator Qualification Forms and background checks would not be required. (*Id.*) In the new organization chart, Mr. P. is no longer identified as the Chief Academic Officer, but is now called an “Education & Compliance Consultant,” Ms. Saenz is no longer an “Administrative Assistant/Registrar,” but is now called “Independent Contractor/Records,” and Mr. Brockway is no longer the COO, but is now called the “Dean of Academics.” (*Id.*)

When CAMTC’s school inspectors visited the school on February 29, 2016, they observed that these individuals each played an integral role in the administration of the school. They therefore requested that Mr. Kim submit Administrator Qualification Forms and background checks for each of these three individuals. On March 18, 2016, Mr. Simancek emailed Mr. Kim and again requested that Administrator Qualification Forms be filled out for these individuals. (Exhibit 23.) While CAMTC did eventually receive an Administrator Qualification Form and application for a background check for Mr. Brockway, Mr. Kim responded on March 22, 2016, stating that both Mr. P. and Ms. Saenz had resigned and were no longer involved with Hamilton, instead of submitting to the required background check. (*Id.*)

On April 12, 2016, nearly a month later, Mr. Simancek made an un-announced site visit to the Monterey Park campus. Mr. Simancek arrived at 9:30 am and observed that Ms. Saenz was there at the school and working on a computer on school files. (Exhibit 24.) She was the only administrative person present at the school during Mr. Simancek’s visit. After encountering Mr. Simancek, Ms. Saenz tried to make it appear as if she was not working on anything school related. During this encounter, Ms. Saenz told the inspector that she was only there to train Linh Luong, the new administrative assistant, even though Ms. Luong was not present at the time. The campus administrator, Mr. Pham, also was not present. When Mr. Simancek arrived, Ms. Saenz called Ms. Luong to come into the office, but she did not arrive before Mr. Simancek left the school at 10:30 am. During his entire time on campus, neither Ms. Luong nor Mr. Pham were present. Ms. Saenz stated that she was only covering because the two were off “running errands.” This did not appear to be accurate. While Mr. Simancek was there, at 10:00 am a graduate (Sasikarn Mcallister) arrived with a prospective new student, who appeared to be there to meet with Ms. Saenz to discuss attending the school. While Ms. Saenz told the applicant that they needed to speak with Ms. Luong regarding applying to the school, Ms. Luong was not present and did not show up before Mr.

Simancek left. During the entire time that the prospective student and former graduate were present, Ms. Saenz appeared to be trying to avoid engaging in conversation with them while the school inspector was present. All of the conduct observed by the school inspector supports the fact that Ms. Saenz was still working at Hamilton, regardless of the fact that Mr. Kim stated that she had resigned and was no longer involved with the school. By making these false statements and actively trying to hide the fact that Ms. Saenz was still working for the school, both Mr. Kim and Ms. Saenz provided false information to Mr. Simancek and failed to fully disclose all information requested. Hamilton therefore attempted to procure CAMTC school approval by fraud, misrepresentation, or mistake by engaging in this conduct. These actions show that Hamilton was intentionally trying to avoid having all those working for the school submit required information and perform background checks as required by CAMTC's Procedures.

CAMTC therefore finds that Hamilton has violated Procedures sections: 6.a.; 6.b. by engaging in unprofessional business practices when the school continued to have Ms. Saenz continue to work for the school without filling out an Administrator Qualification Form and submit to a background check after Mr. Kim had stated that Ms. Saenz had resigned and was no longer involved with the school; 6.c., attempting to procure school approval by fraud, misrepresentation, or mistake, by trying to hide the fact that Ms. Saenz was still working at the school without completing the required forms; 6.d. by failing to comply with CAMTC's procedures for school approval when it continued to have Ms. Saenz work for the school without filing out an Administrator Qualification Form and submitting to a background check; 6.f., committing a fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a CAMTC approved school by stating that Ms. Saenz was no longer working at or involved with the school when this was not the case; and 6.h. by failing to provide all of the information requested on the application. CAMTC finds that these findings are sufficient, in and of themselves, to deny Hamilton's applications for school approval.

7. Other Instances of Attempting to Procure School Approval by Fraud, Misrepresentation, or Mistake

On April 12, 2016, unscheduled site visits were performed at both the Los Angeles and Monterey Park campuses at the same time. On April 12, 2016, Mr. Smith arrived at the Los Angeles campus at 10:00 am. No students were present on campus on this date. When Mr. Smith asked if any students were enrolled, Mr. Kim consulted with his assistant before replying that two students were enrolled. Mr. Kim then stated that these two students were attending class at the Monterey Park location. Mr. Simancek was at this location at the time. Mr. Smith contacted Mr. Simancek to check and see if these two students were attending the Monterey Park location. Mr. Simancek confirmed that no students from the Los Angeles campus were present at the Monterey Park campus and that there was no evidence that they were supposed to be there (such as names on attendance rosters).

CAMTC therefore finds that Hamilton has violated Procedures sections: 6.a.; 6.b. by engaging in unprofessional business practices; 6.c. by procuring to attempting to procure CAMTC school approval by fraud, misrepresentation, or mistake when Mr. Kim stated that no students were present at the Los Angeles location as they were attending classes at the Monterey Park location; 6.d. by violating CAMTC's law and Procedures when Mr. Kim provided false information to Mr. Smith; 6.f., committing a fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a CAMTC approved school by stating that no students were present at the Los Angeles campus as they were attending the Monterey Park location; and 6.h. by failing to provide truthful information upon request to an individual working on behalf of CAMTC. CAMTC finds that these findings are sufficient, in and of themselves, to deny Hamilton's applications for school approval.

8. Failure to Have Qualified Instructors Deliver all 500-hours of Instruction

CAMTC's Procedures require that all classes be taught only by qualified instructors, in accordance with Procedure section 5.F. and 5.G.a. Qualified instructors are required to have at least two years of documented professional experience applicable to the specific subjects being taught and are limited to providing instruction in only those subjects. (Procedures section 5.G.(a)(3) and (4).) During the site inspection on March 22, 2016 of your Monterey Park location, the school inspector questioned the accuracy of the hours provided to students. Daniel, the class instructor stated that he leaves the school by 2:00 pm. Mr. Pham, the Branch Administrator, leaves the school between 2:00 pm and 3:00 pm. However, it was stated that students have the option of staying on campus until 5:00 pm for "practice" and possibly "make-up." However, during these hours there would be no qualified instructor present to supervise the students and provide instruction. While the administrative assistant Linh Luong would be present during these times, she does not have a massage background and does not qualify as an instructor. Therefore, any make up hours done during this time would not count towards CAMTC certification or core curriculum requirements. When asked to confirm whether any of these hours have been used for make-up hours, Hamilton could not confirm whether this practice was or was not engaged in. CAMTC therefore finds that you have violated Procedures sections 5.F., 5.G.a., 6.a and 6.b. by failing to have all instruction taught only by qualified instructors. These findings are sufficient, in and of themselves, to deny your school's applications for school approval.

9. Failure to Maintain And Teach From Current Syllabi

CAMTC's Procedures section 5.F.e. requires that the school "maintain current syllabi, including but not limited to the following information for each course and/or subject: (1) Name of course or subject, (2) Detailed description, (3) Learning objectives, (4) Prerequisites, (5) Total number of hours, (6) Instructional material(s) to be used, (7) Required assessments and assignments for successful completion." These syllabi are to be maintained so that there is a consistency in teaching by the school and so that each student receives substantially similar education. Mr. Huai, a Hamilton instructor,

stated that he teaches from his “head,” based on experience, not from the school syllabi. Mr. Huai further stated that he saw the outline when he was hired, but he does not use it. Mr. Huai, therefore, is not teaching based on current syllabi, and no syllabi has been maintained or provided for the information that he is actually teaching. CAMTC therefore finds that Hamilton has violated Procedures section 5.F.e., 6.a. and 6.b. These findings are sufficient, in and of themselves, to deny your school’s applications for school approval.

Proposed Decision:

Based on the facts and findings, CAMTC finds that Hamilton’s applications for school approval should be denied in accordance with Procedures sections 6.a., 6.a.(4), 6.a.(6), 6.a.(9), 6.b., 6.c., 6.d, 6.f., 6.h., 6.i., and 6.j.

Procedure:

Pursuant to the Procedures, you have the right to be heard, either orally by telephone or in writing, at least five (5) days before the effective date of the proposed denial. If you choose to appear at the telephonic hearing or submit a written statement, the Hearing Officers will consider all of the evidence, including any new facts and/or arguments presented, and will then determine whether the decision to deny the application for school approval shall be final.

If you would like an oral telephonic hearing, the filing fee is \$900.00. If you would like CAMTC to consider your written statement instead, the filing fee is \$700.00.

In order to timely request an oral telephonic hearing or consideration of a written statement, you must notify us in writing to the email or mail address shown below (email preferred) by **July 19, 2017**, as to whether you are requesting an oral telephonic hearing or consideration of a written statement. Please note that if you request an oral telephonic hearing, you may also submit documents/arguments in support of your request and they will be considered as long as they are timely received. Your payment of the applicable filing fee must also be **received** by CAMTC **no later than July 19, 2017** by calling (916) 669-5336 and paying the filing fee by telephone, or by mailing a check to the Sacramento address below so that it is received by the deadline noted in this letter in order for your hearing request to be timely.

camtcschools@camtc.org

or

California Massage Therapy Council
Educational Standards Division
c/o One Capitol Mall, Suite 800
Sacramento, CA 95814

If you would like a hearing on this matter, the available date is **WEDNESDAY, AUGUST 9, 2017**, via teleconference. Your oral telephonic hearing or consideration of your written statement by the Hearing Officers is scheduled to take place from 9:00 a.m. until 12:00 p.m. though it may be completed in a much shorter time frame. If you would like to submit a written statement instead of a hearing, or if you have documents you would like to submit for CAMTC's consideration, your written statement and/or documents must be RECEIVED by CAMTC **no later than July 19, 2017**, and they will be considered on August 9, 2017.

If you would like to request that the date for your oral telephonic hearing or consideration of your written statement be continued to a later date you may do so, but that request must be RECEIVED, in writing at the email address or mail address shown above, no later than **July 14, 2017**, in order to be timely. Continuance requests received after this deadline may only be granted upon receipt of documented proof of extraordinary circumstances, and at CAMTC's sole discretion. Timely requests for continuances will be considered and matters will be rescheduled, in CAMTC's sole discretion, to an available date and time chosen by CAMTC. Please note that all hearings occur on Wednesday mornings from 9:00 a.m. until 12:00 p.m.

WRITTEN STATEMENTS AND DOCUMENTS RECEIVED BY CAMTC AFTER JULY 19, 2017, WILL NOT BE CONSIDERED.

If you do not request a telephonic hearing or submit a written statement/documents by the deadlines provided above, fail to timely pay the filing fee, or if your proposed denial is upheld after hearing, the findings made in this letter shall become final and effective and the proposed denial of your application for school approval will become final and effective on August 30, 2017.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Bob Smith". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Joe Bob Smith, Director
Educational Standards Division
California Massage Therapy Council

Bureau for Private Postsecondary Education



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A Bureau-approved institution must obtain approval for educational programs offered to the public, as required under California Education Code section 94893 and 94894 and Title 5 of the California Code of Regulations Code section 71660. Click on the institution's name to view the institutions approved programs. If the program you are seeking to enroll is not listed you may contact the Bureau for additional information.

SCHOOL NAME	PHONE	CITY	COUNTY
CALIFORNIA TRINITY UNIVERSITY	(213) 484-4446	LOS ANGELES	LOS ANGELES
CALIFORNIA VOCATIONAL COSMETOLOGY COLLEGE	559 751-7098	FRESNO	FRESNO
CALISTOGA MASSAGE THERAPY SCHOOL	(707) 542-4577	SANTA ROSA	SONOMA
CAPSTONE PACIFIC COLLEGE	213 365-5066	LOS ANGELES	LOS ANGELES
CAREER NETWORKS INSTITUTE	(714) 437-9697	ORANGE	ORANGE
CARRINGTON COLLEGE	916 722-8200	CITRUS HEIGHTS	
CARRINGTON COLLEGE	925 609-6650	PLEASANT HILL	
CARRINGTON COLLEGE	408 960-0162	SAN JOSE	
CARRINGTON COLLEGE	510 276-3888	SAN LEANDRO	
CARRINGTON COLLEGE	909 868-5800	POMONA	
CARRINGTON COLLEGE	209 956-1240	STOCKTON	
CARRINGTON COLLEGE	916 361-1660	SACRAMENTO	SACRAMENTO
CES COLLEGE	818 563-9822	BURBANK	LOS ANGELES
CHICO THERAPY WELLNESS CENTER	530 891-4301	CHICO	BUTTE
CHRISTINE K. BEAUTY SCHOOL	408 297-1091	SAN JOSE	SANTA CLARA
CINTA AVEDA INSTITUTE	415 989-4400	SAN JOSE	SAN FRANCISCO
CINTA AVEDA INSTITUTE	415 989-4400	SAN FRANCISCO	SAN FRANCISCO
COASTLINE BEAUTY COLLEGE	714 531-1267	FOUNTAIN VALLEY	ORANGE
COSMOTEK COLLEGE	408 999-0446	SAN JOSE	SANTA CLARA
CRESCENT SCHOOL OF DIALYSIS, LLC	888 757-3929	UPLAND	
CYPRESS HEALTH INSTITUTE	(831) 476-2115	SANTA CRUZ	SANTA CRUZ
DAVID'S ACADEMY OF BEAUTY	626 443-0900	PICO RIVERA	LOS ANGELES
DAVID'S ACADEMY OF BEAUTY	562 949-1100	CORONA	ORANGE
DIAMOND BEAUTY COLLEGE	626 350-1195	SOUTH EL MONTE	LOS ANGELES
DIAMOND LIGHT SCHOOL OF MASSAGE AND HEALING ARTS	415 454-6651	SAN ANSELMO	MARIN

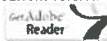
EL PORTAL COLLEGE	210 797-6894	TEMECULA	
ELBE INSTITUTE	626 217-6288	MONTEREY PARK	LOS ANGELES
EQUINOLOGY, INC.	707 377-4313	BODEGA BAY	
ESALEN INSTITUTE	(831) 667-3000	BIG SUR	MONTEREY
FAIR OAKS MASSAGE INSTITUTE	916 965-4063	FAIR OAKS	SACRAMENTO
FIVE BRANCHES UNIVERSITY	(831) 476-9424	SANTA CRUZ	SANTA CRUZ
FIVE BRANCHES UNIVERSITY	408 260-0208	SAN JOSE	SANTA CLARA
FREMONT COLLEGE	(562) 809-5100	CERRITOS	LOS ANGELES
GARDEN GROVE BEAUTY COLLEGE	714 831-0000	GARDEN GROVE	ORANGE
GLEN OAKS COLLEGE	951 683-8300	RIVERSIDE	RIVERSIDE
GOLDEN BRIDGE COLLEGE	626 215-4747	EL MONTE	LOS ANGELES
HAIR CALIFORNIA BEAUTY ACADEMY	714 633-7170	ORANGE	ORANGE
HAMILTON COLLEGE	213 388-1369	LOS ANGELES	LOS ANGELES
HANCOCK COLLEGE OF ARTS AND SCIENCES	562 591-7080	LONG BEACH	
HANDS ON HEALING INSTITUTE	(818) 951-5811	TUJUNGA	LOS ANGELES
HARBIN SCHOOL OF HEALING ARTS	707 987-3801	MIDDLETOWN	LAKE
HEALING HANDS SCHOOL OF HOLISTIC HEALTH	(760) 746-9364	ESCONDIDO	SAN DIEGO
HEALING OAK SCHOOL OF MASSAGE	805 581-2542	SIMI VALLEY	VENTURA
HOLISTIC LIFE INSTITUTE OF LEARNING	(209) 848-8382	OAKDALE	STANISLAUS
INSTITUTE FOR BUSINESS AND TECHNOLOGY	(408) 727-1060	SANTA CLARA	SANTA CLARA
INSTITUTE OF TECHNOLOGY	559 297-4500	CLOVIS	FRESNO
INSTITUTE OF TECHNOLOGY	209 545-3100	MODESTO	STANISLAUS
INSTITUTE OF TECHNOLOGY	530 224-1000	REDDING	SHASTA
INTERCOAST COLLEGES	626 337-6800	WEST COVINA	LOS ANGELES
INTERCOAST COLLEGES	714 712-7900	ANAHEIM	ORANGE

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School Detail

System Last Updated: 1/29/2018

School Name: HAMILTON COLLEGE	Telephone: 213 388-1369
School Code: 1923711	County: Los Angeles
Mailing Address: 3251 6th Street Suite 401 Los Angeles, CA 90020	Physical Address: 3251 6th Street Suite 401 Los Angeles, CA 90020

CURRENTLY APPROVED PROGRAMS:

COMPUTERIZED OFFICE MANAGEMENT
ENGLISH AS A SECOND LANGUAGE
MASSAGE THERAPIST
MEDICAL ASSISTANT
MEDICAL CODING AND BILLING
NURSE ASSISTANT
PHARMACY TECHNICIAN



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Approval by Means of Accreditation Overview

Printer Friendly Version

A person operating an institution that is accredited by an accrediting agency recognized by the United States Department of Education has the option to obtain an approval to operate from the Bureau for Private Postsecondary Education (Bureau) by means of the institution's accreditation.

To obtain an approval to operate by means of accreditation, the person must submit an Application for Approval to Operate an Accredited Institution. The approval "by means of accreditation" process is somewhat abbreviated from the standard approval to operate process. This application process should only be used, however, when the applicant is seeking Bureau approval for exactly and only the institutional locations, educational program offerings and approval dates for which the institution has been accredited. The institution's main, branch and satellite locations must be accredited to offer the same programs at each location, have the same term of accreditation, and have the same ownership structure.

A person operating an accredited institution seeking Bureau approval to offer programs that are not accredited, or to operate a location that is not accredited, may not utilize the approval to operate by means of accreditation process. Such an institution must apply for Bureau approval to operate utilizing the Application for Approval to Operate for an Institution Non-Accredited.

A person operating an accredited institution that has not previously obtained approval by means of accreditation cannot renew as an accredited institution, but may submit an Application for Approval to Operate an Accredited Institution and subsequently renew as an accredited institution.

Please refer to the California Private Postsecondary Education Act of 2009 (CEC) and the California Code of Regulations (CCR) for more information.

Frequently Asked Questions

Does the Bureau accredit Institutions?

No. The Bureau approves a person to operate an institution in California. An approval to operate signifies that an institution is in compliance with state standards as set forth in the Private Postsecondary Education Act. Only accrediting agencies can accredit an institution. Accreditation is a voluntary non-governmental review process. On the other hand, state approval is mandatory for a person operating an institution subject to the California Private Postsecondary Education Act of 2009.

Must a person operating an accredited institution obtain approval from the Bureau?

Unless an institution is exempt from the Bureau's oversight pursuant to CEC §94874 or §94874.1, a person operating an institution must obtain approval to operate in California.

If a person seeks approval for an accredited institution, must the person apply for approval to operate by means of its accreditation?

No. The institution can apply through either the non-accredited or accredited application process. This decision is left to the institution.

Application for Approval to Operate an Accredited Institution
Application for Approval to Operate for an Institution Non Accredited

Does every type of institutional accreditation qualify a person to apply for approval by means of accreditation?

No. A person may only use the approval by means of accreditation process if the institution holds an accreditation from an accrediting agency recognized by the United States Department of Education that accredits the institution as a whole (CEC §94813, §94890). Please refer to the following link for more information about recognized institutional accrediting agencies.

What must be submitted to apply for approval by means of accreditation?

- Application for Approval to Operate an Accredited Institution
- Certified copy of a current verification of accreditation
- Fees
- Evidence of any required approval from other government agencies (CEC §94892)

What does "certified copy of a current verification of accreditation" mean?

The Bureau looks for confirmation from the accrediting agency that the information submitted in the application is complete and consistent and provides sufficient information to adequately identify the institution, the term of accreditation and the programs that are accredited. To that end, the Bureau requires information from the accreditor that indicates at minimum the following:

- Institution's name
 - If the institution is owned by a non-profit, the name must reflect the same name of the non-profit corporation on file with the California Secretary of State
- Main location address
- Branch location addresses (if applicable)
- Satellite location addresses (if applicable)
- Ownership structure with percentages
- Approved programs and clock/credit hours
- Term of accreditation including the renewal date
- The information provided must be current

Can a person apply for approval by means of accreditation and offer unaccredited programs?

No. If a person would like to offer programs that are not accredited, the institution would need to seek institutional approval through the non-accredited application process. A limited exception to this rule is authorized when an institution approved by means of accreditation has obtained approval from another government agency to offer an educational program (CEC §94892) and the accrediting agency does not require or provide approval of that educational program.

For persons who obtained approval by means of accreditation, will the Bureau approve any changes before the accrediting agency does?

No. All changes need to be authorized by the accrediting agency first (CEC §94896). If an accrediting agency will not authorize a change prior to the Bureau, the change may not be made to the institution. The licensee may choose to surrender the institution's Approval to Operate by Means of Accreditation and instead obtain full approval through the Approval to Operate for an Institution Non Accredited. On a case by case basis, the Bureau may work with an Accrediting Agency to issue a "conditional approval" to allow the Accrediting Agency to authorize the requested change.

If a person obtained approval by means of accreditation, must the accrediting agency authorize any non-substantive change (5 CCR §71660) to the institution?

Yes. Any change to the institution's offerings start with the accrediting agency. Once the licensee has the accrediting agency's approval (or written confirmation that the accrediting agency does not require approval for the specific change), the licensee must notify the Bureau in writing within 30 days. Submitting a copy of the institution's written request (on institution letterhead) and the written approval from the accrediting agency will expedite the process.

If a person's approval to operate was not obtained by means of accreditation, can that person apply for renewal by means of accreditation?

No. An accredited institution that has not previously obtained approval by means of accreditation cannot renew as accredited, but may submit an Application for Approval to Operate an Accredited Institution. If the institution would like to renew their current approval, they may submit the Application for Renewal of Approval to Operate and Offer Educational Programs for Non Accredited Institutions.

If a person obtained approval as a non-accredited institution, but is accredited, can the licensee submit substantive change applications (i.e. Change of Location, Change of Ownership, etc.) as would an institution approved by means of its accreditation?

No. The licensee must submit applications and follow any other procedures and rules that pertain to the type of approval the Institution has with the Bureau.

Does a person seeking approval by means of accreditation have to submit separate applications for each main location and each of the branch and/or satellite locations?

The person is only required to submit one application for each institution. An institution is the main location and all branches and satellites connected with this main.

Can a person receive a refund if they submitted the wrong application?

No. All application fees are non-refundable. (5 CCR §74000)

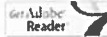
What can delay the processing of an application?

- a) Incomplete application
- b) Deficient letter of accreditation
- c) Pending approval from other government agencies
- d) Signatures not being original or claiming the incorrect ownership percentages
- e) Outstanding Student Tuition recovery Fund (STRF) Invoices
- f) Outstanding Annual and Delinquent Fees



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Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY	
Date Stamp	
SAIL application #	_____
Application fee	_____ Date _____
School Code	_____
Revenue Code	1257009M

Application for Approval to Operate for an Institution Non Accredited

(California Education Code §§ 94885, 94887; Title 5, California Code of Regulations §§ 71110-71340)

(\$5,000.00 Non Refundable Application Fee)

1. INSTITUTION (5 C.C.R. Section 71110)

Name of Institution: _____

Physical Address of the Primary Administrative Location in California: _____

City _____ State _____ Zip _____

Institution's Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Physical Address of Main Campus: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Physical Address of Branch/Satellite If not applicable so state: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Contact Person for this Application

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

2. FORM OF BUSINESS ORGANIZATION (5 C.C.R. Section 71120)

Individually owned; sole proprietorship

General Partnership

Limited Partnership

For Profit Corporation

Non-Profit Corporation

Limited Liability Corporation

State where incorporated

Date of Incorporation

(Attach copies of the articles of incorporation and bylaws.)

3.1 OWNER(S) (5 CCR Section 71110, 71130)

List all people who own or control 25% or more of the stock or interest in the Institution or any other person who exercises substantial control over the institution’s management or policies, or any other financial involvement in the institution. Attach separate sheets if necessary.

Please check here if addition sheet(s) is (are) attached.

Name

Title:

Physical Address (Home Address)

Federal Employer Identification Number for Partnerships;
Social Security Number for sole owners*:

City

State

Zip

Telephone Number

Email Address

Percentage of Ownership:

Nature of Interest:

Name

Title

Physical Address (Home Address)

Federal Employer Identification Number for Partnerships;
Social Security Number for sole owners*:

City

State

Zip

Telephone Number

Email Address

Percentage of Ownership:

Nature of Interest:

*Disclosure of your federal employer identification number (EIN) or social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA 405 (c)(2)(C) authorize collection of your EIN/SSN. Your EIN/SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your EIN/SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

3.2 Attach a Statement from anyone listed in 3.1 who:

a) Was found in any judicial or administrative proceeding to have violated the Act or the law of any other state related to untrue or misleading advertising, the solicitation of prospective students for enrollment in an educational service, or the operation of a postsecondary school.

b) Was denied any type of license on grounds set forth in Section 480 of the Business and Professions Code.

c) Was adjudicated as responsible for the closure of an institution in which there were unpaid liabilities to the state or federal government or any uncompensated pecuniary losses suffered by students

d) Has stipulated to a judgment or administrative order or entered a consent decree involving any matters described in this section.

e) Was convicted of any misdemeanor or felony as provided in Section 480(a)(1) of the Business and Professions Code.

Please check here if there is an (are) attachment(s)

3.3 Explanation of Pending Actions

Provide an attachment(s) explaining any legal action pending against the institution or ownership or any of the institution’s owners, officers, corporate directors administrators or instructors by any federal, state, or local law enforcement agency involving alleged acts of fraud, dishonesty, financial mismanagement, unpaid liabilities to any governmental agency or claims for pecuniary loss suffered by any student.

Please check here if there is an (are) attachment(s)

4. AGENT FOR SERVICE OF PROCESS WITHIN CALIFORNIA (5 C.C.R. Section 71135)

Name

Physical Address
(not the address of the school)

City

State

Zip

Email Address

Telephone Number

Fax Number

I confirm my contact information listed above and acknowledge that I am the designated agent for service of process.

Signature

Date

5. ORGANIZATION AND MANAGEMENT (5 C.C.R. Section 71140)

Include an organization chart that shows the governance and administrative structure of the institution and the relationship between faculty and administrative positions.

Document is attached: Yes No

Provide a description of the job duties and responsibilities of each administrative and faculty position.

Document(s) is (are) attached: Yes No

Identify the chief executive officer, chief operating officer, and chief academic officer and describe their education, experience, and qualifications to perform their duties and responsibilities.

Document(s) is (are) attached: Yes No

6. GOVERNING BOARD (5 C.C.R. Section 71150)

If the institution has a governing board, include the name, e-mail address, work address and telephone number of each member of the governing board.

Document is attached: Yes No (If No, explain why)

7. MISSION AND OBJECTIVES (5 C.C.R. Section 71170)

Describe in detail the institution’s mission and objectives

Document is attached: Yes No

8. INSTITUTION REPRESENTATIVE (5C.C.R. Section 71160)

Name	Email Address	
Address		
City	State	Zip
Telephone Number	Fax Number	

9. EXEMPLARS OF STUDENT AGREEMENTS (5 C.C.R. Section 71180)

Include exemplars of all student enrollment agreements and instruments of indebtedness.

Document is attached: Yes No

10. FINANCIAL AID POLICIES, PRACTICES, AND DISCLOSURES (5 C.C.R. Section 71190)

If the institution receives financial aid because its students qualify for it under any state or federal financial aid program, include a statement of the policies, practices, and disclosures regarding financial aid.

Document is attached: Yes No

11. ADVERTISING AND OTHER PUBLIC STATEMENTS (5 C.C.R. Section 71200)

Include copies of advertising and other statements disseminated to the public in any manner by the institution or its representatives that concern, describe, or represent the institution and each educational program offered by the institution.

Document is attached: Yes No (If No, explain why)

If advertising is broadcasted by television or radio, include a copy of the script.

Document is attached: Yes No (If No, explain why)

12. INSTRUCTION AND DEGREES OFFERED (5 C.C.R. Section 71210)

Identify and describe the educational program(s) the institution offers or proposes to offer.

If the educational program is a degree program, identify the full title including the name of a specific major field of learning involved, which the institution will place on each degree awarded.

List the following for each educational program offered:

1. The admissions requirements, including minimum levels of prior education, preparation, or training;
2. If applicable, information regarding the ability-to-benefit examination as required by section 94904 of the Code.
3. The types and amount of general education required.
4. The title of the educational programs and other components of instruction offered.
5. The method of instruction.
6. The graduation requirements.
7. If the educational program is designed to fit or prepare students for employment in any occupation, identify each occupation and job title to which each educational program is represented to lead.

Document is attached: Yes No

13. DESCRIPTION OF EDUCATIONAL PROGRAM (5 C.C.R. Section 71220)

Each educational program meets the requirements of 5 C.C.R. section 71710? Yes _____ No _____

Educational Program:

1. Describe each educational program.
2. The equipment to be used during the educational program
3. The number and qualifications of the faculty needed to teach the educational program.
4. A projection and the bases for the projection of the number of students that the institution plans to enroll in the educational program during each of the three years following the date the application is submitted.
5. The learning, skills, and other competencies to be acquired by students who complete the education program
6. If licensure is a goal of an education program, a copy of the approval from the appropriate licensing agency. A copy of the intent to approve conditioned solely upon institutional approval from the Bureau will also meet this requirement.

Please Note: Upon request, the institution shall provide to the Bureau copies of the required curriculum or syllabi (5 C.C.R. section 71220, 71710)

Document is attached: _____ Yes _____ No

14. INSTRUCTION IN LANGUAGES OTHER THAN ENGLISH (5 C.C.R. Section 71230)

For an educational program, or a portion of it, in a language other than English, describe all the following for each educational program or portion:

The language in which each educational program will be offered.

A statement that the institution has contracted with sufficient duly qualified faculty who will teach each language group of students.

The language of the textbooks and other written materials to be used by each language group of students.

Document is attached: _____ Yes _____ No (if no, indicate reason)

15. FINANCIAL RESOURCES AND STATEMENTS (5 C.C.R. Section 71240)

This institution has and can maintain the financial resources required pursuant to 5 C.C.R. section 71745.

Please check one: _____ Yes _____ No

Submit current, audited financial statements that are in compliance with 5 C.C.R. section 74115 along with this application for approval to operate.

Documents are attached: _____ Yes _____ No

16. FACULTY (5 C.C.R. Section 71250)

The institution has contracted with sufficient duly qualified faculty members who meet the qualification of 5 C.C.R. section 71720.

Please check one: _____ Yes _____ No

17. FACILITIES AND EQUIPMENT (C.C.R. Section 71260)

For each program offered, describe the facilities and the equipment, which is available for use by students at the main, branch, and satellite locations of the institution.

Document is attached: Yes No

For facilities that are leased or rented, include the name and address of the lessor or landlord, together with a copy of any use, lease, or rental agreements for the facilities.

Document is attached: Yes No (if no, indicate reason)

Include building diagrams or campus maps. The diagrams or maps shall identify the location of classrooms, laboratories, workshops, and libraries.

Document is attached: Yes No

Include specifications of significant equipment that demonstrate that the equipment meets the standards prescribed by the Code and is sufficient to enable students to achieve the educational objectives of each educational program.

For each item of significant equipment, indicate whether the equipment is owned, leased, rented, or licensed for short or long term, or owned by another and loaned to be used without charge.

Document is attached: Yes No

List all permits, certifications, or other evidence of inspections or authorizations to operate required by the jurisdictions within which the institution operates that the institution has obtained, and/or an explanation as to why those permits, certification, or inspections have not yet been obtained.

Document is attached: Yes No (if no, indicate reason)

18. LIBRARIES AND OTHER LEARNING RESOURCES (5 C.C.R. Section 71270)

Describe library holdings, services, and other learning resources, including policies and procedures for supplying them to students who do not receive classroom instruction.

Include an explanation of how the library and other learning resources are sufficient to support the instructional needs of students.

If no facilities exist at the institution, how and when students may obtain access to a library and other learning resources as required by the curriculum.

Document is attached: Yes No (if no, indicate reason)

19. JOB PLACEMENT ASSISTANCE (5 C.C.R. Section 71280)

If an institution represents to the public, in any manner, that it offers job placement assistance, include a description of the job placement assistance that it provides.

Document is attached: Yes No (if no, indicate reason)

20. COPY OF CATALOG (5 C.C.R. Section 71290)

Include a copy of the institution's catalog, including addenda reflecting newly approved educational programs, in published or proposed-to-be-published form.

Document is attached: Yes No

21. GRADUATION OR COMPLETION DOCUMENTS (5 C.C.R. Section 71300)

Submit a copy of the document that is awarded to a graduating student upon successful completion of each educational program.

Document is attached: Yes No

22. RECORDKEEPING; CUSTODIAN OF RECORDS (5 C.C.R. Section 71310)

Describe how records required by Article 9 of the Act are or will be organized and maintained, the types of documents contained in student files, how the records are stored, and whether academic and financial records are maintained in separate files.

Include a statement of the institution's procedures for security and safekeeping of records.

Document is attached: Yes No

Custodian Of Records

Name Email Address

Physical Address

City State Zip

Telephone Number

Location of Records

Provide the physical address(es) and telephone number(s) of the location of the buildings where records are or will be stored.

23. SELF-MONITORING PROCEDURES

Describe the procedures used by the institution to assure that the institution is operated and maintained in compliance with the Act and this Division.

Document is attached: Yes No

24. ADDITIONAL INFORMATION (5 C.C.R. Section 71340)

Include any material facts, which have not otherwise been disclosed in the application that without inclusion would cause the information in the application to be false, misleading or incomplete or that might reasonably affect the Bureau's decisions to grant an approval to operate.

Document is attached: Yes No

The institution may also include any other facts that the institution would like the Bureau to consider in deciding whether to grant an approval to operate.

Document is attached: Yes No

DECLARATION UNDER PENALTY OF PERJURY (5 C.C.R. Section 71380)

- Each owner of the institution, or
 - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
 - By each member of the governing body of a nonprofit corporation.
-

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature

Date

Name

Address

City

State

Zip

Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature

Date

Name

Address

City

State

Zip

Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

Attach Additional Sheet(s) if Necessary

From: Jill Motz
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: Question about MT application
Date: Monday, November 20, 2017 1:04:44 PM

Dawn,

Would it be possible to get an opinion from Sara on changing the massage therapy application to include a clause or phrase that asks the applicant to attest that they are applying for this license to become a Massage Therapist and plan to advertise, comport and profess themselves to be that first and foremost?

I know that as a board we can come up with a better attestation but I believe that this will help solve some of the issue we are having with local Rolfers. If we are forced to accept their training, we need to be sure that we protect our license title and not allow it to be watered down by people getting the license and then simply titling themselves professionally as whatever they please.

I'm not sure if this needs David's approval first before we seek an opinion but I know that going through you is the right way to start. :)

Thank you!

Jill

Division/Financial Update Report

	FY 12	FY 13	Biennium	FY 14	FY 15	Biennium	FY 16	FY 17	Biennium
Board of Massage Therapists									
Revenue from License Fees	\$ -	\$ -	\$ -	\$ -	\$ 660	\$ 660	\$ 586,230	\$ 228,015	\$ 814,245
Revenue from Other Sources	-	-	-	-	-	-	-	-	-
TOTAL REVENUE	-	-	-	-	660	660	586,230	228,015	814,245
Direct Expenditures									
1000 - Personal Services	-	-	-	-	34,676	34,676	116,046	76,106	192,152
2000 - Travel	-	-	-	-	6,585	6,585	17,726	10,216	27,942
3000 - Services	-	-	-	-	12,627	12,627	52,528	67,008	119,536
4000 - Commodities	-	-	-	-	274	274	13	155	168
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-
Total Direct Expenditures	-	-	-	-	54,162	54,162	186,313	153,485	339,798
Investigation Expenditures*									
1000-Personal Services	-	-	-	-	879	879	11,039	36,787	47,826
3023 - Expert Witness	-	-	-	-	-	-	-	-	-
3088 - Inter-Agency Legal	-	-	-	-	-	-	-	14,761	14,761
3094 - Inter-Agency Hearing/Mediation	-	-	-	-	-	-	-	18,192	18,192
Investigation Expenditures	-	-	-	-	879	879	11,039	69,740	80,779
Indirect Expenditures									
Internal Administrative Costs	-	-	-	-	3,689	3,689	33,476	37,540	71,016
Departmental Costs	-	-	-	-	7,130	7,130	25,405	24,679	50,084
Statewide Costs	-	-	-	-	5,605	5,605	9,698	8,596	18,294
Total Indirect Expenditures	-	-	-	-	16,424	16,424	68,579	70,815	139,394
TOTAL EXPENDITURES	-	-	-	-	70,586	70,586	254,892	224,300	479,192
<i>*(These selected Investigation Expenditures are included in the total of Direct Expenditures.)</i>									
ANNUAL SURPLUS/(DEFICIT)	\$ -	\$ -	\$ -	\$ -	\$ (69,926)	\$ (69,926)	\$ 331,338	\$ 3,715	\$ 335,053
Beginning Cumulative Surplus (Deficit)	-	-		-	-		(69,926)	261,412	
Ending Cumulative Surplus (Deficit)	\$ -	\$ -		\$ -	\$ (69,926)		\$ 261,412	\$ 265,127	
Carryforward Balance Program Share**	-	-		-	(69,926)		261,412	265,127	
<i>** (Effective FY13 AKSAS Carryforward Balance is reconciled to Cumulative Surplus (Deficit))</i>									
AVERAGE PROGRAM COST PER LICENSE***									
Number of Licensees							756	1,482	1,119
Revenue per License									\$ 727.65
Expenditures per License									428.23
Cost Increase/(Decrease) to Equal Expenditures									(299.42)
Cost Percent Increase/(Decrease) to Equal Expenditures									-41%
Adjustment to Cover Cost									(236.93)
Total Program Cost Per License Increase/(Decrease)									(536.35)
Total Program Cost Per License Increase/(Decrease) as Percent									-74%
Program Cost Per License for Next Biennium									\$ 191.30
<i>*** (Biennial license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.)</i>									

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Board of Massage Therapists
Schedule of Revenues and Expenditures

	FY 12	FY 13	FY 14	FY 15	FY16	FY17	FY18 1st & 2nd Qtr
Licensing Revenue	\$ -	\$ -	\$ -	\$ 660	\$ 586,230	\$ 228,015	\$ 294,920
Allowable Third Party Reimbursement	-	-	-	-	-	-	\$ 2,044
Total Revenue	-	-	-	660	586,230	228,015	296,964
Direct Expenditures							
Personal Services	-	-	-	34,676	116,046	76,106	38,053
Travel	-	-	-	6,585	17,726	10,216	32
Contractual	-	-	-	12,627	52,528	67,008	11,452
Supplies	-	-	-	274	13	155	-
Equipment	-	-	-	-	-	-	-
Total Direct Expenditures	-	-	-	54,162	186,313	153,485	49,537
Indirect Expenditures*	-	-	-	16,424	68,579	70,815	35,408
Total Expenses	-	-	-	70,586	254,892	224,300	84,944
Annual Surplus (Deficit)	-	-	-	(69,926)	331,338	3,715	212,020
Beginning Cumulative Surplus (Deficit)	-	-	-	-	(69,926)	261,412	265,127
Ending Cumulative Surplus (Deficit)	\$ -	\$ -	\$ -	\$ (69,926)	\$ 261,412	\$ 265,127	\$ 477,147

*Due to changes in calculation methodology in the new payroll system, Personal Services for the first and second quarters of FY18 are estimated at 50% of FY17 expenses. They will be reconciled as actuals in FY18 third quarter reports.

** For the first three quarters, indirect costs are based on the prior fiscal year's total indirect amount on a percent of year completed basis. The 4th quarter board reports reflect the current year's actual indirect expenses allocated to the boards.

Appropriation	(All)
PL Budget Fiscal Year	2018
Activity Code	MAS1

Sum of Expenditures		Object Type	
Object Code	Object Name	2000 - Travel	3000 - Services
2009	In-State Non-Employee Taxable Per Diem	32	
3002	Memberships		969
3035	Long Distance		264
3045	Postage		107
3046	Advertising		235
3088	Inter-Agency Legal		414
3094	Inter-Agency Hearing/Mediation		1,190
3100	Inter-Agency Safety		8,272
Grand Total		32	11,452

Investigative Report

Investigative Case Review & Consent Agreements

Lunch

Public Comment

The board chair shall open public comment. The time allotted for comment will be divided between all individuals signed in to give comment. The group will be told how much time each person will have to speak; the licensing examiner will keep track of the time and notify the individual when they have 1 minute left.

This is not the time for the board to respond to the comments. The board can choose to respond to any comments at the end of the comment period; they can choose to send a letter with their responses to the individual; or they can choose to not respond.

Report on Legislative Meetings

Continuing Education Disciplinary Matrix

CE AUDIT DISCIPLINE MATRIX

PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT	REPRIMAND	FINE	Imposition of Civil Fine used in some cases?	Letter of Advisement approved in some cases?
ACU - Acupuncture	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$1,000 suspended for false/inaccurate response, plus \$100 unsuspended for each deficient hour.	No	Yes
AELS - Architects, Engineers & Land Surveyors	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 for false/inaccurate response with \$2,000 of that suspended, plus \$50 unsuspended for each deficient hour, up to a \$1,000 maximum.	Yes	Yes
APR - Real Estate Appraisers	Yes. Licensee must make up the deficient hours.	Yes	No	\$100 per hour deficient, unsuspended.		Include in Consent Agreement
CHI - Chiropractors	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense), plus \$200 unsuspended for each deficient hour, up to a \$1,000 maximum.	Yes	No
CPA	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$3,000 for false/inaccurate response (up to \$2,500 of this amount may be suspended based on the gravity of the offense), plus \$200 unsuspended for each deficient hour.	Yes	Yes
CSW - Clinical Social Workers	Yes. Licensee must make up the deficient hours.	Yes	No	\$100 unsuspended per deficient hour.	Yes	Yes
DEN - Dentists and Dental Hygienists	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,000 suspended for false/inaccurate response, plus \$200 unsuspended for each deficient hour.	Yes	No

CE AUDIT DISCIPLINE MATRIX

PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT	REPRIMAND	FINE	Imposition of Civil Fine used in some cases?	Letter of Advisement approved in some cases?
DOP - Dispensing Opticians	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500, with \$100 suspended for each hour properly completed.	No	No
EAD - Electrical Administrators	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500, with \$100 suspended for each hour properly completed.	No	No
HIN - Home inspectors	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500, with \$100 suspended for each hour properly completed.	No	No
MFT - Marital and family therapists	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,000 (up to \$1,500 of this amount may be suspended based on the gravity of the offense), plus \$100 unsuspended for each deficient hour, up to a \$1,000 maximum.	No	No
MAS - Massage therapists						
MEC - Mechanical administrators	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500, with \$100 suspended for each hour properly completed.	No	No
MED - Doctors, Podiatrists, Physician Assistants, Paramedics	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense), plus \$200 unsuspended for each deficient hour, up to a \$1,000 maximum.	Yes	No
MID - Midwives	Yes. Licensee must make up the deficient hours. This may include additional chart and peer reviews.	Yes	Yes	\$2,500 with \$2,000 suspended.	Yes	No

CE AUDIT DISCIPLINE MATRIX

PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT	REPRIMAND	FINE	Imposition of Civil Fine used in some cases?	Letter of Advisement approved in some cases?
NUAA - Nurse aides	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$500	No	Yes
NUR - Licensed practical nurses	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$1,500	No	Yes
NUR - Registered nurses	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,000	No	Yes
NUR - Advanced practice registered nurses	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500	No	Yes
OPT - Optometrists	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$3,500 with \$3,000 suspended, plus \$100 unsuspended for each deficient hour up to a \$1000 maximum. (Total potential fine \$4,500.)	Yes, not to exceed \$5,000.	Yes
PCO - Professional counselors	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,000 for false/inaccurate response (up to \$1,500 of this amount may be suspended based on the gravity of the offense), plus \$100 unsuspended for each deficient hour, up to a \$1,000 maximum.	Yes	No
PHA - Pharmacists	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500, with \$100 suspended for each hour properly completed.	Yes	No
PHA - Pharmacy technicians	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 suspended for false/inaccurate response, plus \$25 unsuspended for each deficient hour .	Yes	No

CE AUDIT DISCIPLINE MATRIX

PROGRAM	REMEDIAL CE REQUIREMENT	MANDATORY AUDIT REQUIREMENT	REPRIMAND	FINE	Imposition of Civil Fine used in some cases?	Letter of Advisement approved in some cases?
PHY - Physical therapists and occupational therapists (including assistants)	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 for false/inaccurate response (up to \$2,000 of this amount may be suspended based on the gravity of the offense), plus \$100 unsuspended for each deficient hour.	Yes	Yes
PSY - Psychologists	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500, with an amount suspended based on the gravity of the offense.	No	Yes
REC - Real Estate Commission	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense), plus \$50 unsuspended for each deficient hour.	Yes	No
VET - Veterinarians	Yes. Licensee must make up the deficient hours.	Yes	Yes	\$2,500 for false/inaccurate response (all or part of this amount may be suspended based on the gravity of the offense), plus \$100 unsuspended for each deficient hour.	No	No

Board Business

Review/Approve Applications

Review Tabled Applications

Review/Approve Continuing Education for Audit



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

BOARD OF MASSAGE THERAPISTS
Dawn Dulebohn, Licensing Examiner

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

December 26, 2017

Sky Anne Inglett
102 FIREOVED Unit B
ANCHORAGE, AK 99508

CERTIFIED RETURN RECEIPT REQUESTED #7015-0640-0007-2779-0850
RE: Audit Letter 2ND NOTICE

Dear Licensee:

Your Massage Therapy license has been randomly selected for audit. Please submit documentation of your completion of the continuing education requirements as certified on your 2017 renewal form. In order for the board to review your continuing education, you will need to submit copies of the course/workshop/seminar completion forms, such as a certificate of attendance.

A license applying for renewal of a massage therapy license must complete the number of continuing education contact hours set out in accordance with 12 AAC 79.210.

Licenses issued on or before September 30, 2016 – You must document 6 contact hours earned between July 1, 2015 and September 30, 2017.

Please respond to this request for documentation no later than 15 days from receipt of notice.

If you fail to submit the proper documentation or do not respond to this request, it may result in action against your license.

12 AAC 79.220. AUDIT AND DOCUMENTATION. *A licensee shall comply with all applicable requirements of 12 AAC 02.960 and 12 AAC 02.965. If selected for an audit of continuing education activities, the licensee shall cooperate with the department and shall submit all requested verifications of continuing education activities claimed by the licensee.*

CENTRALIZED LICENSING REGULATION 12 AAC 02.960(e)

The documentation must include a valid copy of a certificate or similar verification of satisfactory completion of the continuing competency activities claimed that provides

- (1) the name of the licensee;*
- (2) the amount of continuing competency credit awarded;*
- (3) a description of the continuing competency activity;*
- (4) the dates of actual participation or successful completion; and*
- (5) the name, mailing address and signature of the instructor, sponsor, or other verifier.*

Mail the required documentation directly to the address listed at the top of this page; to the attention of the Board of Massage Therapists. If you have already sent me your documentation and haven't received a follow-up e-mail, please disregard this letter. If you have any questions, please contact me directly at dawn.dulebohn@alaska.gov or at 907-465-3811.

Dawn Dulebohn
Licensing Examiner
Board of Massage Therapists

CERTIFICATE of ACHIEVEMENT

This is to certify that

sky inglett

has completed the course

Behind Closed Doors 4: Massage for the 21st Century

July 27, 2017

RECEIVED
Juneau

JAN 26 2018

CBPL

Credit Hours: 4

Jan Schwartz & Whitney Lowe, Instructors Education & Training Solutions

4224 E. Marion Trail, Tucson, Arizona 85711

Provider Numbers: NCBTMB: #451297-10, TX:CE1404 (course includes 2 hours of professional roles and boundaries)

Home Study

CERTIFICATE of ACHIEVEMENT

This is to certify that

sky inglett

has completed the course

Behind Closed Doors 3: Massage for the 21st Century

October 16, 2015

RECEIVED
Juneau

JAN 26 2018

CBPL

Credit Hours: 4

Jan Schwartz & Whitney Lowe, Instructors Education & Training Solutions

4224 E. Marion Trail, Tucson, Arizona 85711

Provider Numbers: NCBTMB: #451297-10, TX:CE1404 (course includes 2 hours of professional roles and boundaries)

From: [Zimmerman, Marilyn A \(CED\)](#)
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: CE audit: Michelle Kocan, 114948
Date: Monday, February 12, 2018 3:42:20 PM
Attachments: [Email CE certificates Kocan Michelle 2.10.18.pdf](#)

Dawn:

I received the attached certificates from Michelle (Shelly) Kocan and her CPR certificate. The CEs were completed outside of timeframe but can be used with a consent agreement.

The CEs should be approved by the board to use as remedial CEs for use with a consent agreement. I told Shelly I would not have a consent agreement for her until after the board meeting in March so these can be addressed at the board meeting.

Like we've talked about, I can't prepare any consent agreements until the board has determined discipline for the failed audits.

Best regards,

Marilyn Zimmerman, RP

Paralegal II

Division of Corporations, Business and Professional Licensing

Alaska Department of Commerce, Community, and Economic Development

PO Box 110806

Juneau, AK 99811-0806

Phone: (907) 465-1673

marilyn.zimmerman@alaska.gov

Fax: (907) 465-2974

Please note I do not have a direct fax line. Sending documents via email will bring them to my attention sooner.

Disclaimer: This message may contain confidential or privileged information and is intended only for the use of the addressee named herein. The documents attached to this email are considered legal documents. If you are not the intended recipient of this message, you are hereby notified that you must not use, copy, disclose, or take any action based on this message or information herein. If you have received this message in error, please advise the sender immediately and delete this message. Thank you for your cooperation.

Zimmerman, Marilyn A (CED)

From: Shelly Kocan <shellykocan@gmail.com>
Sent: Saturday, February 10, 2018 5:06 PM
To: Zimmerman, Marilyn A (CED)
Subject: Massage Therapy CEU certificates & CPR
Attachments: Massage Therapy CEU 4hrs.pdf; Massage Therapy CEU FascialTherapyBenefitsContraindicationsforMassageClients-87896.pdf; certificate.pdf

Hi Marilyn,

Attached are the necessary certificates. Please let me know what next steps I need to take.

thanks,
Shelly Kocan

--

www.acucdv.com

Certificate of Completion

This certifies that

MICHELLE KOCAN

Has earned 4.0 continuing education hours by successfully completing the AMTA online course:

Fascial Therapy: the Science of Fascia

Explore a detailed introduction to fascial therapy, and how massage therapists can integrate this technique into their practices. Find out how fascia works and what types of health conditions might benefit from fascial therapy.

This CE course is part of the AMTA Fascial Therapy Continuing Education Program. Explore other fascial therapy online courses and the hands-on workshop.

LCEU0001781, MS #221

February 09, 2018

Provider information:

American Massage Therapy Association
500 Davis Street, Suite 900
Evanston, IL 60201
877-905-0577 education@amtamassage.org
NCBTMB Approved Provider Number: 024237-00
Florida State Provider Number: 50-4255
Louisiana State Provider Number: LAP0084

Participant information:

Michelle Kocan
PO Box 2196
Cordova, AK 99574
9074297797

Instructor: Martha Menard and Steve Jurch



A handwritten signature in cursive script, appearing to read "Dolly Wallace".

Dolly Wallace, 2017–2018 AMTA President

Certificate of Completion

This certifies that

MICHELLE KOCAN

Has earned 3.0 continuing education hours by successfully completing the AMTA online course:

Fascial Therapy: Benefits & Contraindications for Massage Clients

Learn about the numerous benefits of fascial therapy for your massage clients, as well as important contraindications. Get detailed information on how to incorporate assessments into your fascial therapy practice.

This CE course is part of the AMTA Fascial Therapy Continuing Education Program. Explore other fascial therapy online courses and the hands-on workshop.

LCEU0001779, MS #219

February 10, 2018

Provider information:

American Massage Therapy Association
500 Davis Street, Suite 900
Evanston, IL 60201
877-905-0577 education@amtamassage.org
NCBTMB Approved Provider Number: 024237-00
Florida State Provider Number: 50-4255
Louisiana State Provider Number: LAP0084

Participant information:

Michelle Kocan
PO Box 2196
Cordova, AK 99574
9074297797

Instructor: Martha Menard and Steve Jurch



A handwritten signature in cursive script that reads "Dolly Wallace".

Dolly Wallace, 2017–2018 AMTA President

Certificate of Completion

Michelle Kocan

has successfully completed requirements for

'Adult
Child and Baby First Aid/CPR/AED Online - Valid 2 Years'

conducted by
American Red Cross

Date Completed: **Wed Jul 27 2016**

Instructors:



Contact Hours: {{contacthours}}



Certificate ID: 0YU5Q4



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

BOARD OF PROFESSIONAL COUNSELORS
Dawn Dulebohn, Licensing Examiner

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.2694
Fax: 907.465.2974

November 2, 2017

Opal Sidon
1303 W 23RD
APT 18
ANCHORAGE, AK 99503

Dear Licensee:

Your Massage Therapy license has been randomly selected for audit. Please submit documentation of your completion of the continuing education requirements as certified on your 2017 renewal form. In order for the board to review your continuing education, you will need to submit copies of the course/workshop/seminar completion forms, such as a certificate of attendance.

A license applying for renewal of a massage therapy license must complete the number of continuing education contact hours set out in accordance with 12 AAC 79.210.

Licenses issued on or before September 30, 2016 – You must document 6 contact hours earned between July 1, 2015 and September 30, 2017.

Please respond to this request for documentation no later than December 2, 2017.

If you fail to submit the proper documentation or do not respond to this request, it may result in action against your license.

12 AAC 79.220. AUDIT AND DOCUMENTATION. *A licensee shall comply with all applicable requirements of 12 AAC 02.960 and 12 AAC 02.965. If selected for an audit of continuing education activities, the licensee shall cooperate with the department and shall submit all requested verifications of continuing education activities claimed by the licensee.*

CENTRALIZED LICENSING REGULATION 12 AAC 02.960(e)

The documentation must include a valid copy of a certificate or similar verification of satisfactory completion of the continuing competency activities claimed that provides

- (1) the name of the licensee;*
- (2) the amount of continuing competency credit awarded;*
- (3) a description of the continuing competency activity;*
- (4) the dates of actual participation or successful completion; and*
- (5) the name, mailing address and signature of the instructor, sponsor, or other verifier.*

Mail the required documentation directly to the address listed at the top of this page; to the attention of the Board of Massage Therapists. If you have any questions, please contact me directly at dawn.dulebohn@alaska.gov or at 907-465-3811.

Dawn Dulebohn
Licensing Examiner
Board of Massage Therapists

Certificate of Completion

This certifies that

OPAL SIDON

Has earned 3.0 continuing education hours by successfully completing the AMTA online course:

Self-Care for Massage Therapists: Body Mechanics

LCEU0001760; MS #218

January 07, 2018

Provider information:

American Massage Therapy Association
500 Davis Street, Suite 900
Evanston, IL 60201
877-905-0577 education@amtamassage.org
NCBTMB Approved Provider Number: 024237-00
Florida State Provider Number: 50-4255
Louisiana State Provider Number: LAP0084



Participant information:

Opal Sidon
1303 W 23Rd Ave Apt 18
Anchorage, AK 99503-1648
9079034690

Instructor: Sandra Anderson

A handwritten signature in cursive script, appearing to read 'Dolly Wallace'.

Dolly Wallace, 2017–2018 AMTA President

Certificate of Completion

This certifies that

OPAL SIDON

Has earned 3.0 continuing education hours by successfully completing the AMTA online course:

Fascial Therapy: Benefits & Contraindications for Massage Clients

Learn about the numerous benefits of fascial therapy for your massage clients, as well as important contraindications. Get detailed information on how to incorporate assessments into your fascial therapy practice.

This CE course is part of the [AMTA Fascial Therapy Continuing Education Program](#). Explore other fascial therapy [online courses](#) and the [hands-on workshop](#).

LCEU0001779, MS #219

February 19, 2018

Provider information:

American Massage Therapy Association
500 Davis Street, Suite 900
Evanston, IL 60201
877-905-0577 education@amtamassage.org
NCBTMB Approved Provider Number: 024237-00
Florida State Provider Number: 50-4255
Louisiana State Provider Number: LAP0084

Participant information:

Opal Sidon
1303 W 23Rd Ave Apt 18
Anchorage, AK 99503-1648
9079034690
AK - 111430

Instructor: Martha Menard and Steve Jurch



A handwritten signature in cursive script that reads "Dolly Wallace".

Dolly Wallace, 2017–2018 AMTA President

Review/Update FAQ's

Review/Update Goals and Objectives

Call To Order/Roll Call

Day 2

State of Alaska
Office of Boards and Commissions Roster
BOARD OF MASSAGE THERAPISTS

<u>Member</u>	<u>Appointed</u>	<u>Term Expires</u>
Ron Gibbs <i>Licensed Massage Therapist</i>	November 25, 2014	March 1, 2020
Traci K. Gilmour <i>Licensed Massage Therapist</i>	November 25, 2014	March 1, 2021
Vacant <i>Public Member</i>		March 1, 2017
Chair David Edwards-Smith <i>Licensed Massage Therapist</i>	November 25, 2014	March 1, 2022
Jill Motz <i>Licensed Massage Therapist</i>	Jan 23, 2017	March 1, 2022

Review the Agenda



**Alaska State Board of
Massage Therapists
State Office Building
333 Willoughby Ave,
Conference Room "B"
Juneau, Alaska**

Conference Line Call In: 1-800-315-6338
Access Code: 14875

**March 8th, 2018-
March 9th, 2018
8:30 a.m.**

Meeting Agenda (Draft)

Day 1

<u>Time</u>	<u>Subject</u>	<u>Lead Person(s)</u>
1. 8:30 a.m.	Call to Order/Roll Call	Chair
2. 8:35 a.m.	Ethics Report	Chair
3. 8:45 a.m.	Review/Approve Agenda	Chair
4. 8:55 a.m.	Review/Approve Past Meeting Minutes	Chair
5. 9:05 a.m.	Education Subcommittee	Gibbs/Motz
6. 10:00 a.m.	Division/Financial Update	TBD
7. 10:20 a.m.	Investigative Report for FY17	Investigator Bautista
8. 10:30 a.m.	Investigative Case Review & Consent Agreements (Executive Session, if needed)	Chair
9. 12:00 p.m.	Lunch	
10. 1:15 p.m.	Public Comment	Chair
11. 1:30 p.m.	Report on Legislative Meetings	Chair
12. 2:15 p.m.	Continuing Education Disciplinary Matrix	Zimmerman
13. 2:45 p.m.	Board Business <ul style="list-style-type: none">• Review/Approve Applications• Tabled Applications• Review/Approve Continuing Education• Review/Update FAQ's from the website• Review Goals and Objectives of the Board	Chair
14. 4:00 p.m.	Recess until 9:00 a.m. March 9, 2018 (or later if needed)	Chair



**Alaska State Board of
Massage Therapists
State Office Building
333 Willoughby Ave,
Conference Room "B"
Juneau, Alaska**
Conference Line Call In: 1-800-315-6338
Access Code: 14875

**March 8th, 2018-
March 9th, 2018
9:00 a.m.
Meeting Agenda (Draft)**

Day 2

<u>Time</u>	<u>Subject</u>	<u>Lead Person(s)</u>
1. 9:00 a.m.	Call to order/Roll Call	Chair
2. 9:05 a.m.	Review the Agenda	Chair
3. 9:10 a.m.	Old Business <ul style="list-style-type: none">• Past Task List• Discussion of HB110 & HB275• Fingerprinting Procedures• Status of Regulations Projects• Continuing Education Content• Court Decision on Appeal Case	Chair
4. 9:40 a.m.	New Business <ul style="list-style-type: none">• New Task List• Potential Regulations Projects<ul style="list-style-type: none">1- Stale Applications• Board Approved Bloodborne Pathogens Class• FSMTB Executive Summit	Chair
5. 10:10 a.m.	Administrative Business <ul style="list-style-type: none">• Meeting Calendar• Sign Wall Certificates• Sign Past Minutes• Correspondence<ul style="list-style-type: none">1. Insurance Billing	Chair
6. 11:00 a.m.	Adjourn	Chair

Old Business

Task list

TASK LIST- NOVEMBER 30 - DECEMBER 1, 2017				
Task	Who to complete	When is the deadline?	Distribute to the Board?	Completed
Membership Invoices for FSMTB	Dawn	March meeting	yes	2/20/2018
Letter of Support for HB90	David	asap		
Update Disciplinary Sanctions/Fine Schedule and then post the Barrier Crimes Matrix & Disciplinary Santions/Fine Schedule on the web	Dawn	asap		12.15.2017
Send out Board accomplishments/MAS Newsletter to licensees	Dawn-creation of newsletter & distribution Traci-outline/key points	quarterly newletter aimed at the first part of January 2018	yes. Board approval before distribution	12.30.2017/01.15.2018
Remove List Serve from the website	Renee & Dawn	asap		12.15.2017
Research whether when a license granted by Transition lapses if the licensee has to reappy by Credential or Exam	Dawn	March meeting		12.15.2017
Proposal that all apprenticeship programs meet COMTA & ELAP standards	Dawn & Regulations Specialist	March Meeting	Regulations project	sent 12.14.2017
Projected cost of massage establishment licensing program	David	March meeting		letter from s. chambers gathered 02.2018
Letter of Response from Board regarding sexual misconduct story	David	asap		01.11.2018
Correction of Jill's address on website	Dawn	asap		12.15.20187

Task list

Response from Investigations to news reporter regarding sexual misconduct story	Renee & Dawn	asap	yes	
In depth course description from RISI	Dawn	asap	yes once received from applicant	12.21.2017
Sub-committee meeting to define what "approved massage therapy school or program" should consist of.	Jill & Ron	January 1, 2018 @ 3pm to present to Board in March meeting		01.01.2018
Submit travel request for FSMTB conference in October	Dawn	before March meeting		Registration forms are not available yet. Cannot submit travel without them 02.23.2018
Gather information for a Regulations project that would stipulate that an application would go "stale" if there is no receipt of new information on application for 6 months	Dawn & Regulations Specialist	March meeting	yes	
Travel Action Report from FSMTB Conference 2017	Dawn (get from Jill)	before March meeting	yes and put in the next board packet	

From: [Dumas, Melissa L \(CED\)](#)
To: [Dulebohn, Dawn L \(CED\)](#)
Cc: [Hoffard, Renee \(CED\)](#)
Subject: RE: MAS- FSMTB Membership Costs
Date: Friday, February 16, 2018 8:07:32 AM

Hi,

\$968.80 was paid for FSMTB Massage Board Membership on 8/7/2017.

Thanks,
Melissa

From: Dulebohn, Dawn L (CED)
Sent: Thursday, February 15, 2018 4:22 PM
To: Dumas, Melissa L (CED) <melissa.dumas@alaska.gov>
Cc: Hoffard, Renee (CED) <renee.hoffard@alaska.gov>
Subject: MAS- FSMTB Membership Costs

Good Afternoon Melissa,

In their last meeting, the Board of Massage Therapists has requested to know what their annual membership fees are in regards to FSTMB (Federation of State Massage Therapy Boards).

Could you please provide me with this information?

Best Regards,

Dawn Dulebohn

Licensing Examiner
Board of Massage Therapists
Board of Certified Real Estate Appraisers
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
PH: 907-465-3811
Fax: 907-465-2974
Dawn.Dulebohn@alaska.gov

From: [Chambers, Sara C. \(CED\)](#)
To: [Dulebohn, Dawn L \(CED\)](#); [Hoffard, Renee \(CED\)](#)
Subject: FW: Massage establishments Reg draft
Date: Friday, February 16, 2018 9:53:40 AM
Attachments: [MT Establishment Language OCT 3 edit SCC 1-24-18.docx](#)

Thanks for the reminder! The email thread is below and my markup is attached.

Sara Chambers
Deputy Director

Alaska Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, AK 99811-0806
commerce.alaska.gov/web/cbpl
Phone: (907) 465-2144
FAX: (907) 465-2974

Any guidance provided by this electronic communication is not a binding legal opinion, ruling, or interpretation that may be relied upon, but merely guidance concerning existing statutes and regulations. There may be other unique or undisclosed facts, circumstances, and information that may have changed any guidance provided in this communication.

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From: David Edwards-Smith [mailto:dave@edwards-smith.com]
Sent: Thursday, January 25, 2018 10:57 AM
To: Chambers, Sara C (CED) <sara.chambers@alaska.gov>
Subject: RE: Massage establishments Reg draft

Sara

I am full agreement that this regulation brainstorm needs an incredible amount of work. If you think this one is a bit messy, you should have seen the previous version. I will be working to bring much needed refinement to this project. I expect to either address this at the next meeting or in a teleconference.

Dave

From: Chambers, Sara C (CED) [mailto:sara.chambers@alaska.gov]
Sent: Wednesday, January 24, 2018 3:56 PM
To: David Edwards-Smith <dave@edwards-smith.com>
Cc: Dulebohn, Dawn L (CED) <dawn.dulebohn@alaska.gov>; Hoffard, Renee (CED) <renee.hoffard@alaska.gov>
Subject: RE: Massage establishments Reg draft

Hi, Dave. Here's my quick review of the proposed regs. Please let me know your response/ update

when you have a chance.

Sara Chambers
Deputy Director

Alaska Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, AK 99811-0806
commerce.alaska.gov/web/cbpl
Phone: (907) 465-2144
FAX: (907) 465-2974

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From: David Edwards-Smith [<mailto:dave@edwards-smith.com>]
Sent: Monday, January 22, 2018 2:33 PM
To: Chambers, Sara C (CED) <sara.chambers@alaska.gov>
Subject: Massage establishments Reg draft

Sara

This is the most recent draft of the massage establishment licensing regulations.

It is of course a work in progress. It is an attempt to simply our previous complex version.

Dave E-S



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Massage Establishment Applicant Requirements

The business name, location, and mailing address of the massage establishment

A copy of the occupancy permit for the building in which the massage establishment will operate

Fingerprinting background **check**

Lead Alaska Licensed LMT Designation with signature

Current Liability **Insurance**

A photocopy of two valid **state** or federal issued photo identification;

Establishment requirements upon **inspection**

- Establishment license is displayed
- Establishment must adhere to all state, local and federal fire, health, safety and building **codes**.
- Hours of Operation. Every massage establishment shall be closed for business between the hours of 12:00 a.m. and 5:00 a.m.
- No massage establishment shall be used as a shelter or living quarters for any person. No owner or manager shall allow a licensed massage establishment to be used for housing, sheltering, or harboring any person(s), or as living or sleeping quarters for any person(s). The owner and family members of a massage establishment operated as a home occupation, as defined by **State Code Title 21**, are exempt from this prohibition. If a massage establishment is located within, but is ancillary to, a business such as a hotel or motel, this prohibition shall apply only to the areas designed, designated, or used as a **massage establishment**.
- Every massage establishment shall keep and maintain:
 - a. A book containing the names, dates of birth, and a legible photocopy of the Alaska massage license of every massage therapist employed by or contracting with the massage establishment; and
 - b. A menu of all services available at the massage establishment, including the price for each service, which shall be posted in plain view of clients.

Commented [CSC(1): Of whom? The owner of the business? What if the business is a corporation? All officers of the corporation?

Commented [CSC(2): What does this mean? It needs to be explained. What type of process is the designation? What happens when the designee changes? What are the penalties for not reporting a change in designation? What happens if the establishment does not have a lead?

Commented [CSC(3): Of the business? Any particular limits or coverages?

Commented [CSC(4): Alaska

Commented [CSC(5): When is the inspection? Prior to licensure? Annual? Upon complaint? Who does the inspection?

Commented [CSC(6): What happens if they don't?

Commented [CSC(7): ?

Commented [CSC(8): As approved by the board

c. A log including the date, time, and type of massage or massage therapy service performed, the amount of money or other payment received from the client, including the amount of tip or gratuity.

- Every document and record required by this chapter shall be dated and kept at the massage establishment for a minimum period of three (3) years from the date of the last record contained therein, and on or off the premises for the period required by state law or the rules, code of ethics, or standards of practice of the State of Alaska Board of Massage Therapy.
- Every owner, manager, massage therapist, and employee shall immediately present the records required herein for inspection or review upon request of the department, local, federal or state agency.
- The inspector will verify that the establishment is operating within the Establishment Operations regulations

Commented [CSC(9)]: Needs to be more specific

Commented [CSC(10)]: Law enforcement? Licensing? Other?

Commented [CSC(11)]: Who is the inspector? It sounds like it would be a division employee since we can't compel another agency to check for these things. Inspection process, timing, etc. needs to be clarified.

No massage establishment license shall be issued to any applicant if any person required to be on the application:

1. Is under the age of eighteen (18) years;
2. Is not the bona fide owner or lessee of the premises within which the massage establishment is to be operated; or
3. has been convicted of, or pled guilty or no contest to, a crime involving moral turpitude 12 AAC 79.910., or who has been convicted of, or pled guilty or no contest to, a crime involving moral turpitude if the board finds that the conviction does affect the person's ability to practice competently and safely.
5. Does not provide documentation of current liability insurance
6. Has not ~~provided been~~ completed the fingerprint background check
7. Has not ~~provided paid~~ fees required by the Department
8. The Department shall not issue a massage establishment license to any applicant if it is determined that the application included any false, misleading, or fraudulent information.

Commented [CSC(12)]: Too vague. What if a corporation?

Commented [CSC(13)]: Does this extend to the officers of a corporation?

Commented [CSC(14)]: Limits and coverage?

Commented [CSC(15)]: What if a corporation?

Formatted: Strikethrough

Commented [CSC(16)]: Board shall not approve

Commented [CSC(17)]: Ever? What if the application is corrected? Does the board plan to deny these?

Massage Establishments - Operations

- No massage establishment shall operate or be open for business between the hours of 12:00 a.m. and 5:00 a.m.
- No massage establishment shall operate in conjunction with a cocktail lounge, photography studio, model studio, art studio, telephone answering service, motion picture theater or adult-oriented business.

Commented [CSC(18)]: A hotel/motel appears to be okay (above), but a cocktail lounge is not. What if the cocktail lounge is also in the hotel/motel?

- No alcohol consumption or sales within the massage establishment
- The owner and manager of every massage establishment shall notify the Department in writing within ten business (10) days of any change in ownership of the massage establishment.
- The owner and manager of every massage establishment shall notify the Department in writing within 10 business (10) days of every change in **the designated lead massage therapist** of the massage establishment, whether such change is by new or renewed employment, termination or discharge, transfer, or other employment change.
- ~~No person shall perform massage or massage therapy in any cubicle, room, or area equipped with a ~~door~~-locking door.~~
- ~~No person shall use a massage establishment as housing, living quarters, or sleeping quarters.~~
- No owner or manager shall permit or allow a massage establishment to be used as housing, living quarters, or sleeping quarters by any person.
- No owner, manager, massage therapist, or employee shall allow or permit any person under the age of eighteen (18) years to come into or remain in any massage establishment without a written parent or legal guardian consent.
- No owner, manager, massage therapist, or employee shall sell, give, dispense, provide, or keep, or cause or permit to be sold, given, dispensed, provided, or kept, any controlled substance within any massage establishment.
- No owner, manager, massage therapist, or employee shall initiate or engage in any sexual contact or sexual act in any massage establishment.
- No owner, manager, massage therapist, or employee shall keep, or allow to be kept, within any massage establishment any item known as or commonly used as a marital or sexual aid, including, but not limited to, any contraceptive item or device, vaginal or anal lubricant, or any sex toy.

Commented [CSC(19): What does this person do? How are they qualified? What impact does this have on their license or our process?

- No owner, manager, massage therapist, or employee shall solicit, initiate, engage in, permit, or allow any act that violates Alaska Statutes sections 08.61 et seq., the Regulations of the Alaska State Board of Massage ~~Therapy~~Therapists, or the code of ethics or standards of practice set forth by the Alaska State Board of Massage ~~Therapy~~Therapists.
- No owner, manager, massage therapist, or employee shall engage in unprofessional conduct, including but not limited to the following:
 - a. Engaging in sexually suggestive advertising related to massage services.
 - b. Engaging in any form of sexual activity on the premise of a massage establishment where massage is provided for compensation.
 - c. Engaging in any form of sexual activity while providing massage services for compensation.
 - d. Engaging in any form of assignment
- No owner, manager massage therapist, or employee shall allow television, video or recording equipment in any room where massage services are being provided, but a security surveillance monitor that can only receive images of the inside of the common areas of the establishment may be located in these rooms at any time. With written client consent, a massage therapist may use video and photography equipment for therapeutic purposes.

Commented [CSC(20): "Sexual activity" and "suggestive advertising" should be defined

Commented [CSC(21): No idea what this means

Exemptions.

A. The following are exempt from the massage establishment license requirement:

1. Hospitals, residential care facilities, and assisted living facilities licensed by the state of Alaska;
2. Public and private secondary schools or accredited colleges and universities who are approved by the board and when massage is performed as an educational requirement.
3. Sports venues at which massage may be conducted on the members of professional sports franchises by athletic trainers employed by

Commented [CSC(22): Requirement of whom?

professional sports or collegiate sports franchises.

4. The business locations in which barbers and cosmetologists, currently licensed by the state of Alaska, practice massage limited to the neck, face, scalp, hair, hands, or feet, when such massage is conducted in conjunction with a cosmetic service such as a haircut or styling, shave, manicure, or pedicure.

5. A massage therapist licensed in the State of Alaska who owns and operates a massage business with or without employees.

Commented [CSC(23)]: This doesn't make sense to me. I may need to discuss with you.

License Term and Expiration, Application and Renewal.

A. Every massage establishment license shall be valid for a period of one (2) years from the date of issuance, unless suspended, revoked, or surrendered prior to expiration.

B. Every application for a new or renewed massage establishment license shall be:

1. Made upon the form provided by the Department and
2. Filed with the Department
3. Accompanied by a non-refundable application fee set by the Department,
4. Completed to the satisfaction of Department and Board
5. Signed by every person who is an owner and lead massage therapist of a massage establishment.
6. Completed a federal fingerprint background check

Commented [CSC(24)]: See all concerns listed above.

C. It is the massage establishment operator's responsibility to ensure the license application is filed timely with the Department to avoid a lapse in lawful operation prior to renewal. Renewal applications filed at least 30 days before expiration of the license are timely. Applications filed less than 30 days before expiration are not considered timely and may result a lapse is lawful operation.

Commented [CSC(25)]: This really shouldn't be in regulation.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

Travel Action Summary Report

Submit to the CBPL Travel Desk no later than seven business days after the meeting has concluded. Save a copy in your program files for the end-of-year compilation of all travel-related savings and deliverables for your program.

Board:

Dates of Business:

Person Reporting:

of Travelers: *Employees* *Board Members*

Type of Meeting:

Regular board business
Special board meeting
On-site Investigation/Inspection

Adjudication only
Subcommittee meeting
Other:

Cost Savings

What expenses were reduced?

- 1.
- 2.
- 3.

What is the estimated savings?

Meeting Deliverables

Information gained:

Action recommended:

From: Scott and Traci
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: Board followup with my meeting with Rep. Kito, etc.
Date: Monday, December 11, 2017 2:26:38 PM

Hi there, Please forward to the board and Sara if you deem appropriate.

I met with Rep. Kito and another staffer on Thursday. We talked about the Sunset Law and he is willing to carry the bill.

The way this works is that our law and board sunsets if the Legislature does not choose to vote to extend for another 3 or 4 years. When a Sunset approaches, a sponsor is needed and a bill is introduced to extend the law. If so decided, many other things can be attached to that bill. Rep. Kito and I agreed to introduce a clean bill. If HB110 and 145 die in the legislature this session, we will need to work to reintroduce them next session. I feel that is not in the best interest of our therapists, the board nor the state at this time to add anything to the bill. I hope you are supportive of a clean bill.

What we need to do to prepare:

Rep. Kito plans to introduce our bill early. I would suggest when we get more information that Chair Edwards-Smith plan to come to Juneau to lend his support and testimony and make the rounds with legislators explaining our good work and our future projects.

We will need to garner support from legislators, committees and, I feel, our community of clients, patients and fellow therapists. This work needs to begin now. Please begin to reach out to our peers and legislators. Please write letters and encourage your clients/patients/colleagues to do the same. I would start by reaching out to House Labor and Commerce committee members, but others in each house as well.

Thankfully we have received a good report, but more work needs to be done. Especially for the fact that there is a lot of misinformation out there in regards to what this board should and shouldn't be doing.

On that note, Dawn -- when do you think the DRAFT minutes will be posted? When can we expect emails to be sent regarding the "newsletter" information we talked about in our meeting? I would like to see a draft of the informational email before you send if we can.

Next, I would like to know if the Board can or should request the Division to send an answer to Mr. Toal regarding his request for an apology from the Board and myself. I would like to speak further to this matter.

Thanks so much, I look forward to hearing from you.

Traci K Gilmour

CS FOR HOUSE BILL NO. 110(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

Offered: 2/19/18

Referred: Finance

Sponsor(s): REPRESENTATIVE KITO

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the Board of Massage Therapists; relating to the practice of massage**
2 **therapy; relating to massage therapy establishments; relating to the Department of**
3 **Commerce, Community, and Economic Development; and providing for an effective**
4 **date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** AS 08.61.010 is amended to read:

7 **Sec. 08.61.010. Board established.** The Board of Massage Therapists is
8 established in the department. The board consists of five members appointed by the
9 governor as follows:

10 (1) four licensed massage therapists who have been engaged in the
11 practice of massage therapy in the state for the three years immediately preceding
12 appointment and who shall remain actively engaged in the practice of massage therapy
13 while serving on the board; not more than one member appointed under this paragraph
14 may have an ownership or partnership interest in a massage school; and

1 (2) one public member; the governor may not appoint as a public
2 member

3 (A) a licensed health care provider;

4 (B) an employee of the state; or

5 (C) a current [OR FORMER] member of another occupational
6 licensing board established under AS 08.

7 * **Sec. 2.** AS 08.61.020 is amended to read:

8 **Sec. 08.61.020. Duties and powers of board.** In addition to the duties
9 specified in AS 08.01, the board shall

10 (1) provide for the examination of applicants by the board or through a
11 nationally recognized competency examination approved by the board and issue
12 licenses to applicants the board finds qualified;

13 (2) adopt regulations governing

14 (A) licensing of massage therapists; [AND]

15 (B) the practice of massage therapy; **and**

16 **(C) massage therapy establishments;**

17 (3) establish standards of professional competence and ethical conduct
18 for massage therapists;

19 (4) establish standards for continuing education for massage therapists;
20 standards adopted by the board under this paragraph must allow for approval of
21 Internet-based continuing education courses;

22 (5) make available to the public a list of massage therapists licensed
23 under this chapter;

24 (6) determine which states have educational and licensing
25 requirements equivalent to the requirements of this state;

26 (7) enforce the provisions of this chapter and adopt and enforce
27 regulations necessary to implement this chapter; and

28 (8) approve one or more nationally recognized competency
29 examinations and publish and periodically update the list of approved examinations.

30 * **Sec. 3.** AS 08.61.030 is amended to read:

31 **Sec. 08.61.030. Qualifications for license.** The board shall issue a license to

1 practice massage therapy to a person who

2 (1) applies on a form provided by the department;

3 (2) pays the fees established under AS 08.61.090;

4 (3) furnishes evidence satisfactory to the board that the person has
5 completed a

6 (A) course of study of at least 625 [500] hours of in-class
7 supervised instruction and clinical work from an approved massage school; or

8 (B) board-approved apprenticeship program;

9 (4) is 18 years of age or older;

10 (5) has been fingerprinted and has provided the fees required by the
11 Department of Public Safety under AS 12.62.160 for criminal justice information and
12 a national criminal history record check; the fingerprints and fees shall be forwarded
13 to the Department of Public Safety to obtain a report of criminal justice information
14 under AS 12.62 and a national criminal history record check under AS 12.62.400;

15 (6) has a current cardiopulmonary resuscitation certification;

16 (7) has received at least two [FOUR] hours of safety education
17 covering bloodborne pathogens and universal precautions in the two years preceding
18 the application for the license; in this paragraph, "bloodborne pathogens" has the
19 meaning given in AS 18.15.450;

20 (8) has successfully completed a nationally recognized competency
21 examination approved by the board; and

22 (9) has not been convicted of, or pled guilty or no contest to, a crime
23 involving moral turpitude, or who has been convicted of, or pled guilty or no contest
24 to, a crime involving moral turpitude if the board finds that the conviction does not
25 affect the person's ability to practice competently and safely.

26 * **Sec. 4.** AS 08.61.050 is amended to read:

27 **Sec. 08.61.050. Standards for license renewal.** The board shall renew a
28 license issued under this chapter to a licensee who

29 (1) pays the required fee;

30 (2) meets the continuing education requirements established by the
31 board;

1 (3) has not been convicted of, or pled guilty or no contest to, a crime
 2 involving moral turpitude, or has been convicted of, or pled guilty to or no contest to,
 3 a crime involving moral turpitude if the board finds that the conviction does not affect
 4 the person's ability to practice competently and safely;

5 (4) has a current cardiopulmonary resuscitation certification; and

6 (5) has been fingerprinted and has provided the fees required by the
 7 Department of Public Safety under AS 12.62.160 for criminal justice information and
 8 a national criminal history record check **at least once every six years**; the fingerprints
 9 and fees shall be forwarded to the Department of Public Safety to obtain a report of
 10 criminal justice information under AS 12.62 and a national criminal history record
 11 check under AS 12.62.400.

12 * **Sec. 5.** The uncodified law of the State of Alaska is amended by adding a new section to
 13 read:

14 TRANSITION: REGULATIONS. The Department of Commerce, Community, and
 15 Economic Development and the Board of Massage Therapists may adopt regulations
 16 necessary to implement the changes made by this Act. The regulations take effect under
 17 AS 44.62 (Administrative Procedure Act), but not before the effective date of the law
 18 implemented by the regulation.

19 * **Sec. 6.** Sections 4 and 5 of this Act take effect immediately under AS 01.10.070(c).

20 * **Sec. 7.** Except as provided in sec. 6 of this Act, this Act takes effect July 1, 2019.

CS FOR HOUSE BILL NO. 275(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Offered: 2/14/18

Referred: Rules

Sponsor(s): REPRESENTATIVES KITO, Chenault

A BILL

FOR AN ACT ENTITLED

1 **"An Act extending the termination date of the Board of Massage Therapists; relating to**
2 **license renewal and criminal history record checks for massage therapists; and**
3 **providing for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 *** Section 1.** AS 08.03.010(c)(12) is amended to read:

6 (12) Board of Massage Therapists (AS 08.61.010) - June 30, 2024
7 [2018];

8 *** Sec. 2.** AS 08.61.050 is amended to read:

9 **Sec. 08.61.050. Standards for license renewal.** The board shall renew a
10 license issued under this chapter to a licensee who

11 (1) pays the required fee;

12 (2) meets the continuing education requirements established by the
13 board;

14 (3) has not been convicted of, or pled guilty or no contest to, a crime

1 involving moral turpitude, or has been convicted of, or pled guilty to or no contest to,
2 a crime involving moral turpitude if the board finds that the conviction does not affect
3 the person's ability to practice competently and safely;

4 (4) has a current cardiopulmonary resuscitation certification; and

5 (5) has been fingerprinted and has provided the fees required by the
6 Department of Public Safety under AS 12.62.160 for criminal justice information and
7 a national criminal history record check **once every three renewals**; the fingerprints
8 and fees shall be forwarded to the Department of Public Safety to obtain a report of
9 criminal justice information under AS 12.62 and a national criminal history record
10 check under AS 12.62.400.

11 * **Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to
12 read:

13 APPLICABILITY. AS 08.61.050, as amended by sec. 2 of this Act, applies to
14 applications for renewal of a license to practice as a massage therapist under AS 08.61 filed
15 on or after the effective date of sec. 2 of this Act.

16 * **Sec. 4.** Section 1 of this Act takes effect immediately under AS 01.10.070(c).

17 * **Sec. 5.** Except as provided in sec. 4 of this Act, this Act takes effect July 1, 2018.

From: [Gaffney, Eric L \(DPS\)](#)
To: dawn.dulebohn@gmail.com
Cc: [Dulebohn, Dawn L \(CED\)](#)
Subject: FW: Fingerprinting Procedures
Date: Wednesday, November 29, 2017 2:27:50 PM
Attachments: [ID Program Guide-Brochure.pdf](#)

Dawn:

The issue you inquired about is called "chain of custody". Attached is a publication by the National Crime Prevention and Privacy Compact Council that addresses some of the issues involved, including some "best practices" for fingerprint technicians to follow when verifying the demographic information they put on the fingerprint card belongs to the applicant whose prints they are rolling.

There is no legal apparatus for enforcement of chain of custody at the state level in Alaska, and due to our unique geographic and infrastructure problems, I doubt that will change in the immediate future. Under Alaska law, anyone may roll fingerprints (except in the solitary case of concealed handgun permit applications, in which case the fingerprint technician must be either pre-approved or work for law enforcement), and therefor there is no formal regulation of fingerprint vendors.

One practice currently being implemented by one of our other clients is to issue a document to the applicant, which must be returned to the agency with the prints, on which the fingerprinter signs a statement attesting that photo ID was verified at time of fingerprinting. I have only secondhand knowledge of this practice, but it's been implemented by DHSS.

Eric Gaffney
Records & Licensing Supervisor
Division of Statewide Services
Alaska Department of Public Safety
(907) 269-5634

From: Dulebohn, Dawn L (CED)
Sent: Wednesday, November 29, 2017 11:26 AM
To: Gaffney, Eric L (DPS)
Subject: Fingerprinting Procedures

Hello Eric,

We spoke on the phone this morning about you possibly sending me either a write up or a link about procedures for fingerprinting in AK specifically the chain of command. I'm leaving for my flight now. If you do get those items, could you please send them to my personal e-mail of dawn.dulebohn@gmail.com

Thanks!

Best Regards,

Dawn Dulebohn

Licensing Examiner
Alaska State Massage Board
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

- An applicant with a disqualifying out-of-state arrest applied for a teacher certificate and persuaded a student to provide the applicant her fingerprints. The fingerprints were submitted and the applicant was able to obtain a teaching certificate. The student subsequently was arrested and the fingerprints hit on her own fingerprints that were in the state rap back system. When the Department of Education received the rap back notification, they discovered that the mug shot did not match the teacher enrolled in rap back. An investigation revealed identity fraud and the case was turned over for criminal prosecution of both the teacher applicant and the student. In this instance rap back prevented a disqualified individual from having continued access to a vulnerable population.
2. The following scenario illustrates how an applicant attempted to circumvent the fingerprinting process in order to obtain a position of trust, but due to the vigilance of the fingerprinting vendor, the hiring agency was able to successfully prevent the individual from obtaining the position.
- An individual applied for a health care worker position. Due to the fact that she had a criminal history record, she requested her roommate be fingerprinted on her behalf. Unbeknownst to her, the roommate also had a record. However, the fingerprinting agency verified the applicant's identification and determined that the photo/biographic identification did not match the applicant's identity. The fingerprint vendor notified the Department of Health (DPH) that the applicant did not match the identification submitted. Subsequently, both the applicant and the individual that agreed to submit the false fingerprints were arrested and charged. Due to verification of the identification, the DPH was able to detect fingerprint fraud and prevent a convicted felon from obtaining a position of trust as a health care worker.

Federal Legislation and Other Documents Pertinent to this Guide:

42 U.S.C. § 14616

Public Law 109-13, also referred to as the REAL ID Act
(The Emergency Supplemental Appropriations Act for Defense,
the Global War on Terror, and Tsunami Relief Act, May 11, 2005)

HSPD-12 (Homeland Security Presidential Directive - 12)

Revised 2014 by the National Crime Prevention and Privacy Compact Council

Identity Verification Program Guide



The National Crime Prevention and Privacy Compact Council (Compact Council) is a 15-member body of local, state, and federal governmental officials which prescribes system rules and procedures for the effective and proper operation of the Interstate Identification Index (III) for noncriminal justice purposes.

In recent years, the demand for fingerprint-based background checks for noncriminal justice purposes has increased. Fingerprinting agencies and contractors alike have expressed concern that applicants with a criminal history record may have someone pose as the applicant for fingerprinting purposes. In response to these concerns, the Compact Council prepared this guide for voluntary use in the development of policy, procedures, and practices for applicant identity verification.

FACTORS TO CONSIDER

(For the purpose of this guide, “agency” will refer to any agency or contractor responsible for the capture and/or submission of fingerprints for noncriminal justice purposes.)

In the course of establishing an identity verification program, agencies may choose to consider the following factors:

- Clearly define and document policy, procedure, and practices. Document what is to be accomplished and how it is to be performed.
- Review current business policy, procedure, and practices regarding verification, training, legal obligations, and privacy implications that may be incorporated into a program.
- Develop an understanding of the use of various biometric-based systems.

PRELIMINARY CONSIDERATIONS

Coordination with the State Repository

Since the state repository manages the processing of fingerprint submissions to the FBI, it is suggested that appropriate coordination and liaison be established at that level as a preliminary step toward an identity verification program.

E. Implement the use of form(s), which may include the:

1. Date of fingerprinting
2. Reason for fingerprinting
3. Printed name, signature, and/or identification number of the employee taking the fingerprints
4. Name of employee’s supervisor
5. Supervisor’s signature
6. Address of agency to receive fingerprints
7. Name of agency and physical address where fingerprinting was performed
8. Type of fingerprint capture (rolled ink, flat ink, live scan, etc.)
9. Applicant’s consent for fingerprinting
10. Type of ID verified (Driver’s License #/State/Expiration Date)

For further information, please visit the Compact Council website at:

www.fbi.gov/services/cjis/compact-council

FINGERPRINT FRAUD SCENARIOS

I. The following scenarios illustrate how an applicant attempted and successfully circumvented the fingerprinting process in order to obtain a position of trust and the importance of verifying the individual’s identity, as well as maintaining the chain-of-custody:

- An individual applied for, and successfully obtained, a position of trust as a teacher within a school district, after having another individual go to the sheriff’s office and provide his fingerprints. The prospective teacher also utilized his father’s name, which was the same as his. The fingerprints were subsequently submitted to the State Identification Bureau for a background check. Two years later, the falsified fingerprints were discovered when the teacher was arrested for criminal trespass and window peeping. It was also discovered the teacher had a prior arrest and conviction for simple assault and a sexual battery arrest which resulted in a misdemeanor assault conviction. As a result, the individual’s employment was terminated. Subsequently, the individual who had submitted the falsified fingerprints was also arrested for fraudulent activity.

- Check the applicant's signature in person with that on the identification form.
- Ensure that the identification form has not been altered in any manner.
- If available, verify that the machine readable data matches the data on the card when it is scanned.

When an agency has a reason to believe an applicant has presented fraudulent information, agency personnel should contact local law enforcement. No attempt should be made to detain or pursue the person.

CREATE CHAIN OF CUSTODY PROCEDURES

An agency may employ a process to protect the integrity of the applicant's fingerprints when they are forwarded to the state identification bureau and/or the FBI. The following information provides a guide to developing a chain of custody process:

- A. Establish provisions for the agency to manage both manually and electronically captured fingerprints.
- B. Establish an agency tracking system (applicant log) using the employee's name or some other method of identifying the individual capturing the fingerprints and verifying the applicant's identity.
- C. Establish procedures that document the type(s) of identification used by the applicant.
- D. When possible, electronic fingerprint submissions should be used, thus eliminating the return of the fingerprint card to the applicant. However, in those instances when the fingerprints must be returned to the applicant, the agency should establish procedures that use specially sealed envelopes, agency specific stamps, etc. when forwarding the applicant's manually captured fingerprints.

Fingerprinter Certification

Another preliminary consideration for states may be the enacting of a state statute establishing a certification process that qualifies the employees capturing the applicant's fingerprints. Additionally, if the statute were compliant with Public Law 92-544, a state and federal fingerprint-based background check could be performed on the individuals certified to take fingerprints.

POLICY, PROCEDURES, AND PRACTICES

In developing an identity verification program, the Compact Council suggests establishing written policy, procedures, and practices. The following guide may be helpful in the process.

- Determine Policy, Procedures, and Practices
- Create an Identification Validation Guide
- Create Chain of Custody Procedures

Determine Policy, Procedures and Practices

Policy, Procedures, and Practices may include:

- A. Training in the capture of fingerprints (rolled or flats, and hard copy or livescan).
- B. Certification of employees performing duties under the scope of the identity verification program, which may include recognizing and validating authorized identification forms, identification documents, and source documents for identity confirmation.
- C. Security considerations:
 1. Train employees to recognize and properly utilize the security features of the various forms of identification presented. These features include biometric like photographs and machine-readable technology such as magnetic strips and 2D/3D barcodes.
 2. Assign a unique identification number to each employee to be included with each fingerprint submission.

Create an Identification Validation Guide

Primary and Secondary Identification

Currently most agencies request some type of photo identification card as one method for verifying an individual's identity. The Compact Council suggests agencies accept only current, valid, and unexpired photo identification documents.

As a primary form of photo identification, the following documents may be presented by an applicant when being fingerprinted:

- State-issued driver's license*
- U.S. Passport or U.S. Passport Card
- Federal Government Personal Identity Verification Card (PIV)
- Uniformed Services Identification Card
- Department of Defense Common Access Card
- Foreign Passport with Appropriate Immigration Document(s)
- USCIS - Permanent Resident Card (I-551)
- USCIS - Employment Authorization Card (I-766)
- Federal, state, or local government agency ID card with photograph
- U.S. Coast Guard Merchant Mariner Card
- Canadian driver's license

* For those applicants without a driver's license, a state identification card may be presented if the state's identification card standards are the same as for the driver's license.

However, in the absence of a primary identification, applicants may provide at least 2 secondary identification documents including:

- State Government Issued Certificate of Birth
- U.S. Tribal or Bureau of Indian Affairs Identification Card
- Native American tribal document
- Social Security Card
- Court Order for Name Change/Gender Change/Adoption/Divorce

- Marriage Certificate (Government Certificate Issued)
- U.S. Government Issued Consular Report of Birth Abroad
- Draft record
- School ID with photograph
- Certificate of Citizenship (N-560)
- Replacement Certificate of Citizenship (N-561)
- Certificate of Naturalization (N-550)
- Replacement Certificate of Naturalization (N-570)

Secondary Identification Data Support Documents

When validating the authenticity of secondary identification documents and forms, the data and information may be supported by at least two of the following current documents:

- Utility Bill (Address)
- Jurisdictional Voter Registration Card
- Vehicle Registration Card/Title
- Paycheck Stub with Name/Address*
- Jurisdictional Public Assistance Card
- Spouse/Parent Affidavit

* Financial information may be redacted by the individual.

Additional Identification Data Support Methods

To further support the validation of the original identification documents, the agency may choose any or all of the following methods to validate the authenticity of the documents:

- Physically examine the applicant's photo on the identification form/card. Visually compare the photo with the applicant in person.
- Compare the physical descriptors of the applicant to the documentation provided by the applicant (i.e. height, weight, hair and eye color, age, etc.).
- Request the applicant to verbally provide date of birth, address, etc., and check this against the identification forms used.

From: [Gaffney, Eric L \(DPS\)](#)
To: [Dulebohn, Dawn L \(CED\)](#)
Cc: [Hoffard, Renee \(CED\)](#); [Monfreda, Kathryn M \(DPS\)](#)
Subject: RE: FBI Fingerprinting
Date: Saturday, February 17, 2018 10:49:14 AM

Dawn:

The best person to speak to the relevant issues is our Bureau Chief, Kathryn Monfreda, and she would be happy to answer any questions you have. But she's going to be out of the office and not available on March 8 & 9.

To my knowledge, this department has never offered advice on how often our clients should submit fingerprints. The results of a criminal history search are, in a strict sense, out-of-date almost immediately after you've received them, the issue being that new occurrences of criminal misconduct may go unnoticed if they happen after the initial background check. Most of our clients who do require applicants to submit new fingerprints periodically have arrived at that determination on their own, and the timeline for doing so varies according to client and their governing statute. Probably any timeline is somewhat arbitrary, and the resulting cycles are a compromise between the client's due diligence and the impracticality of submitting new prints at a high frequency.

In the case of the FBI, there has historically been no means of performing a name-based background check, so new information has been dependent on the submission of additional fingerprints. Within the past several years, the FBI has introduced a program (referred to as "rap back") which allows them to retain civil fingerprints on file, and to update the submitting requestor on new developments in the subject's criminal history without soliciting additional prints. This requires an authorizing statute by a participating state, and Alaska currently does not have one. There has been some interest by some of our clients in pursuing this, and I believe there has also been some opposition such legislation. The precise nature of the opposition and whether it bears any relationship to what you're describing is not known to me. At any rate, without a change in state law, this option is not currently available to Alaska employers and licensing agencies.

A further issue relevant for at least some of our clients is that they have applicants who work in Alaska on a seasonal basis. Employers and licensing agencies have an easier time learning about local events than out-of-state ones, and if someone is living and working in Alaska full-time, it's presumably more difficult to them to get into serious trouble in a distant jurisdiction without the relevant employer/licensing agency being aware of it. But someone who only works in Alaska intermittently, but maintains a current license even when away, could conceivably be arrested or charged with serious offenses out-of-state without anyone here being the wiser.

Eric Gaffney
Records & Licensing Supervisor
Division of Statewide Services
Alaska Department of Public Safety
(907) 269-5634

From: Dulebohn, Dawn L (CED)
Sent: Friday, February 16, 2018 2:37 PM
To: Gaffney, Eric L (DPS)
Cc: Hoffard, Renee (CED)
Subject: RE: FBI Fingerprinting

Hi Eric,

So, let me start by saying I've been out of the office since Friday, Feb. 9th.

This is where the information came from: There was a hearing on 2/13/2018 where there was an opposition to fingerprinting after the initial application by Rep. Seaton. There has been a recommendation from the Board to Statutorily change fingerprinting from every renewal cycle to every 3. The committee has tacked that language not just to the sunset bill 275 but also to HB110 (which has quite a few changes). Because of the legislative opposition to renewal fingerprints, the Board feels that without support for FBI Fingerprinting procedures, the addition of this language will tank both bills. I apologize for the miscommunication.

So, that brings me back to my original question of if you know of anyone I can contact who will not only answer some Board questions at their next meeting but will be able to testify to the importance of renewal fingerprinting on the Federal level for this program?

Thanks for your time and patience.

Best Regards,

Dawn Dulebohn

Licensing Examiner
Alaska State Massage Board
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
PH: 907-465-3811
Fax: 907-465-2974
dawn.dulebohn@alaska.gov

From: Gaffney, Eric L (DPS)
Sent: Friday, February 16, 2018 1:19 PM
To: Dulebohn, Dawn L (CED) <dawn.dulebohn@alaska.gov>
Cc: Hoffard, Renee (CED) <renee.hoffard@alaska.gov>
Subject: RE: FBI Fingerprinting

Dawn:

Do you have any additional information on this legislation? I checked internally, and this isn't something we're aware of.

Eric Gaffney
Records & Licensing Supervisor
Division of Statewide Services
Alaska Department of Public Safety
(907) 269-5634

From: Dulebohn, Dawn L (CED)
Sent: Friday, February 16, 2018 12:16 PM
To: Gaffney, Eric L (DPS)
Cc: Hoffard, Renee (CED)
Subject: FBI Fingerprinting

Hello Eric,

Legislation is being introduced this session to abolish FBI fingerprinting in all programs. The Board of Massage Therapists is very concerned about this since FBI fingerprinting has proven a useful and needed tool to screen out applicants that may have a negative impact on public safety.

As such, the Board would like to speak to someone from the FBI fingerprinting program who could not only answer questions but could also testify as to why this valuable resource is needed for programs such as these.

Could you point me in the right direction to find such a person? I am on a bit of a time crunch as the next Board meeting is March 8-9, 2018.

Thank you in advance for your time.

Best Regards,

Dawn Dulebohn

Licensing Examiner
Board of Massage Therapists
Board of Certified Real Estate Appraisers
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
PH: 907-465-3811
Fax: 907-465-2974
Dawn.Dulebohn@alaska.gov

relieve a licensee from the responsibility of renewing a license on time.

(b) An applicant for renewal of a massage therapy license must meet the requirements of AS 08.61.050 and this section. A massage therapist applying for license renewal must submit

- (1) a completed renewal application on a form provided by the department;
- (2) the applicant's fingerprint information described in 12 AAC 79.130;
- (3) the fingerprint processing fee and the license renewal fee specified in 12 AAC 02.396;
- (4) a current certification in cardiopulmonary resuscitation through the American Red Cross, American Heart Association, American Safety and Health Institute, or an equivalent organization; and
- (5) documentation that the massage therapist satisfied the continuing education requirements in 12 AAC 79.210.

Authority: AS 08.61.020 AS 08.61.050

12 AAC 79.210. CONTINUING EDUCATION REQUIREMENTS. (a) An applicant for renewal of a massage therapy license,

(1) for a biennial licensing period that begins on or after July 1, 2015, must document at least six continuing education credits, all of which may be met through Internet-based continuing education courses;

(2) for a biennial licensing period that begins on or after July 1, 2017, must document at least 16 continuing education credits, all of which may be met through Internet-based continuing education courses.

(b) An applicant for renewal under (a)(2) of this section may receive two hours of continuing education credit for completion of hands-on cardiopulmonary resuscitation through the American Red Cross, American Heart Association, American Safety and Health Institute, or an equivalent organization.

(c) An applicant for renewal under (a)(2) of this section may receive four hours of continuing education credit for completion of a bloodborne pathogens and universal and standard precautions course once every six years.

(d) Continuing education must be completed through a

- (1) board-approved massage therapy or bodywork therapy school or training program;
- (2) regionally or nationally accredited institution of higher education; a course, seminar, workshop, or other program through that institution must be approved by the board as directly related to the skills and knowledge required for the practice of massage therapy, and includes a bloodborne pathogens and universal and standard precautions course under (c) of this section; or

(3) local, state, or national professional organization that serves the massage therapy profession, including

- (A) Associated Bodywork and Massage Professionals;
- (B) the American Massage Therapy Association;
- (C) the Federation of State Massage Therapy Boards; and
- (D) the National Certification Board for Therapeutic Massage and Bodywork.

(e) For the purposes of this section,

(1) one continuing education credit equals one hour of classroom instruction between instructor and participant;

(2) one academic semester credit equals 15 contact hours; and

(3) one academic quarter credit equals 10 contact hours.

(f) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make the records available to the board upon request under 12 AAC 79.220. Records must be retained for four years from the date the contact hours were obtained.

(g) An applicant for renewal under (a) of this section may receive one continuing education credit for attending at least 80 percent of a regularly scheduled board meeting once every biennial licensing period.

(h) An applicant for renewal under (a) of this section who has been licensed more than 90 days but less than 12 months of the concluding biennial license period is not required to submit proof of completion of continuing education.

Authority: AS 08.61.020 AS 08.61.030 AS 08.61.050

12 AAC 79.220. AUDIT AND DOCUMENTATION. A licensee shall comply with all applicable requirements of 12 AAC 02.960 and 12 AAC 02.965. If selected for an audit of continuing education activities, the licensee shall cooperate with the department and shall submit all requested verifications of continuing education activities claimed by the licensee.

Authority: AS 08.61.020 AS 08.61.050

**BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS ON REFERRAL
FROM THE BOARD OF MASSAGE THERAPISTS**

IN THE MATTER OF:)
)
 RATTANA CHINGDUANG) OAH No. 18-0025-MAS
) Agency No. 2018-000035
)

NOTICE REGARDING PROPOSED DECISION

We are sending you the administrative law judge's proposed decision in this matter. The final decision maker will be the Board of Massage Therapists. You may file a request, called a proposal for action, that the Board take one or more of the following actions regarding the proposed decision:

- (1) adopt the proposed decision as the final agency decision;
- (2) return the case to the administrative law judge to take additional evidence, make additional findings, or for other specific proceedings;
- (3) revise the proposed enforcement action, determination of best interests, order, award, remedy, sanction, penalty, or other disposition of the case;
- (4) reject, modify, or amend a factual finding; or
- (5) reject, modify, or amend an interpretation or application of a statute or regulation.

You do not have to file a proposal for action, but if you do, you must do the following:

- Ensure that the Office of Administrative Hearings **receives** the proposal for action on or before **February 26, 2018**. Proposals received after that date will not be accepted.
- Submit your original, signed proposal for action to the Office of Administrative Hearings at the address below. To ensure timely receipt by the deadline, you also may fax or email a copy of it to 907-465-1886 or doa.oah@alaska.gov;
- Give the reasons for the action you propose. If you request action under option (4) regarding the proposed factual findings, you should identify evidence **in the record** (such as exhibits or testimony) that supports your request to change the factual finding.
- **Do not attach documents to the proposal for action.** If you wish to call attention to specific documents in the record, do so by referring to them in your proposal for action.
- **Do not submit additional evidence.** Under option (2), you may request that the case be returned to the administrative law judge to take additional evidence that is not already in the record.

After the deadline for filing proposals for action has passed, we will send the proposed decision and any proposals for action that we receive to the Board of Massage Therapists. The Board will make a final decision and we will distribute a copy of that decision to you.

DATED February 16, 2018

The undersigned certifies that this is a true and correct copy of the original and that on this date an exact copy of the foregoing was provided to the following individuals:

Rattana Chingduang– by mail and email

Christopher Peloso & Harriet Milks, AAG – by email

CC: Lt. Governor – by mail

CC: Greg Francois, Chief Investigator – by email


Signature

Date: 2/16/18


Office of Administrative Hearings

PO Box 110231

Juneau, AK 99811

(907) 465-1886 Phone; (907) 465-2280 Fax

**BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS ON REFERRAL
FROM THE BOARD OF MASSAGE THERAPISTS**

In the Matter of)

RATTANA CHINGDUANG)

) OAH No. 18-0025-MAS
) Agency No. 2018-000035
)

DECISION

I. Introduction

Rattana Chingduang applied for a license to practice massage therapy in Alaska. The Board of Massage Therapists concluded that Hamilton College, the massage school Ms. Chingduang attended, is not accredited. The board denied Ms. Chingduang's application. Ms. Chingduang requested a hearing.

This decision concludes that because Ms. Chingduang has not shown that she meets the requirements for licensure, her application should be denied.

II. Facts

Rattana Chingduang is a massage therapist in California. She is also a single mother supporting a son.¹ She completed a 500-hour massage therapy course at Hamilton College, graduating in March 2016.² She completed a 300-hour course through Americana College before applying for licensure in California, more than ten years ago. She has also taken other courses to keep her professional skills up, including a 30-hour training in Thai massage therapy in May 2017.³

In July 2017, Ms. Chingduang applied to the Board for a license to practice as a massage therapist in Alaska. She submitted the required verifications, and staff found that Ms. Chingduang's application was complete.⁴ Various board members and staff researched Hamilton College, but were unable to verify that Hamilton College was nationally accredited or approved by the California Massage Therapy Council.⁵

The Board usually verifies the accreditation status of an applicant's school by checking the applicant's transcript. If the transcript does not show the accreditation status, then the Board

¹ Testimony of Chingduang.

² Administrative Record at 3, 11.

³ Testimony of Chingduang, Administrative Record at 38 - 39.

⁴ Record at 21.

⁵ Record at 27, 32, 34.

calls the school.⁶ Ms. Dulebohn testified that she was involved in the investigation of Ms. Chingduang's application for licensure, and that Ms. Chingduang's transcript did not mention an accrediting agency. Board member Jill Motz reviewed Ms. Chingduang's application and noted that Hamilton College was in "application received" status rather than approved status with the California Massage Therapy Council.⁷ At the board's November 2017 meeting, Chair David Edwards-Smith reported to the board that he researched Hamilton College by attempting to call the school several times, but had been unable to reach anyone who could answer questions.⁸ The board concluded that Hamilton College was not an accredited school, then voted to deny Ms. Chingduang's license application.⁹

At the hearing, Ms. Dulebohn testified that she called Hamilton College the week before the hearing to inquire about accreditation status, and was told that Hamilton College was not accredited by a national accreditation agency or by California. At the hearing, the director also offered evidence that Hamilton College applied for approval of its 500-hour massage therapist program from the California Massage Therapy Council, but that the council proposed to deny the application effective August 30, 2017.¹⁰

The hearing in this matter was held on February 15, 2018. Ms. Chingduang represented herself. Assistant Attorney General Chris Peloso represented the Director of the Board of Massage Therapy. Occupational Licensing Examiner Dawn Dulebohn testified.

III. Discussion

In order to qualify for a massage therapist license in Alaska, a person must furnish evidence that the person has completed a course of study of at least 500 hours from an approved massage school, or a board approved apprenticeship program.¹¹ An "approved massage school" is one that has an authorization to operate from the Alaska Commission on Postsecondary Education or a similar entity in another state, or is accredited by a nationally recognized accrediting agency.¹² Because this case involves the initial denial of a license application and Ms. Chingduang is the party requesting the hearing, Ms. Chingduang has the burden of proof.¹³

⁶ Testimony of Dulebohn.

⁷ Record at 27.

⁸ Record at 32.

⁹ Record at 32.

¹⁰ Director's Ex. 2.

¹¹ AS 08.61.030(3).

¹² AS 08.61.100(1).

¹³ AS 44.62.460(e)(2); 2 AAC 64.290(e).

Ms. Chingduang has demonstrated that she has considerable training as a massage therapist, including a 500-hour certificate from Hamilton College. However, the evidence presented by the division indicates that Hamilton College is not an approved massage school for purposes of the Alaska licensing statutes, as it has not been approved by the California Massage Therapy Council or accredited by a nationally recognized accrediting agency.


Ms. Chingduang did not argue that Hamilton College is or ever was nationally accredited. She did not present any evidence that the 500-hour course of studies she took at Hamilton College was ever approved by the California Massage Therapy Council. Because Ms. Chingduang has not shown that she completed a 500 hour program from an approved massage school or completed a board approved apprenticeship program as required under AS 08.61.030(3), Ms. Chingduang has not supplied the division with evidence that she qualifies for licensure in Alaska.

The director did not take issue with any of the information Ms. Chingduang supplied on her application, and did not question her ability as a massage therapist. It did not dispute that she had completed more than 500 hours of training. Ms. Dulebohn specifically testified that the only thing blocking approval of Ms. Chingduang's application was the lack of accreditation (or approval) of Hamilton College. However, the board does not have discretion to issue a license to an individual who does not meet the statutory licensing criteria, not even a person with considerable education and experience as a massage therapist such as Ms. Chingduang. Without evidence that Ms. Chingduang meets the statutory criteria, the board cannot issue Ms. Chingduang a license to practice massage therapy.

IV. Conclusion

Ms. Chingduang has not demonstrated that she is eligible to receive a license to practice as a massage therapist in Alaska. Accordingly, the December 13, 2017 denial of her license application should stand.

DATED: February 16, 2018.



Kathryn L. Kurtz
Administrative Law Judge

Adoption

The Board of Massage Therapists adopts this decision as final under the authority of AS 44.64.060(e)(1). Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of distribution of this decision.

DATED this _____ day of _____, 2018.

By: _____
Signature

Name

Title

Non-Adoption Options

1. The Board of Massage Therapists, in accordance with AS 44.64.060, declines to adopt this decision, and instead orders under AS 44.64.060(e)(2) that the case be returned to the administrative law judge to

take additional evidence about _____;

make additional findings about _____;

conduct the following specific proceedings: _____.

DATED this _____ day of _____, 2018.

By: _____

Signature

Name

Title

2. The Board of Massage Therapists, in accordance with AS 44.64.060(e)(3), revises the enforcement action, determination of best interest, order, award, remedy, sanction, penalty, or other disposition of the case as follows:

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of distribution of this decision.

DATED this _____ day of _____, 2018.

By: _____

Signature

Name

Title

3. The Board of Massage Therapists, in accordance with AS 44.64.060(e)(4), rejects, modifies or amends one or more factual findings as follows, based on the specific evidence in the record described below:

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of distribution of this decision.

DATED this _____ day of _____, 2018.

By: _____
Signature

Name

Title

4. The Board of Massage Therapists, in accordance with AS 44.64.060(e)(5), rejects, modifies or amends the interpretation or application of a statute or regulation in the decision as follows and for these reasons:

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of distribution of this decision.

DATED this _____ day of _____, 2018.

By: _____
Signature

Name

Title

New Business

Potential Regulations Projects

Bloodborne Pathogens Course

From: Vicki Hazzard
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: Re: ProBloodborne + ProFirstAid Advanced information
Date: Thursday, December 21, 2017 11:47:08 AM
Attachments: [ceu_statement.pdf](#)
[ProTrainings Mail - ProTrainings Payment Receipt - A Copy of Your Card is Attached for Your Convenience.pdf](#)
[ProTrainings Mail - Vicki Hazzard, your Healthcare Provider CPR and First Aid card is expiring soon.pdf](#)
[Screen Shot 2017-12-21 at 1.53.41 PM.png](#)
[Screen Shot 2017-12-21 at 1.54.32 PM.png](#)

Hi Dawn,

Donna asked me to send out this information to you per your conversation with her.

Our ProFirstAid Advanced course provides a Healthcare Provider Level training in CPR/AED First Aid and Bloodborne Pathogen training for all ages. ProTrainings, LLC follows the latest 2015 ILCOR and ECC/AHA science-based standardized guidelines as well as OSHA guidelines. Experts in the field of CPR Instruction have reviewed and deemed the ProCPR Blended certification equivalent to the American Heart Association BLS-Healthcare Provider and American Red Cross CPR-For the Professional Rescuer certifications.

We are also accepted by the National Certification Board for Massage and Body Therapies (NCBTMB). We would like to seek approval for your Massage Therapy professionals to utilize our ProCPR Certifications. To assist you, I've provided multiple links to different areas of our site.

To begin the review, please feel free to open and search out the materials at the links provided, including our [ProFirstAid Advanced Student Manual](#), Skills [Checklists](#) with scenarios and [ProTrainings Instructor Manual](#). You'll find all these materials and more at our main link: <http://downloads.protrainings.com> In addition, feel free to experience the course yourself by research our [core curriculum](#) site and sampling some of our [ProFirstAid Advanced training videos](#).

You can find samples of our ProFirstaid Advanced Certification here: https://d3imrogdy81qei.cloudfront.net/sample_images/51/firstaidadvancedfullcard.png. I have attached a sample CEU certification, a few screenshots of the student's training dashboard and copies of some of our follow up emails as well.

We update our compliances each year so any changes in curriculum will be brought to your attention.

We appreciate the Board's time and energy during this process and if you need anything else, please do not hesitate to reach out to me at 855-462-4212 or email me at compliance@protrainings.com

Have a wonderful day!

Vicki Hazzard
Happiness Hero / Compliance Coordinator

[ProTrainings](#) LLC

Direct: 616-723-8060 ext. 1024

Office: (855) 462-4212

Fax: (810) 592-5007

compliance@protrainings.com

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On Thu, Dec 21, 2017 at 11:28 AM EST, Donna Wilson
<compliance@protrainings.com> wrote:

Good Day Dawn,

Thank you for reaching out and mentioning that it would be easier for your department if the CE's were showing on the certification. We want to make sure that our certifications are easily acceptable for your group of massage therapists and that the CE content hours are in clear view for you, which is why we (per your request) have updated our certificates to show the number of CE's they've completed (bottom of the second column of skills). I hope this helps you with your end of reporting hours and encourages you to continue working with our company!



In a message I left today, I also mentioned that we are telling MT's to take our ProFirstAid Advanced (healthcare provider CPR/FA) course as well to obtain the CE hours they need. This is something we set up a few years ago with the previous person in that department. Is this still the recommended two courses that we should continue to direct MT's to? If you need more info on that let me know.

Also, so that we can keep things as simple as possible, I created a direct link <https://www.procp.org/signup/abtm> for your department to utilize as a starting link for professionals to use for training. It will direct them to the training they need, which includes the Bloodborne Pathogens training and the ProFirstAid Advanced (healthcare provider level CPR/FA) course. (We can add or remove required (or suggested) training to this link as well.)

Feel free to share this link with your licensee's and those new therapists that are needing an update in their training. Sharing this link will ensure they are taking the course the board accepts and shouldn't let them get confused. Many states put these links directly on their website so it is easy to access. They also share it with those in the office that are approving and reviewing provider information so you have a direct link (you can bookmark and share as needed) to the appropriate training that the state board of massage therapy accepts. We added your department's logo on that page to remind the provider that they are in the right place! Hit the link below and take a look. If anything is missing or needs to be changed, please let me know.

<https://www.procprr.org/signup/abtm>

Each provider that uses this link will receive a 10% discount on their training every time they use this link! None of this costs you a thing. It's our way of assisting your professionals to stay compliant with their state's regulations regarding BBP, CPR and First Aid certifications.

In addition, when your providers finish their course and make their payment, you'll automatically receive an email that looks kind of like this "*Jane Doe has finished their training*". Right now that email is set up to go to dawn.dulebohn@alaska.gov but we could set that up to go wherever you like, or remove it, just let me know.

We hope that our assistance with compliance in this area of training helps you immensely and if you ever need additional health & safety training for your providers in the future, we'd hope ProTrainings could be your training company of choice!

If you have any questions or need anything, please do not hesitate to give me a call.


Have a wonderful day!

Donna Wilson
Compliance Manager, Instructor Success Representative
[ProTrainings](#) LLC
Direct: 616-723-8060 ext. 1017
Office: (855) 462-4212
Fax: (810) 592-5007
compliance@protrainings.com

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On Thu, Dec 14, 2017 at 5:16 PM EST, Dawn Dulebohn <dawn.dulebohn@alaska.gov> wrote:

{#HS:485Hell798855-423460#} 

Good Afternoon Donna,

Thank you for reaching out, that is very kind.

The reason I was calling is that your certificates do not state how many hours of credit the certification is worth. Since our requirements specifically state that our applicants must have completed 4 hours of Blood borne Pathogen/Universal Precautions, this leads to some confusion and frustration by our applicants.

I did talk to **Katrina Majeske** and she sent me a link to your website, but it **would make everyone's life a lot easier if it was stated how many hours of credit certification was worth on the certificate and the website.**

I appreciate any guidance and/or materials that you are willing to give.

Best Regards,

Dawn Dulebohn

Licensing Examiner

Alaska State Massage Board

Corporations, Business, and Professional Licensing

P.O. Box 110806

Juneau, AK 99811-0806

PH: 907-465-3811

Fax: 907-465-2974

dawn.dulebohn@alaska.gov

On Thu, Dec 14, 2017 at 11:39 AM EST, Donna Wilson
<compliance@protrainings.com> wrote:

Hi Dawn!

I understand that you reached out to our department regarding some information on our CPR, First Aid and Bloodborne Pathogens training programs. I have spoken with Dawn Hannasch in the past and when calling her phone number today, found out that your voicemail was set up. I would love to connect with you and find out if there is any changes in our current acceptance and send you any materials so that you could conduct any review process that you might need coming into this position.

Call me at 855-462-4212 or email me back. I look forward to talking with you and answering any questions you might have about our programs.

In kind,

Donna Wilson
Compliance Manager, Instructor Success Representative

[ProTrainings](#) LLC

Direct: 616-723-8060 ext. 1017

Office: (855) 462-4212

Fax: (810) 592-5007

compliance@protrainings.com

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On Tue, Dec 12, 2017 at 6:37 PM EST, Katrina Majeske <compliance@protrainings.com> wrote:

Hi Dawn,

It was great to speak to you on the phone today. [To find all of the timing and content information for our ProBloodborne course, you can click here.](#) Usually that course should be paired with our Blended (Hands-On) ProFirstAid Advanced course. [You can find more information for ProFirstAid Advanced by clicking here.](#) If you have any other questions, please do not hesitate to reach out again.

Have a great rest of your day!

Katrina Majeske
Bilingual Happiness Hero Lead
[ProTrainings](#) LLC
Direct: 616.723.8060
Office: (855) 462-4212
Fax: (810) 592-5007
compliance@protrainings.com

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Vicki Hazzard <vicki.hazzard@protrainings.com>

ProTrainings Payment Receipt - A Copy of Your Card is Attached for Your Convenience

1 message

ProTrainings <support@protrainings.com>
To: vicki.hazzard@protrainings.com

Thu, Dec 21, 2017 at 12:26 PM

**Vicki,**

Thank you for your purchase! Your payment to ProTrainings has been processed successfully. This is the receipt for your payment.

Order Number: 15138807603884**Shipping Details:**
Vicki Hazzard**Ordered Items:**

Qty	Product	Price
1	ProFirstAid Advanced Certificate	\$0.00 <i>(Card is attached for printing)</i>

Total Amount: \$0.00**Printing your card:**

Your card is attached to this email. If you have trouble viewing it, download Adobe Acrobat Reader at <http://www.adobe.com/reader>.

You can also always access your card or CEU statement online by following these steps:

1. Go to advanced.profirstaid.com
2. Sign in with your username (vicki.hazzard) and password
3. Click the "Print" button listed for the course

[Print wallet card with CPR instructions](#)

If you have any questions, please do not hesitate to contact us.




Thanks for allowing ProTrainings to serve you.

The [ProTrainings](#) Team

[888-406-7487](tel:888-406-7487)

ProTrainings, LLC | 6452 E Fulton St. #1 | Ada | MI | 49301

Note: This is a one-time notification. You are not on a bulk mailing list. For questions or inquiries, please contact support@protrainings.com.

 **wallet_card_1.pdf**
40K



Vicki Hazzard <vicki.hazzard@protrainings.com>

ProTrainings Payment Receipt - A Copy of Your Card is Attached for Your Convenience

1 message

ProTrainings <support@protrainings.com>
To: vicki.hazzard@protrainings.com

Thu, Dec 21, 2017 at 12:26 PM

**Vicki,**

Thank you for your purchase! Your payment to ProTrainings has been processed successfully.
This is the receipt for your payment.

Order Number: 15138807603884**Shipping Details:**
Vicki Hazzard**Ordered Items:**

Qty	Product	Price
1	ProFirstAid Advanced Certificate	\$0.00 <i>(Card is attached for printing)</i>

Total Amount: \$0.00**Printing your card:**

Your card is attached to this email. If you have trouble viewing it, download Adobe Acrobat Reader at <http://www.adobe.com/reader>.

You can also always access your card or CEU statement online by following these steps:

1. Go to advanced.profirstaid.com
2. Sign in with your username (vicki.hazzard) and password
3. Click the "Print" button listed for the course

[Print wallet card with CPR instructions](#)

If you have any questions, please do not hesitate to contact us.




Thanks for allowing ProTrainings to serve you.

The [ProTrainings](#) Team

[888-406-7487](tel:888-406-7487)

ProTrainings, LLC | 6452 E Fulton St. #1 | Ada | MI | 49301

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 **wallet_card_1.pdf**
40K

You are currently signed up for this mailing as [\[vicki.hazzard@protrainings.com\]](mailto:vicki.hazzard@protrainings.com). To unsubscribe [Click Here](#).

Training Dashboard My Account

My Courses

[Suggested Courses](#)

[Course Catalog](#)

Suggested Items



CPR Keychain w/ Face
Shield Mask and Gloves -
Blue

[Visit the Store](#)

Enrolled Courses

 Self Defense

[Resume Training](#)

[See More Options](#)

Training Question 1 of 21

 ProFirstAid Advanced

[Print Documents](#)

[Course Manual](#) ▶

Expires 12-21-2019

[See More Options](#)

 Bloodborne for Body Art

\$19.95 \$0.00

[Re-Certify](#)

[Course Resources](#) ▶

Expired 11-04-2017

[See More Options](#)



Documents to Print for ProFirstAid Advanced



**Print Temporary
Wallet Card**



**Print Wall Mount
Certificate**



**Print CEU
Statement**



Print Receipt

Close

FSMTB Executive Summit

When

Thursday, April 12, 2018 at 8:00 AM CDT

-to-

Friday, April 13, 2018 at 11:00 AM CDT

[Add to Calendar](#)

Where

Kansas City Marriott Downtown
200 W 12th St
Kansas City, MO 64105

Dear Dawn,

Please join FSMTB for the second annual Member Board Executive Summit (formerly the Executive Directors' Summit).

This summit is designed to promote excellence among massage regulatory authorities via networking and educational opportunities.

Registration and travel are **free** for one member board executive from each state. This year, we encourage additional administrative staff members to attend as well.



[I can't make it.](#)

Administrative Business

Meeting Calendar

STATE OF ALASKA

2018 HOLIDAY CALENDAR

State Holidays

Date	Holiday
01/01	New Year's Day
01/15	MLK Jr.'s Birthday
02/19	Presidents' Day
03/26	Seward's Day
05/28	Memorial Day
07/04	Independence Day
09/03	Labor Day
10/18	Alaska Day
11/11	Veterans' Day (observed 11/12)
11/22	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday

UNAVAILABLE

NEARLY UNAVAILABLE

APR MEETING

MAS MEETING

State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Rev. 7/10/2017

JANUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
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28	29	30	31			

FEBRUARY

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JULY

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DECEMBER

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Correspondence

From: Gordon Wallis
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: FW: Massage- only covered by PT or chiropractor
Date: Friday, December 08, 2017 9:39:56 AM

I thought that because of all this licensing stuff. That massage therapists were considered professional providers? Ive been a professional massage therapist for over thirty years. I am now working with an Anesthesiologist in his pain management clinic. www.neuroversion.com . On top of it... It took me a lot of paperwork and four months of waiting to become a provider with Blue Cross. Yet they are saying they wont reimburse for my services to patients that are referred to me by the Medical doctor I work with? Or any other medical doctor for that matter? This is a real medical clinic with real doctors and real patients that need me. Unless there is something specific in his policy that does not allow for massage therapy period. They need to honor my professional license. Please help clear this up. Otherwise. I don't have a real professional license. I can pay for my own background check.. I don't need to pay all this money for a license that's no better then the city license we had before. Sorry Im a little upset about this. I don't think Im wrong in feeling upset? Thank you for your help. Gordon J. Wallis LMT.

From: Kristen Washburn
Sent: Wednesday, December 06, 2017 10:18 AM
To: Gordon Wallis
Subject: Massage- only covered by PT or chiropractor

Hi,

Just an FYI- I just got off the phone with Vanessa at Blue Cross- Anthem plan

She stated that massage therapy was not covered for patient C. Rouse unless it was rendered by a Licensed Physical Therapist or a Chiropractor.

I know that you had mentioned before that Blue Cross stated they would cover for a LMT; however, this would be one example where they don't.

Call reference #:2017340670644
Phone number: 1-866-406-0982

Thanks,

Kristen Washburn | CEO
O: 907-290-1683 C: 906-362-5763
Email: kwashburn@neuroversion.net
2925 DeBarr Rd. Suite 240 | Anchorage, AK 99508



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From: [Nickel, Shauna K \(CED\)](#)
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: FW: Insurance Billing by License Massage Therapists
Date: Tuesday, December 12, 2017 4:36:35 PM

Good Evening Dawn,

I appreciate your patience as I research your question.
I hope to provide a response or additional resource to you by close of business Thursday.

Thanks,

Shauna Nickel
Consumer Service Supervisor
Alaska Division of Insurance
907-269-7914

From: Dulebohn, Dawn L (CED)
Sent: Friday, December 08, 2017 1:18 PM
To: Insurance, Insurance (CED sponsored) <insurance@alaska.gov>
Subject: Insurance Billing by License Massage Therapists

Hello,

I had a Licensed Massage Therapist call me today and was very upset because he was told by Blue Cross that they would not accept any insurance billing from any LMT's working in a doctor's office. The LMT is working for an anesthesiologist at Neuroversion in Anchorage. I would like to clarify this issue before I present it to the Alaska Board of Massage Therapists for discussion. My questions are:

- What (if any) are the policies of Premera Blue Cross in regards to billing by Licensed Massage Therapists in Alaska? Does it matter who they are working for (ie self employed, chiropractor, or medical doctor) when it comes to billing?
- Does Premera Blue Cross accept insurance claims from any LMT's and what criteria must be met?
- I understand that specific plans may hinder payments for payment to a LMT, I just want to know if it's a blanket "we don't accept billing from LMT" or if there are specifics.

I would appreciate a response by e-mail at your earliest convenience.

Best Regards,

Dawn Dulebohn

Licensing Examiner
Alaska State Massage Board

Corporations, Business, and Professional Licensing

P.O. Box 110806

Juneau, AK 99811-0806

PH: 907-465-3811

Fax: 907-465-2974

dawn.dulebohn@alaska.gov

From: Gordon Wallis
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: FW: Starting in January...>Federal Blue Cross
Date: Wednesday, December 13, 2017 12:50:59 PM
Importance: High

Dawn, this is a related issue. I want the board to be aware of this. Me working with an Anesthesiologist in a pain management clinic. This severely limits patient care. This is terrible. Plus those other therapies undo the work I do. This insurance company policy is not right. Please have the board look into this. Its ridiculous .

From: Kristen Washburn
Sent: Wednesday, December 13, 2017 10:44 AM
To: Gordon Wallis <gwallis@neuroversion.net>
Cc: Carla Woods <cwoods@neuroversion.net>
Subject: Starting in January...>Federal Blue Cross
Importance: High

Hello-

I just got off the phone with Blue Cross (Federal) and they stated that effective 1/1/2018- Massage therapy must be billed in conjunction with a physical therapist, chiropractor or occupational therapy visit on the same day.

Meaning: In order for us to see/bill the patient for massage- they must have also had a visit on the same day with one of the above. (PT, Occup, or Chiropractor). The massage therapy does not have to be billed out by the same office- just needs to be billed for the same date of service.....

Thanks,

Kristen Washburn | COO
O: 907-290-1683 C: 906-362-5763
Email: kwashburn@neuroversion.net
2925 DeBarr Rd. Suite 240| Anchorage, AK 99508



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From: Gordon Wallis
To: [Dulebohn, Dawn L \(CED\)](mailto:Dulebohn, Dawn L (CED))
Subject: RE: Starting in January...>Federal Blue Cross
Date: Thursday, December 14, 2017 1:14:45 PM

Thank you for going above and beyond. These company policies just don't seem right. Im supposed to have a professional license. Yet it only works in certain buildings under certain conditions, that are not required by other types of health care professionals. If nothing else, the board should be aware that our license is limited. And perhaps the fees should come down.

From: Dulebohn, Dawn L (CED) [mailto:dawn.dulebohn@alaska.gov]
Sent: Thursday, December 14, 2017 12:30 PM
To: Gordon Wallis <gwallis@neuroversion.net>
Subject: RE: Starting in January...>Federal Blue Cross

Good Afternoon Gordon,

I have contacted Blue Cross and the state's Department of Insurance to gather information that the Board will need. I am awaiting an answer back from both agencies.
With your permission, when I present this issue to the Board may I include all of your e-mail correspondence with me?

Best Regards,

Dawn Dulebohn

Licensing Examiner
Alaska State Massage Board
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806
PH: 907-465-3811
Fax: 907-465-2974
dawn.dulebohn@alaska.gov

From: Gordon Wallis [mailto:gwallis@neuroversion.net]
Sent: Wednesday, December 13, 2017 12:51 PM
To: Dulebohn, Dawn L (CED) <dawn.dulebohn@alaska.gov>
Subject: FW: Starting in January...>Federal Blue Cross
Importance: High

Dawn, this is a related issue. I want the board to be aware of this. Me working with an Anesthesiologist in a pain management clinic. This severely limits patient care. This is terrible.

Plus those other therapies undo the work I do. This insurance company policy is not right. Please have the board look into this. Its ridiculous .

From: Kristen Washburn
Sent: Wednesday, December 13, 2017 10:44 AM
To: Gordon Wallis <gwallis@neuroversion.net>
Cc: Carla Woods <cwoods@neuroversion.net>
Subject: Starting in January...>Federal Blue Cross
Importance: High

Hello-

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Thanks,

Kristen Washburn | COO
O: 907-290-1683 C: 906-362-5763
Email: kwashburn@neuroversion.net
2925 DeBarr Rd. Suite 240 | Anchorage, AK 99508

|_____|

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From: [Nickel, Shauna K \(CED\)](#)
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: RE: Insurance Billing by License Massage Therapists
Date: Thursday, December 28, 2017 11:25:23 AM

Hello Dawn,

I do apologize. I engaged our Life and Health supervisor regarding your questions. She was making inquiry directly with Premera for part of your questions. It's possible they have not responded. I will check and get back to you today.

Thanks,

Shauna Nickel
Consumer Service Supervisor
Alaska Division of Insurance
907-269-7914

From: Dulebohn, Dawn L (CED)
Sent: Wednesday, December 27, 2017 11:45 AM
To: Nickel, Shauna K (CED) <shauna.nickel@alaska.gov>
Subject: RE: Insurance Billing by License Massage Therapists

Hello Shauna,

I know you're busy but you said you'd get back to me by close of business Thursday (December 14th) which was nearly 2 weeks ago.

I have a licensed massage therapist that is writing me concerned. Could you please shed some insight?

Best Regards,

Dawn Dulebohn

Licensing Examiner
Alaska State Massage Board
Corporations, Business, and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

From: [Nickel, Shauna K \(CED\)](#)
To: [Dulebohn, Dawn L \(CED\)](#)
Subject: RE: Insurance Billing by License Massage Therapists
Date: Thursday, December 28, 2017 11:37:31 AM

Good Morning Dawn,

A response was received on 12/19, I had been out of the office since then. See Premera's response to each question noted in [blue](#) below.

- What are Premera's policies related to billing by LMT in Alaska? Are there limitations depending on their employer (self-employed, chiropractor, medical doctor)? [There are no limitations depending upon their employment structure. However, when a massage therapist is licensed, our expectation is they would start billing under their own tax ID, and not under the supervision of a chiropractor, physical therapist, etc. \(as was the case prior to the state licensing message therapists\). If the massage therapist works for a contracted provider, the massage therapist will need to bill under the provider's tax ID. If the massage therapist works for themselves, then they would bill under their own tax ID.](#)
- Does Premera accept insurance claims directly from LMT? [Yes. We began contracting with message therapists once they became licensed in the State of Alaska.](#)
- What criteria must be met in order for LMT to submit insurance claims? [They will need to be licensed with the State of Alaska, and submit a proper authorization form.](#)
- Are the billing policies for LMT uniform, or is there variation based on market type (individual, small group, large group, ASO)? [The policies vary, depending upon the member's specific benefits.](#)
- Who at Premera should LMT contact if they have a question regarding billing? [Providers can contact either Customer Service 1-877-342-5258, option 2, or Provider Relations @ 1 -877-342-5258, option 4.](#)

Thanks,

Shauna Nickel
Consumer Service Supervisor
Alaska Division of Insurance
907-269-7914

From: Nickel, Shauna K (CED)
Sent: Thursday, December 28, 2017 11:25 AM
To: Dulebohn, Dawn L (CED) <dawn.dulebohn@alaska.gov>
Subject: RE: Insurance Billing by License Massage Therapists

From: Gordon Wallis
To: [Dulebohn, Dawn L \(CED\)](mailto:Dulebohn.Dawn.L@CED)
Subject: Fwd: Another patient
Date: Thursday, January 18, 2018 10:53:24 AM

I got permission to forward this entire email to you. Please show this to the massage board. What does a professional massage license stand for? When an occupational therapist can bill for massage, but a massage therapist can't? Thank you for all your work. - Gordon Wallis LMT.

Sent from my iPhone

Begin forwarded message:

From: Kristen Washburn <kwashburn@neuroversion.net>
Date: January 18, 2018 at 10:28:25 AM AKST
To: Gordon Wallis <gwallis@neuroversion.net>
Subject: Re: Another patient

Sure Can!

Kristen

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Gordon Wallis <gwallis@neuroversion.net>
Date: 1/18/18 11:11 AM (GMT-06:00)
To: Kristen Washburn <kwashburn@neuroversion.net>
Subject: Re: Another patient

Kristen, can I forward this email to the right people? State licensing people and massage board. ?

Sent from my iPhone

On Jan 18, 2018, at 6:55 AM, Kristen Washburn <kwashburn@neuroversion.net> wrote:

Hi, Gordon-

I'm not sure how you're coming along with the massage therapy board looking into why insurance won't pay for massage if rendered by a LMT; however, I just got off the phone with Ameriben (Aetna company) and

Adjourn