

FLORIDA

Massage Therapy Continuing Education



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**THIS BOOK MEETS YOUR 12-HOUR HOMESTUDY
REQUIREMENT INCLUDING 7 MANDATORY HOURS.**



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WHAT'S INSIDE

Chapter 1: Ethics in Massage Therapy (Mandatory) _____ **1** [2 CE Hours]

Ethical code and professional standards of conduct have important values and concepts in professional massage, also within the boundaries that define therapeutic relationships.

THIS COURSE FULFILLS THE REQUIREMENT FOR PROFESSIONAL ETHICS

Chapter 2: Human Trafficking in Florida: Modern Day Slavery (Mandatory) _____ **11** [2 CE Hours]

This course will focus on awareness of human trafficking for massage therapists and provide information on how to identify possible trafficking victims, steps to report cases, and information about resources available to assist victims. The course will also, review techniques traffickers use to force, defraud, and coerce individuals into slavery, and to keep victims captive, and the traumatic effects of trafficking.

THIS COURSE FULFILLS THE REQUIREMENT FOR HUMAN TRAFFICKING AWARENESS

Chapter 3: Laws and Rules Governing Massage Practice in the State of Florida (Mandatory) _____ **18** [2 CE Hours]

Excerpts of The Florida Massage Practice Act and Florida Administrative Code are found within this course, these pages will help you interpret the laws and rules specifically as a massage therapist.

THIS COURSE FULFILLS THE REQUIREMENT FOR FLORIDA LAWS AND RULES

Chapter 4: Preventing Medical Errors (Mandatory) _____ **44** [2 CE Hours]

There are responsibilities in regard to laws for reporting medical error, but what are the most common sources of medical error, the behaviors and situations that can make errors high risk and what steps can be taken to prevent errors from happening.

THIS COURSE FULFILLS THE REQUIREMENT FOR PREVENTION OF MEDICAL ERRORS

Chapter 5: Massage Therapy for Sports Injuries _____ **54** [4 CE Hours]

This course is designed to familiarize massage therapists with the techniques most commonly used to treat sports injuries, the general terminology associated with sports injuries, the most common sports injuries, the anatomy and physiology involved, and the sports each injury is usually associated with. The course also reviews several tips for helping athletes avoid specific injuries. In several instances, learners will discover that massage therapy is contraindicated given the specifics of an athlete's condition.

Final Examination Answer Sheet _____ **68**



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FREQUENTLY ASKED QUESTIONS

What are the requirements for license renewal?

License Expires	Contact Hours Required	Mandatory Subjects
Licenses expire August 31, of the odd year	24 (Update for 2022-2023 Renewal Cycle, all hours may be completed online)	2 Hours Professional Ethics 1 Hour Human Trafficking Awareness 2 Hours Florida Laws and Rules 2 Hours Prevention of Medical Errors

How much will it cost?

If you are only completing individual courses in this book, enter the code that corresponds to the course below online.

COURSE TITLE	HOURS	PRICE	COURSE CODE
Chapter 1: Ethics in Massage Therapy (Mandatory)	2	\$10.00	MFL02ET
Chapter 2: Human Trafficking in Florida: Modern Day Slavery (Mandatory)	2	\$18.00	MFL02HT
Chapter 3: Laws and Rules Governing Massage Practice in the State of Florida (Mandatory)	2	\$10.00	MFL02LR
Chapter 4: Preventing Medical Errors (Mandatory)	2	\$10.00	MFL02ME
Chapter 5: Massage Therapy for Sports Injuries	4	\$20.00	MFL04SP
Best Value - Save \$28.00 - All 12 Hours	12	\$40.00	MFL1223

Update for the 2022-2023 Renewal Cycle

All your hours may be completed online. This change will allow the twelve required hours of classroom hour (in-person, or live) courses to be taken as anytime or distance learning courses. **Please note that these courses must be approved as "Relevant to and focused on massage therapy techniques, skills and protocols."**



How do I complete this course and receive my certificate of completion?

See the following page for step by step instructions to complete and receive your certificate.

Are you a Florida board-approved provider?

Yes. Colibri Healthcare, LLC is a Florida Board of Massage Therapy Provider (#50-4007).



Are my hours reported to the Florida board?

Yes, the Florida Board of Massage Therapy uses CE Broker to track and verify your compliance. Colibri Healthcare, LLC will report your hours electronically to CE Broker within one business day. Remember, do not forward your CE documentation to the board, keep your certificate in a safe place for your records.

What information do I need to provide for course completion and certificate issuance?

Please provide your license number on the test sheet to receive course credit. Your state may require additional information such as date of birth and/or last 4 of Social Security number; please provide these, if applicable.



Is my information secure?

Yes! We use SSL encryption, and we never share your information with third-parties. We are also rated A+ by the National Better Business Bureau.

What if I still have questions? What are your business hours?

No problem, we have several options for you to choose from! Online at [EliteLearning.com/Massage-Therapists](https://elitelearning.com/Massage-Therapists) you will see our robust FAQ section that answers many of your questions, simply click FAQs at the top of the page, e-mail us at office@elitelearning.com, or call us toll free at 1-855-769-9889, Monday - Friday 9:00 am - 6:00 pm, EST.



Important information for licensees:

Always check your state's board website to determine the number of hours required for renewal, mandatory topics (as these are subject to change), and the amount that may be completed through home-study. Also, make sure that you notify the board of any changes of address. It is important that your most current address is on file.

Licensing board contact information:

Department of Health
Florida Board of Massage Therapy
4052 Bald Cypress Way, Bin C-06
Tallahassee, Florida 32399-3257

Phone: (850) 245-4161
Fax: 850-412-2681
Website: <https://floridasmassagetherapy.gov/>

How to complete continuing education

Please read these instructions before proceeding.

Read and study the enclosed courses and answer the final examination questions. To receive credit for your courses, you must provide your customer information and complete the evaluation. We offer three ways for you to complete. Choose an option below to receive credit and your certificates of completion.

Fastest way to receive your certificate of completion



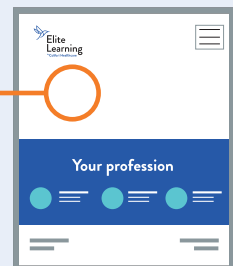
Online

- Go to EliteLearning.com/Book. Use the book code **MFL1223** and enter it in the example box that pops up then click **GO**.
- If you already have an account created, sign in to your account with your username and password. If you do not have an account already created, you will need to create one now.
- Follow the online instructions to complete your final exam. Complete the purchase process to receive course credit and your certificate of completion. Please remember to complete the online survey.

Enter book code

Example: ANCCFL2422 **GO**

If you need help finding your code,
Browse Book Code FAQs



By mail

- Fill out the answer sheet and evaluation found in the back of this booklet. Please include a check or credit card information and e-mail address. Mail to **Elite, PO Box 37, Ormond Beach, FL 32175**.
- Completions will be processed within 2 business days from the date it is received and certificates will be e-mailed to the address provided.
- Submissions without a valid e-mail will be mailed to the address provided.



By fax

- Fill out the answer sheet and evaluation found in the back of this booklet. Please include credit card information and e-mail address. Fax to **(386) 673-3563**.
- All completions will be processed within 2 business days of receipt and certificates e-mailed to the address provided.
- Submissions without a valid e-mail will be mailed to the address provided.

Chapter 1: Ethics in Massage Therapy (Mandatory)

2 CE Hours

By: Valerie Wohl, Ph.D.

Learning objectives

After completing this course, the learner will be able to:

- Define the concept of power dynamics.
- Distinguish between transference and countertransference.
- Describe the nature of the fiduciary role.
- List four ways a practitioner might work outside his or her scope of practice.

Introduction

This course addresses a range of issues of concern to the professional massage therapist and introduces a number of concepts important to the ethical practice of massage therapy. Successful completion of the course will equip you with the basic concepts and rationale for ethical decision-making in your practice, to help to navigate unknown ethical territory, identify questionable behavior, and develop a sense for “red flags” of potential conflict, as well as take steps to resolve these issues. Equally important, it will help you know when to seek

- Explain the risks of dual or multiple role relationships between practitioner and client.
- Explain the relationship between patient autonomy and agreements, including the client's bill of rights, informed consent, and right to refuse treatment.
- List four strategies that reinforce appropriate boundaries.

professional guidance with a supervisor or mentor, or turn to other appropriate resources for professional assistance.

This course fulfills two credits of mandatory coursework in Ethics, and:

- Explains concepts important to ethical theory and practice in professional massage therapy and bodywork.
- Examines the value and function of ethical codes and professional standards of conduct.
- Emphasizes the delineation of boundaries that define the therapeutic relationship.

PRINCIPLES OF PROFESSIONAL ETHICS

Ethics refers to principles of right or good conduct. Professional ethics in massage therapy is the application of guiding principles of right conduct to the study, practice, and business of massage therapy. Unlike personal ethics, which are flexible and open to debate, professional ethical codes are formally defined, mandatory standards of conduct established by and for members of professional associations to ensure quality and integrity in the profession.

Because virtually all state licensing authorities, certifying/accrediting agencies, and professional associations establish their own standards of conduct and ethical guidelines for their members, you will need to refer directly to the organizations and academic or training institutions with which you are affiliated, as well as state, local, and national associations, to review the ethical guidelines that apply specifically to you and your practice. This course is based on standards of ethical behavior embodied in both the AMTA and NCBTMB Code of Ethics and Standards of Practice, and common to the ethical codes of other agencies regulating massage therapy.

A Code of Ethics states the ethical responsibilities of the massage and bodywork professional. Standards of Practice further establish the expectations of professional conduct in regard to the law, confidentiality, business practices, roles and boundaries, and prevention of misconduct. This chapter is intended to clarify the meaning of statements and concepts central to the ethical practice of massage therapy.

The nature of the practitioner-client relationship is a fiduciary one. This means the client trusts that the practitioner will act in the client's best interests. The fiduciary obligation is the duty of the practitioner to do so. This concept is central to professional practice and the therapeutic relationship. While the practitioner and client share the same primary concern and objective – the client's welfare – it is the practitioner, by virtue of his or her professional status, who is ultimately responsible for the client's safety, security, and well-being. The practitioner bears the

burden of accountability because he or she is in a position of authority or power in relation to the client.

Individuals are treated ethically not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term “beneficence” is often understood to cover acts of kindness or charity that go beyond strict obligation. In this context, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms (beneficence and nonmaleficence).

The principle of beneficence requires us, other things being equal, to do good, or what will further the patient's interest. The principle of nonmaleficence requires us, other things being equal, to avoid harm to the patient, or what would be against the patient's interests. Both principles rest on the fundamental importance of what is in the patient's interest. The first is the positive requirement to further the patient's interest. The second is the requirement to refrain from doing what damages the patient's interest. Different claims covered by the principle of beneficence may come into conflict and force difficult choices.

Ideally, your relationship and interactions with the client are a partnership that promotes healthy behaviors, leads to sound, informed, health care decisions, and ensures the client's voice is heard. The client's best interests should always be your primary goal, and the guide for all your actions and decisions. If you ever suspect you are acting out of an unhealthy need or motive, or feel your interactions or relationship with the client are impeding rather than facilitating the therapeutic process, seek assistance and/or supervision. Consult a professional massage therapy organization with which you are affiliated for guidance, supervision, and other professional resources.

The following sections discuss key points of ethical massage therapy practice.

Accountability

Professional organizations protect public safety by certifying the competence of their members through licensing and continuing education requirements. Accreditation and professional

affiliations maintain quality control and show your accountability to clients, colleagues, and the profession, as a whole. They confirm that you abide by prevailing health and safety standards,

conduct yourself in accordance with relevant legislation and/or professional regulations, and possess the specialized knowledge and skills of your field.

Once you have successfully completed an approved training course, written examination (state and/or national) and, in some cases, a practical evaluation, you are deemed “competent” in the subject area of massage therapy, despite the fact that

Scope of practice

Scope of practice refers to your area of competence, usually obtained through formal study, training, and/or professional experience, and one for which you’ve received certification or other proof of qualification. Unlike other standardized training programs or fields of study, schools of professional massage therapy and state requirements vary significantly in the number of necessary hours of study and curriculum. Some schools provide substantial training in specialized procedures, such as lymphatic-drainage techniques or hydrotherapy, while others may only touch upon these subjects, if they are discussed at all.

Choosing to provide services for which you are not appropriately trained or competent is a dangerous personal decision that undermines the profession and may carry weighty legal implications. Your personal level of discretion and ethical standards will largely determine the manner in which you

Safety

Practitioners are required to abide by industry standards of safety and hygiene. Client draping, towels, the table surface, and other relevant items or materials must be cleaned according to accepted standards of sanitation, and meet all legal health and safety requirements (including universal precautions relating to communicable diseases). Practitioners should know how to cover cuts and use sanitizing supplies such as disinfectant hand wipes effectively.

Practitioners must have the skills and knowledge to assess a client’s condition and provide safe and appropriate therapy. They must be attuned to verbal and non-verbal client feedback, and alert to possible contraindications for massage. Sometimes these decisions are less than clear-cut, requiring a bit of research or consultation with medical personnel more familiar with the client’s condition. Never allow the client, the client’s relatives, or even the client’s doctor to pressure you to proceed if you have any doubts regarding the safety of a specific procedure for a specific client. You are ultimately responsible for any injury sustained by the client during or resulting from massage and the medical and legal liability associated with it – even if the client’s physician specifically recommended or prescribed the bodywork.

If you have strong concerns about the client’s health related to medication or procedures received through another source, suggest that the client have a trusted health care professional review the course of treatment. Pronouncements like this should not be made flippantly, as they could be the basis of legal action against you for practicing medicine without a license. If you believe your client has a serious medical condition or may have suffered an injury, tell the client immediately and refer him/her to the appropriate health care professional. Do not discuss the

Patient autonomy, informed consent, and right to refuse

Informed consent refers to a patient’s right to understand his or her condition and participate in decisions regarding that care or condition. The patient, or patient’s guardian, is required to sign a written statement acknowledging agreement to proposed treatment terms and awareness of the known risk factors associated with them.

It is through this process that a health care practitioner informs a patient about the risks and benefits of a proposed therapy and allows the patient to decide whether the therapy will be undertaken. It is based on the moral and legal premise of patient autonomy, and is the formal application of the client’s right to make decisions about his/her own health care.

your specific skills, training, and knowledge base may be very different from that of other practitioners in your neighborhood, state, or country. Licensing agencies and professional societies establish standards of quality and professional expertise in the field and ensure that licensed individuals are keeping pace with recent developments through continuing education requirements.

advertise your services, describe your education and professional experience, and list credentials. You will have to decide for yourself if you can rightfully claim substantive experience in a discipline for which you’ve attended a three-hour workshop or watched a series of instructional videos, or when you can properly call yourself an expert in one modality or another.

Misrepresenting one’s educational achievements, credentials, or abilities is a serious breach of responsibility that endangers client safety and reflects poorly on the profession as a whole. If a subject is outside your area of expertise, don’t hesitate to say so, and direct the client to appropriate informational resources or professional services. Make sure any information or suggestions you pass along are supported by the professional community and recent research findings, and are appropriate and safe for the client.

condition with the client’s doctor or anyone else unless you have explicit permission from the client to do so. Be sure to document your referral and the reasons for it in the client record.

Keep scope of practice in mind when you give advice or make recommendations to clients. While listening attentively to your client is a relatively risk-free venture, sharing your opinions is not. Depending on the topic of conversation and your specific comments, you may be engaging in high-risk behavior whenever you have casual conversations with a client. Resisting requests for “advice” in any subject outside your areas of expertise is your safest option, but it is natural to be drawn into discussions with a client, especially one you’ve come to know well.

Advice can be a dangerous and slippery slope for practitioners in large part because they may have some knowledge and experience regarding a topic that is health-related, but not strictly within their scope of practice. If you have found an effective nutritional supplement or exercise program that relieves the same symptoms your client is experiencing, you may have a strong impulse to share that information with your client. Or, you may want to warn your client away from a health regime that you consider ineffective or potentially dangerous.

When giving your point of view, make sure you delineate a professional recommendation, based on years of experience and study, from suggestions or opinions of a more personal or general nature. Help your client distinguish between subject matter in which you are, and are not, professionally qualified. If a health or medical issue is outside your scope of practice, recommend that the client see a qualified health professional regarding the matter.

The principle of autonomy (self-rule) is based on the principle of respect for persons, which holds that individual persons have the right to make their own choices and develop their own life plan. In a health care setting, the principle of autonomy translates into the principle of informed consent: You shall not treat a client without his/her informed consent. In order to affirm autonomy, every effort must be made to discuss treatment preferences with clients and to document them in written records.

In massage therapy, informed consent usually takes the form of an agreement between the practitioner and client that states their shared objectives, proposed treatment plan, expected outcome(s), and anticipated time frame for results. It may also refer to the client’s medical history, asserting that the client

has informed the practitioner about all known physical or medical conditions and current medications, and will inform the practitioner if any of these conditions change.

The notice of informed consent in massage therapy typically includes a statement explaining the role of massage therapy in pain and stress reduction or other specified purpose, and its limitations:

- Massage therapy does not take the place of medical examinations, care, or treatment.
- The practitioner is not a doctor and does not diagnose medical conditions or prescribe medication.
- Clients should continue to consult their primary caregivers or other specialists for ongoing health care and medical conditions.
- Clients should consult their primary caregiver to review health care recommendations before making significant changes in their health and exercise regimen or diet.

In addition to being an ethical obligation of caregivers, legislation in all 50 states requires that clients be informed of all important aspects of a treatment and/or procedures, although the details of these laws and statutes differ greatly. General guidelines require clients to be informed of the nature of their condition and the proposed treatment or procedure, its purpose, risks and benefits and their probability, risks and benefits of alternatives, and risks and benefits of not receiving the treatment. Failure to obtain adequate informed consent renders a health care professional liable for negligence or battery and constitutes medical malpractice.

While informed consent is a well-established practice, it often fails to meet its stated purpose. Recent research findings strongly suggest that procedures to obtain informed consent may not adequately promote the patient's comprehension of the information provided, rendering the consent not truly "informed." Studies suggest that a majority of patients do not read a consent form before signing it, and less than half of the U.S. population understands commonly used medical terms. Additionally, clients with limited reading ability are at increased risk for medical errors, due to problems reading medication bottles, appointment slips, self-care instructions, and health education brochures. These clients are also likely to have trouble reading materials intended to aid in obtaining informed consent.

Several methods of improving the procedures of obtaining informed consent have been proposed, including improving the readability of consent forms, asking clients for recall to establish understanding, adding additional stimuli, such as multimedia presentations and providing written information. The following section discusses "best practices" for informed consent forms, but also applies to other written material intended for the client.

In order to ensure that clients understand the procedure to which they are consenting, it is important that all materials be presented in a comprehensible manner. Written health care materials, such as consent forms, are often written with a relatively complex sentence structure and vocabulary, making it difficult for the average adult to interpret the information. In addition, providing these materials in the language the client finds most familiar is likely to increase comprehension substantially for many individuals.

Providing written information to clients regarding their diagnoses, proposed treatments, and other information given during informed consent discussion allows the patient to refer back to such information, which promotes comprehension. Some investigators have proposed that clients should receive written consent forms days before receiving a procedure.

Intake interview and documentation

Clients should fill out a formal intake form on their first visit that should include:

- Client's name, address, and telephone or other contact number(s).
- Reason for visit.

Informed consent is always specific: The goal of the informed consent process is to ensure that clients have an opportunity to be informed participants in decisions about their health care. To achieve that goal, practitioners must explain the patient's condition and inform the patient about treatment options and alternatives, including the risks and benefits of each, providing the information that a "reasonable person" in similar circumstances would want to know in making the treatment decision. A key element of the process is that the practitioner explains why he or she believes recommended treatments or procedures will be more beneficial than alternatives in the context of the patient's diagnosis. Thus informed consent is always specific: to the individual patient, the clinical situation, and the recommended plan of care or recommended treatment(s) or procedure(s).

Consent for multiple treatments: However, to say that consent is always specific is not the same as saying that separate consent is always required for every episode of repeated treatment.

When the plan of care for a given diagnosis involves repeated treatments or procedures, practitioners should ensure the patient understands that he or she is consenting to multiple episodes of treatment. Separate consent is not required for each individual episode. If a patient's condition changes enough to warrant a change in the plan of care, the practitioner must explain to the patient how the situation has changed, establish goals of care in light of the new situation, recommend a new plan of care, and obtain informed consent for the new plan or for specific treatment(s) or procedure(s) now recommended.

Notification versus consent: Informed consent is also different from "notification," that is, providing general information relevant to clients' participation in health care. Similarly, every patient entering a health care facility must be notified that his or her records will be used for purposes of routine health care operations. Likewise, each patient should be notified that his or her information may be used for quality improvement purposes to enable the organization to fulfill its obligation to monitor the quality of care it delivers and to carry out quality improvement activities for the benefit of all clients. Notification informs clients not only about their rights, but also about organizational activities and processes that shape how care is delivered. Like informed consent, notification serves the goal of respecting clients as moral agents¹⁴.

Informed consent should:

- Explain the patient's condition and diagnosis clearly and concisely, in language he or she can understand.
- Inform the patient about the treatment(s) or procedure(s) you recommend, including:
 - The name, nature, and details of the recommended treatment(s) or procedure(s).
 - Indications for the recommended course of action.
 - Likelihood of success of the recommended treatment(s) or procedure(s) for this patient.
- Describe the expected benefits and known risks of the recommended treatment(s) or procedure(s).
- Describe reasonable alternatives to the recommended treatment(s) or procedure(s), including the expected benefits and known risks of each alternative.
- Identify the practitioners who will be involved in performing the treatment or procedure.
- Advise the patient if the recommended treatment or procedure is novel or unorthodox.
- Encourage the patient to ask questions.

- Medical history.
- Insurance/payment methods (if applicable).
- Person to call in case of emergency, with their contact information.

The client should also sign and date the following statements:

- Release of medical records.
- Notice of informed consent with scope and limitations of practice.
- Client's Bill of Rights.

A Client's Bill of Rights typically includes the following information:

- Name of practitioner.
- Details of practitioner certification and list of credentials.
- Practitioner's area of expertise, philosophy, and/or approach to massage.
- Fees and service schedule.
- Payment terms.
- Filing procedures for written complaints.
- A right to information statement, asserting the client's right to the following information:
 - Practitioner's assessment of the client's physical condition.
 - Recommended treatment, estimated duration of treatment, and expected results.

Business management and promotion

Conducting your business in an ethical manner is largely a matter of treating people fairly and decently, using your skills and time effectively, and adhering to high standards in your work. Your promotional materials, record keeping, financial dealings, and conduct in day-to-day business matters should also be able to pass ethical scrutiny. Maintaining your practice in good standing means:

- Filing local, state, and federal taxes.
- Discussing and/or displaying fee schedules and billing practices prior to a first meeting.
- Making the client's welfare your paramount concern.
- Following generally accepted accounting practices.
- Keeping accurate financial records.
- Maintaining patient confidentiality.

Documentation and records

Proper documentation and record keeping is a critical, routine aspect of a successful practice. Keep notes legible and accurate. If it is ever necessary to refer to files at some time in the future (a medical emergency or legal proceedings, for example), the context and details of your notes should be clear. Other health care personnel will need to know the background, presenting status, actions taken and the results, with some discussion of treatment strategies and expected objectives.

Adhere to the following guidelines for preparing and maintaining records:⁹

- Maintain accurate and truthful records. Record only factual information, observations, and actions. Don't record your opinions, or conjecture about the client or his/her condition. When recording statements made by your client (regarding an injury, for example), use quotation marks to demarcate the client's words. Keep a separate file for personal notes or any material of a speculative nature.
- Make sure the forms you use to collect client information are appropriate to your practice and cover all pertinent areas. Make sure forms are free of errors and are easy to read and understand. Questions should be stated simply. Avoid jargon or complicated medical terminology, or define terms, as needed. Review forms on a regular basis, and revise or simplify confusing formatting or content.
- Take a comprehensive case history and review it with the client before beginning treatment. This should include an overview of the client's general state of health and thorough medical history, his or her reason(s) for seeking massage therapy, onset and duration of problematic symptoms, medical history of family members (if appropriate), and occupational background.

- Copy of client's health forms/records held by practitioner.
- Statement of confidentiality.
- Statement of refusal, explaining the client's right to terminate a course of treatment at any time and choose a new practitioner.
- Clients' right to invoke, explaining client's right to invoke these rights without fear of reprisal.

Both the practitioner and client are ensured the "right of refusal." For a client, this means the right to refuse, modify, or terminate treatment regardless of any prior agreements or statements of consent. For a practitioner, this means the right to refuse to treat any person or condition for just and reasonable cause. These rights safeguard a client's freedom to choose any practitioner, and a practitioner's freedom to terminate treatment, if necessary. These rights might come into play in cases of negligence or abuse. For example, a practitioner can refuse to work with an abusive or unstable client, and a client can refuse treatment from a practitioner he or she suspects is practicing under the influence of alcohol, drugs, or any illegal substances.

- Respectful and cooperative collaboration with other professionals.
- Appropriate referrals, if necessary.

As a massage professional, any negative perceptions of your marketing materials or advertisements tend to reflect poorly on your colleagues and the profession as a whole. Promotional materials should:

- Include your license number, place of business, and phone number.
- Refrain from using fear or guilt as motivational tactics.
- Avoid unrealistic, misleading, or sensational claims, or promises to cure specific conditions or ailments.
- Avoid using any wording or image that might be construed as sexual in nature.
- Adhere to truth-in-advertising standards.

- Train staff members to record client histories and other important information properly and thoroughly, and to ask appropriate follow-up questions if there is any ambiguity in a response. Implement some structure or mechanism to ensure this information is complete for every client and answers are recorded in sufficient detail. Review any personal or medical information taken by other staff members in a personal interview with the client to ensure information was recorded properly and in adequate detail.
- Areas that do not apply to a specific client should be marked "N/A" (non applicable) rather than left blank.
- Develop a short, simple form that clients can use to note their progress (or lack of progress) at each visit.
- Document any client non-compliance with the care plan, including canceled appointments (DNKA = did not keep appointment), refusal or failure to follow health care instructions and/or take needed medication, activities or behaviors that pose a risk to the client's health. Communicate the rationale for your opinion and do not proceed with any action that conflicts with your professional judgment.
- If you feel the client's disregard for professional recommendations is putting him or her at risk, have the client sign a form acknowledging that he or she has been informed of the potential consequences of their action or inaction, and is choosing to refuse recommended treatment.
- Notes should be legible as well as accurate. Pay attention to your handwriting and use clearly written and recognized abbreviations. Remember that you and other people may need to refer to these notes years in the future. Make sure they are easy to read and understand.

- File records promptly and accurately. Establish a strict filing system and adhere to it, and be sure other staff members know the system and the importance of using it.
- The following guidelines were established for litigation purposes and should be standard practice in all health care environments:
 - Alter records as minimally as possible, and only when necessary.
 - If you find something in error, do not erase. Cross out the error using a single line, so as not to conceal what is written underneath, and write the word “error” above the incorrect statement.
 - If you review your records and feel the need to clarify a point, write the date and the additional comments with the note (labeled “addendum”).
 - If litigation is threatened, do not make any kind of change to the records.

Not all file contents are subject to the same retention times. Keep records for current and former clients for as long a period as is practically possible, but at least the length of time specified by federal and state regulations as the legal minimum. Retain children’s records after they turn 18 for a length of time that equals the state’s statute of limitations.

Confidentiality

Keep all original records in your possession. Provide copies of x-rays, notes, and records documenting client care for clients or health care facilities requiring their own copies. Share information only in cases where disclosure is required by law, court order, or another appropriate, professionally approved manner, according to legal requirements.

Impress the importance of confidentiality and retaining original file copies upon all staff members. Institute the following procedures when providing copies, and make no exceptions:

- Have the client sign and date a release authorization form.
- Keep a copy of the release authorization with the client’s records.
- Copy only the information requested.
- Note in the client’s file: the party requesting the copy, what specifically was requested, and the date, to whom, and where the copy was sent.

All information and matters relating to a client’s background, condition, and treatment are strictly confidential and should not be communicated to a third party (even one involved in

the patient’s care) without the client’s written consent or a court order. Treat clients with respect and dignity: Handle personal information with sensitivity and keep the content of written records a private matter. Practitioners who can’t resist telling secrets or repeating gossip in their personal lives should be aware of the heavy penalties associated with jeopardizing client confidentiality in a professional context. Without an understanding that their disclosures will be kept secret, clients may withhold personal information. This can hinder caregivers in their efforts to provide effective interventions or to attain important public health goals.

Disclosure of personal health information should protect patient confidentiality as much as possible. Where confidentiality cannot be maintained, clients should be informed about how their personal health information will be used and whether the information will be identifiable or anonymous. Coordination of health care, in daily practice, requires limited disclosure of information to other health care providers, companies related to client reimbursement or payment, etc.

New clients

It is generally a good idea to assume that a new client knows nothing about massage therapy. Many massage therapists develop an information sheet to acquaint the client with basic massage concepts. Office personnel, customary procedures, and other useful points regarding their place of business, such as bathroom locations, and what to expect in a typical session, can be distributed to clients in the waiting room before their first session. Providing basic instructions and answers to common questions in a brief information sheet can be very effective in putting new clients at ease, especially when clients are new to the experience and unfamiliar with a facility’s personnel and way of conducting business.

During the session, be sure to inform the client when you move from one area to another, especially when the movement is to a particularly vulnerable area, such as the abdomen.

- Assess sensitivity and tolerance and inform the client as you progress to deeper movements.
- Perform tapotement only with client permission, and after you are certain the individual is adequately informed about the process.
- Take care not to startle a client in a relaxed state.

- Inform the client regarding potential massage aftereffects, such as tenderness or soreness, and their expected duration.
- Ask the client as you near the end of the session if any area in particular needs further attention.
- Invite feedback and implement changes based on client comments.

At the end of each session, discuss the client’s treatment plan and health objectives. Ask the client to assess his or her progress or lack of progress toward treatment goals. Answer any questions the client may have, and note the following information in the client’s record:

- If the client feels bruised, nauseated, or light-headed (check blood pressure and monitor).
- The length of the massage session.
- When the client should return for another session (session intervals/frequency).
- Anything the client can do to accelerate progress toward treatment goals.
- Anything the client should do or not do between sessions.
- What results the client can expect, and when.

Practitioners who recommend clients replenish fluids after a session may want to provide bottled water at their office.

Interpersonal dynamics and power in the therapeutic relationship

Interpersonal dynamics exist in all relationships, and are a normal and necessary part of a therapeutic relationship between client and practitioner. An important part of this dynamic is a power differential; the imbalance in authority or power that results from your greater expertise in the area of massage therapy. Your education, skills, experience in the field, and professional certification give you an authoritative advantage over your clients.

With any position of power comes the potential for abuse. Massage therapists, like many health care professionals, forge close relationships with people in their care. The combination of physical and social interaction between practitioner and client

can trigger strong emotional responses in one or both parties, leading to small improprieties as well as egregious misconduct.

Asking your client, who is a lawyer, for free legal advice; requesting a church donation or selling your daughter’s Girl Scout cookies at the office; mentioning personal details about a client or repeating what was said during a session to a friend or spouse: All are subtle ways practitioners take unfair advantage of their relationships with clients. Even when clients appear to welcome, rather than resent, such requests or behavior, they are never appropriate and do not belong in a professional environment. It is equally inappropriate for practitioners to accept favors, free merchandise and services, or confidential

information (such as stock tips) from a client. These interactions can distort the therapeutic relationship and obscure its primary objective.

It is not unusual for clients to unintentionally test professional boundaries, or practitioners to unknowingly relax them. When practitioners and clients are motivated by countertransference and transference, respectively, they are more susceptible to inappropriate impulses that can lead to misconduct. *Transference* refers to all the feelings experienced by the client, related to his or her past experiences and relationships, stirred up by or in the session. Transference is neither negative nor positive, but is "always a distortion; a projection of emotions from the past to current objects."³ *Countertransference* refers to all the feelings experienced by the practitioner, related to his

Boundaries in the patient-practitioner relationship¹²

Boundaries define the limits of appropriate behavior by a professional toward his or her clients. By establishing boundaries, a health care professional creates a respectful and protective space for the therapeutic relationship to occur. A boundary violation occurs when a health care professional's behavior goes beyond appropriate professional limits.

The intimate nature of massage therapy includes practitioners in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert all present the potential for blurring of limits to professional relationships. Remaining within the bounds established by the purpose of the relationship can be especially difficult in prolonged or long-term relationships. Even so, in all encounters, practitioners are responsible for retaining their professional boundaries.

A variety of standards establish the limits of appropriate professional behavior, whether those limits are explicitly enumerated in standards of conduct, codes of ethics, or law, or tacitly conveyed through professional training and widespread acceptance. Individuals who seek help must rely on the professional they consult to be trustworthy: When practitioners behave in ways that call their professional judgment and objectivity into question, the trust on which the relationship depends is compromised. And when trust is compromised, the efficacy of the therapeutic relationship is negatively affected.

Part of your responsibility in maintaining clearly defined boundaries is to protect the client from you, should you act or speak inappropriately, or be motivated by anything but your client's best interests. Inappropriate behavior tends to make people uncomfortable. If you notice that a client is not

Personal boundaries and self-disclosure

Self-disclosure is the process in which the practitioner reveals personal (rather than general or professional) information about him/herself to the client. There are many different motivations for and types of self-disclosure. An incident may be deliberate or accidental, initiated by either the client or the therapist, and can be spoken or unspoken. An example of unspoken intentional self-disclosure is how you choose to decorate your workplace (with careful selection of a meaningful poster or picture, or a family photo, for example). Some self-disclosure is unavoidable, as your presence communicates facts about you such as your gender, and approximate age, etc.

Some disclosure is accidental because it is not meant to be shared but is communicated through body language or tone of voice. Accidental self-disclosure also occurs in cases where a practitioner bumps into a client unexpectedly, when both are sitting in their doctor's waiting room, for example. You may or may not want to disclose information about why you are there, and it may be difficult to find a safe middle ground, revealing enough to be professional and friendly, but not enough to compromise your own personal space and privacy.

Exactly where should you draw the line? It is helpful to ask yourself two questions before self-disclosing: (a) how will it

or her previous relationships and experiences, that are stirred up during the session, including the practitioner's conscious and unconscious response to the client's transference of emotions.

Be aware that transference and countertransference can activate strong emotional reactions and/or feelings of sexual attraction, raising unrealistic expectations on the part of clients and practitioners. Learn to identify emotional red flags of blurred professional/personal boundaries in your behavior. If you overreact, are preaching or lecturing or are uncomfortable, unsure of yourself, or dissatisfied in your interactions with a specific client, you may be experiencing countertransference, bringing emotions and reactions from your personal life into your professional environment.

responding positively to massage therapy, make sure your behavior or comments are not a contributing factor. Relieving stress and physical stiffness or pain should be a relaxing and comfortable experience. If your behavior is appropriate but your client appears anxious or uncomfortable in the session, discuss your concern with the client.

A boundary violation occurs when a health care professional's behavior goes beyond appropriate professional limits. Boundary violations generally arise when a personal interest displaces the professional's primary commitment to the patient's welfare in ways that harm the patient or the patient-practitioner relationship. Interactions between health care professionals and clients are ethically problematic when they can reasonably be expected to affect the care the individual or other clients receive or the health care professional's relationships with colleagues – or when they give the appearance of doing so.

Boundaries are breached in two ways. Some breaches are inadvertent or not intentionally exploitative. These are known as *boundary crossings*. Commonly cited examples are a goodbye hug initiated by your client at the completion of treatment; non-sexual physical reassurance at times of extreme stress; running a session overtime; or selective self-disclosure. Repetitive boundary crossings are potentially harmful because they blur the boundary, thereby increasing the chances of boundary violation. Boundary violation is a significant and potentially harmful breach where the practitioner overrides the client's rights or actually does harm to the client. Some examples are: affectionate or flirtatious communication; self-disclosure about the practitioner's personal problems; or breaking confidentiality.

benefit the client? and (b) how will it affect your professional boundaries? You should also consider your own privacy. For example, what if you and your client attend the same Alcoholics Anonymous meeting? Would this make it hard for you to get the full benefits of attending the meeting during times of stress or relapse? Self-disclosure is not always conscious and deliberate. Words can be blurted out, poorly thought out, or tinged with emotion. When in doubt, do not self-disclose.

In a similar vein, it is usually best to keep emotional responses or judgments (both negative and positive) to yourself. A good rule of thumb is to monitor your own feelings without imposing them on your client. If you are distracted by a strong feeling, mentally put it to one side. Wait until after the session, then talk with a peer or supervisor or deal with it personally. As with other boundary crossing, self-disclosure should be client-focused, based on the welfare of the client. Different clients and practitioners have different personal boundaries, so appropriate boundaries must function within the client's comfort zone.

Remember that those personal and professional boundaries exist for the benefit of both the practitioner and the client. Changing or moving boundaries, which are the limits within which the therapeutic relationship occurs, results in an unclear or

ambiguous relationship that is a risk to the safety of the client, although it may not appear to have negative repercussions at that time. Transgressions often have delayed consequences that do not appear harmful initially. Detecting boundary violations

Dual/multiple role relationships

A dual or multiple role relationship occurs when an individual either at the same time or different points in time engages in two role categories, for example, in addition to the professional therapeutic relationship, there is also another relationship, such as relative, friend, student, business partner, or instructor. While it is perhaps best to avoid dual relationships, it is not always a possible or practical ideal. In small towns, for example, it may be more difficult to avoid dual relationships.

There is a great range of opinion regarding the propriety of dual relationships. While some feel that not all dual relationships are negative, all have that potential. Some organizations suggest that dual relationships are acceptable, if not exploitive. To ensure that the relationships do not cross the line into exploitation, it is important to follow recommended procedures including informed consent, open discussion, consultation, supervision, and examination of personal motivation, all of which should be documented.

Some professionals consider it unethical to work on friends, while others consider it acceptable to proceed as long as appropriate measures are taken to ensure there are no detrimental effects to the therapeutic or preexisting relationship. It is always best to avoid multiple relationships if it appears likely that the relationship might interfere with the therapeutic relationship. However, existence of a dual relationship is not necessarily a violation of boundaries. This is usually referred to as a "prohibited dual relationship." This means a dual relationship which might impair objectivity or effectiveness, or permit exploitation, or create an actual, apparent or potential conflict of interest.

It is your responsibility, not your client's, to maintain appropriate boundaries in your professional relationship. If a complaint is filed, it will be your responsibility to demonstrate that a client has not been exploited or coerced, intentionally or unintentionally. Be especially vigilant regarding any conduct that could impair your objectivity and professional judgment in serving your client, and any conduct that carries the risk and/or the appearance of exploitation or potential harm to your client.

Terminating a professional relationship

If you feel it is appropriate, either because a specified, finite course of treatment with a client is concluding, or because you believe your relationship with the client has become dysfunctional, unproductive, or emotionally damaging, it may be necessary to terminate your professional relationship with the client. While this can be a difficult and uncomfortable task, it is important that it not be postponed out of a desire to avoid confrontation or discomfort.

Terminating a potentially damaging relationship is an important professional obligation with specific responsibilities. Practitioners must be able to realistically assess their own limitations and/or their client's potential for therapeutic benefits, and make a determination in their client's best interests, without feelings of failure or guilt. They must develop a plan for termination that is considerate of the client, with attention to the possibility that it will be received with emotion or distress.

Informed consent provides a framework for termination because it specifies the need for an ongoing discussion between the client and practitioner regarding the expected goals and anticipated time-line for therapeutic benefits. Involve your client in the process so he or she is aware of treatment objectives and can ask questions and make determinations about his or her progress toward them. Discuss obstacles to client progress as they come up, so your client is not surprised by an unexpected pronouncement or abrupt changes in your assessment of the client's condition from one session to the next. Be sure to follow

is complicated by the fact that transgressions are more often a process than an individual event or occurrence. Boundary violations may be subtle, or masked by the professional/patient relationship.

Recognize and avoid the dangers of dual relationships when relating to clients in more than one context, whether professional, social, educational, or commercial. Dual relationships can occur simultaneously or consecutively. Prohibited dual relationships can include, but are not limited to:

- Accepting as a client anyone with whom you have had a prior sexual relationship.
- Forming a sexual relationship with a current client or someone who has been your client.
- Treating clients to whom you are related by blood or legal ties.
- Bartering with clients for the provision of services.
- Entering into financial or business transactions with clients (other than the provision of massage services).

Other situations that complicate the massage therapy relationship are: extending the session, lending and borrowing money, meeting at inappropriate places or times, giving or receiving gifts, soliciting donations, inappropriate self-disclosure, socialization with clients, and inappropriate use of language. Maintaining appropriate boundaries is an essential part of compassionate, effective, and ethical massage therapy practice.

Although practitioners and clients may be similarly affected by these psychological processes and equally capable of showing poor judgment or acting irrationally, licensed practitioners are bound by their professional affiliation to act responsibly, even when the client does not.

Appropriate behaviors reinforce professional boundaries. Try to maintain the same structure and rules of conduct in each session, with each client. Examine the rationale and potential repercussions of any changes or exceptions you make for specific clients, even at their request, before you implement them. Bending a rule may not always endanger the therapeutic process, but impropriety can be a "slippery slope." If you uncharacteristically deviate from normal session structure or protocol, suspect your impulses may be motivated by self-interest, or are having strong emotional responses to a client, seek peer support or supervision.

customary procedures for client assessment, and document relevant information about the client's progress or lack of progress toward treatment goals.

Before terminating the client, be sure to:

- Consult appropriate information resources and supervising personnel. Contact a professional colleague or supervisor about your situation with the client, post a question on a professional massage therapy website, or refer to professional organizations with which you are affiliated. You may be able to find an alternative to terminating the client, or a sensitive way to present the issue to him or her. If you appeal to any of these resources, be absolutely certain that you maintain strict rules of confidentiality and privacy, ensuring that the client's name or other identifying information is never revealed.
- Do a reality check. Make sure you and the client are "on the same page" by comparing your understanding of a therapeutic relationship with theirs, and discussing disparities in the way you and the client perceive your relationship, including difficulties and desired objectives. This kind of clarification can help you determine the scope of the problem and whether it is the result of miscommunication or misinterpretation, something that can be remedied, or requires termination.

If it is necessary to terminate the client, be sure it is done when you have sufficient time to discuss the subject fully. Take the time to respond to any questions the client may have, and give the client sufficient time to react to the news, respond to it,

Sexuality and massage

Sexual misconduct, one of the most egregious examples of inappropriate behavior, refers to any sexual activity between the massage therapist and client. While women are less likely than men to be accused of sexual misconduct, they are not immune to such allegations. Some practitioners employ strategies of avoidance, ignoring the issue of sexuality entirely, either

Strategies for client safety

The emotional, financial, and legal consequences of professional misconduct for both the client and professional community are profound. Preventive policies should include an educational component explaining power dynamics in the therapeutic session, what constitutes appropriate and inappropriate conduct with individuals of the same and opposite genders, and strategies for speaking and acting in ways that delineate and reinforce appropriate boundaries.

Ensuring your clients' safety requires more than not being sexual toward them, or avoiding overt sexual behaviors with them. It means actively and consciously "desexualizing" the experience of massage; that is, making something with potential sexuality no longer sexual, or de-emphasizing that dimension. Desexualizing massage is a process of deconstructing the experience into its component parts, acknowledging human sexuality as a given, and accepting the practitioner and client as sexual beings.

It's natural for clients to feel some degree of anxiety or insecurity related to the process of disrobing and draping. Minimize anxiety or concern by stating and/or providing written information regarding disrobing. Before the client undresses, state that a draping procedure is required for purposes of modesty and physical comfort. Mention or have a written notice that explains draping; that it will cover all parts of the client's body except the specific area receiving attention. Once you finish work in that area, you will recover it, and move to the next area. Tell clients to let you know if they have a question or concern, or are uncomfortable in any way. If you encounter a client who prefers not to be draped, explain that you are unable to proceed with the session until the client agrees to this customary procedure.

Explain to clients what can and cannot be removed or left on without impeding your access to those parts of the body;

Misconduct

Misconduct has been a persistent and troubling issue in health care and medical professions since the early days of modern medicine. Written more than 2,000 years ago, the Hippocratic Oath urged members of the medical profession to refrain from "mischief, and in particular, sexual relationships with both female and male persons."⁴ In recent years, accusations of misconduct in the health care and personal service industries have become increasingly common, due in part to formal regulation of the complaint process and greater awareness of the issue among the general public.

Misconduct takes many different forms that vary considerably in type and degree of severity. The following examples of misconduct demonstrate the need for ethical vigilance in every aspect of business practice, from organizational matters, to billing, to social interactions. Even in cases where inappropriate behaviors are the unintended result of thoughtlessness, errors in judgment, or improper planning, they risk potentially serious repercussions for the client and heavy penalties for the practitioner. Victims may face emotional and physical scarring with lifelong implications, and allegations of misconduct – even false ones – wreak havoc with practitioners' lives and livelihoods⁵. Misconduct takes many forms. The following list provides some examples:

and regain composure. Do your best to leave the client with positive feelings about you and the practice of massage therapy. Provide referrals to other massage practitioners or health care professionals, as appropriate.

consciously or unconsciously, due to their own embarrassment or discomfort with the topic. While this approach may save you an awkward moment or two, an inability or refusal to address the subject when necessary (ignoring signs of sexual arousal, for example) may not only be inappropriate, but professionally irresponsible and a breach of ethical conduct.

reassure the client that it is not necessary to remove any more clothing than their personal comfort or modesty will allow. Request that clients do not begin undressing until you have left the room. Never allow the client to dress or undress in your presence. Inform your client before you begin what areas will be your focus and ask permission to proceed. Expose and work on only one area of the body at a time, and cover the exposed part before moving on to another area.

Avoid ambiguity or the appearance of impropriety in your words and manner. Dress appropriately in a professional manner, avoiding any outfit that could be construed as revealing or provocative. Your demeanor should approximate that of other professional health care personnel. Use appropriate language; avoid cursing or indelicate comments. Use medical terminology when referring to physical conditions or parts of the body. Never discuss sexual topics with or in front of the client, joke about sexual matters, make sexual remarks or jokes, or use sexual innuendo.

Maintain a comfortable and professional environment. Avoid meeting new clients at unknown locations, at hotels, or in the client's home, where your personal safety may be at greater risk. If you meet the client on-site, set up the massage table in a neutral location, rather than a bedroom. Encourage relaxation through your client's visual, auditory, and olfactory senses, but keep the look and smell of your environment subdued and professional. Avoid creating an overly perfumed, romantic, or sensual atmosphere. Remember that a client may be allergic to certain odors, have strong negative reactions to certain smells, or associate a given odor with an unpleasant memory or incident. Music should also be soothing and subtle, and played only after you have asked your client about his or her preference for music or silence during the massage.

- **Misrepresentation of educational status:** Identifying yourself as a craniosacral therapist after taking a two-hour course.
- **Substance abuse:** Practicing under the influence of alcohol, drugs, or any illegal substances (with the exception of prescribed dosage of prescription medication which does not significantly impair the practitioner).
- **Financial impropriety:** Charging a cash-paying client a different fee than an insurance-paying client.
- **Exploiting the power differential:** Asking a stockbroker for financial tips during a treatment.
- **Misleading claims of curative abilities:** Telling a client you guarantee her pain will be gone in two sessions.
- **Accessibility:** Refusing to adapt your office (or making some reasonable accommodation) for those with physical challenges.
- **Bigotry:** Refusing to work with someone due to race, religion, size, or sexual orientation.
- **Inappropriate advertising:** Using a provocative picture in advertising; presenting misleading qualifications.
- **Dual relationships:** Dating a client.
- **Violation of laws:** Practicing out of your home, when it is not permitted by law.

- **Confidentiality:** Name-dropping famous clients; telling a spouse details about his partner's session.
- **Contraindications:** Treating a client when you are sick/ infectious; ignoring signs of conditions that preclude physical contact.
- **Informed consent:** Working on a minor without parental knowledge; treating someone's injury without permission.

Harassment

Harassment is a specific kind of misconduct or boundary violation in which an individual of equal or greater authority is inappropriately familiar with a co-worker or junior employee. Harassment can manifest itself in abusive remarks or behavior, belittling statements and actions, and discussion or commentary of an overly personal or offensive nature. Sexual harassment is abuse of power, typically exercised within the context of work, containing a sexual or gender-specific component.

The Equal Employment Opportunity Commission defines sexual harassment as any unwelcome advance, request, verbal statement, or physical conduct of a sexual nature, including visual displays, in which:⁶

- Submission is made a condition of an individual's employment, either explicitly or implicitly.
- Submission forms the basis for work-related evaluations, such as decisions regarding employment benefits or advancement.

Reporting misconduct

If you believe another practitioner is acting unethically or illegally, you have a responsibility to report it. Contact your state board, the certifying organization (NCBTMB, AMTA, etc.), or the Agency for Healthcare Administration (AHCA) to file a complaint.

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- The individual is subject to intimidating, offensive, or hostile environmental elements that interfere with the individual's ability to work effectively or productively.

Sexual harassment, like sexual misconduct, is not defined by any specific sexual interaction between two individuals. Harassment may include the discussion of sexually explicit topics of conversation at a place of business, unnecessary or inappropriate references to specific body parts or functions, and visual depictions of a provocative or offensive nature, such as posters or calendars featuring photos of nude or scantily clad models. Sexual harassment can occur between men and women, women and women, men and men, or any other combination of sexual or gender identity. Sexual harassment may feel humiliating or shameful, making the victim reluctant to report the incident.

The AHCA is responsible for analyzing complaints and reports involving potential misconduct and initiating investigations. The boards and councils within statewide organizations determine probable cause and disciplinary action.

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ETHICS IN MASSAGE THERAPY

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 68, or for faster service complete your test online at **EliteLearning.com/Book**

1. Because virtually all state licensing authorities, certifying/ accrediting agencies, and professional associations establish their own standards of conduct and ethical guidelines for their members, you will need to:
 - a. Memorize the AMTA and NCBTMB ethical codes.
 - b. Ignore external ethical codes and create your own.
 - c. Refer to the literature or websites of prominent organizations in other fields of study.
 - d. Refer directly to the organizations and academic or training institutions with which you are affiliated, as well as state, local, and national associations, to review the ethical guidelines that apply specifically to you and your practice.
2. The nature of the practitioner-client relationship is a fiduciary one. This means:
 - a. The client and the practitioner are subject to interpersonal dynamics.
 - b. The client trusts that the practitioner will act in the client's best interests.
 - c. The client and practitioner are equal in the power differential.
 - d. The relationship is not therapeutic.
3. If massage therapists suspect they are acting out of an unhealthy need or motive, or feel their interactions or relationship with the client are impeding rather than facilitating the therapeutic relationship, they should:
 - a. Respectfully and courteously discuss the topic with your client.
 - b. Encourage the client to take an active interest in health concerns.
 - c. Seek assistance and/or supervision with a professional massage therapy organization.
 - d. Explain your fiduciary responsibilities to the client.
4. Transference and countertransference can:
 - a. Activate strong emotional reactions and/or feelings of sexual attraction.
 - b. Raise realistic expectations on the part of clients and practitioners.
 - c. Keep you from overreacting.
 - d. Identify red flags.
5. If massage therapists uncharacteristically deviate from normal session structure or protocol, they should suspect their impulses may be motivated by self-interest, or are having strong emotional responses to a client, they should:
 - a. Seek peer support or supervision.
 - b. Discuss your concern with the client.
 - c. Provide services outside your scope of practice.
 - d. Defer responsibility for maintaining protective boundaries.

Chapter 2: Human Trafficking in Florida: Modern Day Slavery (Mandatory)

2 CE Hours

By: Deborah Converse MA, NBCT

Learning objectives

After completing this course, the learner will be able to:

- Define human trafficking and the effects on victims.
- List the indicators for identification of possible human trafficking victims.
- Discuss the steps to report possible cases of human trafficking to access human trafficking support networks.
- Identify strategies to assist human trafficking victims to access resources for assistance and support, including Florida Law Chapter 2019-152.
- Discuss awareness, prevention, and advocacy to protect massage therapists and clients from human trafficking in illicit massage venues.

Course overview

This course will focus on awareness of human trafficking for massage therapists and provide information on how to identify possible trafficking victims, steps to report cases, and information about resources available to assist victims.

Human trafficking can be viewed as modern day slavery and occurs in every state in the United States and around the world. The course will discuss definitions of human trafficking, statistics on incidence, and the identification of illicit massage venues that involve sex trafficking.

The course will review techniques traffickers use to force, defraud, and coerce individuals into slavery, and to keep victims captive, and the traumatic effects of trafficking.

This training will provide strategies to identify the indicators of labor and sexual trafficking, report cases to access law enforcement, criminal justice, and community resources for victim assistance and ongoing support.

The course will cover Florida Law Chapter 2019-152 requirements designed to educate massage therapists on human trafficking. The law was designed to increase reporting of suspected trafficking and assistance to victims through the Polaris Project and National Human Trafficking Hotline network of vetted, local assistance and support services.

NATIONAL AND FLORIDA STATISTICS

Human trafficking statistics do not represent the total picture due to the underground nature of the supply chain; this leaves many cases unreported. Human traffickers may operate through stand-alone businesses or large networks of illicit businesses and organized crime. These businesses may include nail salons, restaurants, manufacturers, or grocery stores, and traffickers may work inside large legitimate businesses that are unaware that labor and/or sex trafficking is occurring within their organization.

Traffickers control the victims and take extensive measures to conceal the labor and sexual trafficking activity; the numbers supplied by states reflect only reported cases. Contrary to popular belief, the U.S. is among the leading countries engaged in labor and sexual human trafficking.

Traffickers constantly move victims to avoid detection and often gravitate to areas where the laws, penalties, and prosecution of perpetrators and businesses is less stringent or uniformly enforced. Victims come in all ages, genders, races, religions, economic backgrounds, and nationalities and human trafficking occurs in rural, urban, and suburban areas and tribal lands.

The National Human Trafficking Hotline (NHTH, 2019) has collected statistics on human trafficking since 2007. NHTH provides the following statistics current as of June 30 for 2019:

- The statistics given are based on information from phone calls, texts, online chats, emails, and online tip reports received by the NHTH:
 - 23,784 contacts were made nationally and 866 in Florida.
 - 4,584 reports were made with the three highest state numbers of reports coming from California 749, Texas 561, and Florida 466.
 - Sex trafficking reports were 3,266 nationally, with 332 in Florida, followed by labor trafficking at 525 nationally with 63 in Florida.
 - The top three venues/industries for sex trafficking, according to reported activity, were illicit massage/spas at 686 nationally, 89 in Florida; residential-based commercial sex at 313 nationally, 36 in Florida; and hotel/motel at 272 nationally and 21 in Florida.
- Citizenship of reported victims was foreign nationals at 622,73 in Florida, and U.S. citizens at 572,54 in Florida.
- Adult victims numbered 2,684,293 in Florida, with minors at 1,061 and 76 in Florida.
- The highest number of reports came from community members at 6,843,233 in Florida, and victims themselves at 5,298,220 in Florida.

Since 2002, the nonprofit and non-governmental Polaris organization has worked to end human trafficking and slavery. Polaris operates the NHTH along with conducting research, gathering statistics, and developing training and prevention programs. It is headquartered in Washington, D.C., and has worked closely with the U.S. Department of Health and Human Services on more than 40,000 cases of trafficking.

According to a 2018 article by the Polaris Project, human trafficking in illicit massage businesses is on the rise and traffickers have found a way around business law to open and maintain these businesses in plain sight. Following are national statistics from that article:

- Illicit massage businesses, commonly known as “massage parlors,” have been part of the American landscape for decades. Today, new research finds an estimated 9,000-plus of these businesses are operating in every state in the country, with earnings totaling nearly \$2.5 billion a year across the industry.
- Of the more than 6,000 illicit massage businesses for which Polaris found business records, only 28 percent of these illicit massage businesses have an actual person listed on the business registration records at all.
- Only 21 percent of all the business records found for illicit massage parlors actually specifically name the owner although, even in those cases, there is no way to know for sure if that information is legitimate.

- The victims of massage parlor trafficking in the United States almost all:
 - Recently arrived from China or South Korea.
 - Carry debts or are otherwise under extreme financial pressure.
 - Speak little or no English.
 - Have no more than a high school education.
 - Are mothers in their mid-30s to late-50s.

Important considerations emerge from these statistics that relate to the massage industry. Since illicit massage and spas venues were the number one source of sexual trafficking, according to HTHL 2019 data, up from the number two source in 2018, professionals of legitimate practices in these areas must be vigilant to identify and report suspected activity or illicit business in their community that may engage in labor or sex trafficking.

HUMAN TRAFFICKING DEFINITION

According to the United States Department of Justice, human trafficking is defined as follows:

Human trafficking is a crime that involves exploiting a person for labor, services, or commercial sex. The Trafficking Victims Protection Act of 2000 and its subsequent reauthorizations define human trafficking as:

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age*; or
2. *The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C. § 7102[9]).*

The Florida Department of Children and Families (FDCF), 2019, added further details and clarification on the definition. FDCF explains both federal and Florida law include transporting, soliciting, recruiting, harboring, providing, or obtaining of another person for transport; for the purposes of forced labor, domestic servitude or sexual exploitation.

The NHTH emphasizes that trafficking victims differ from individuals who are simply being exploited due to the presence of force, fraud, and coercion, that hold victims captive and denies them the freedom to leave.

***Note:** Under Federal law, force, fraud, and coercion are not necessary to define sex human trafficking for victims under 18. Florida Statute 787.06 extended this to labor trafficking of minors as well.

EFFECTS OF HUMAN TRAFFICKING ON VICTIMS

Victims suffer severe effects from the force, fraud, and coercion used by traffickers to control their existence as labor or sexual trafficking victims. They may suffer physical, psychological and sexual abuse; physical bondage; malnutrition; sleep deprivation; dental problems; disease; injury or other untreated medical conditions; and substance abuse, which is used to keep them subservient. Many traffickers force victims into addiction as a method of control, making them depended on their controllers.

This one-hour course does not provide enough time to discuss all the devastating effects of extreme trauma and psychological damage resulting from labor or sexual slavery. Psychological effects may include extreme anxiety; fear; depression; cutting/self-harm; post-traumatic stress disorder; shame; guilt; paranoia; insomnia; eating disorders; and suicidal ideation, for example.

Sometimes it may seem like there are options for escape that the victim doesn't take, but there are many reasons why they are compelled to stay. In labor and sex trafficking, their identification, other documents, and money are confiscated by the traffickers; identities may be changed; and they are prohibited from having contact with anyone other than the trafficker's associates and clients.

They may be in debt bondage and told they must work off their debts to be freed. They may not speak the language of the location; do not trust law enforcement or government authority; or are told they will go to jail or be deported if they try to escape and are picked up by authorities.

In other cases, the victim is told their children or family will be harmed if they attempt to leave. They may be afraid that if they try to escape and fail they will be beaten or killed, or they may fear that if they escape, it will be worse living on the street alone with no shelter or resources.

Most likely, victims do not know the area, have no idea of where to turn for assistance, and, through manipulation and coercion, believe they are better off with the trafficker. Victims may have no means of communication with the outside world and are moved so often they do not know where they are.

Victims become dependent on their controllers for every basic need; this is often underscored by drug addiction. They may suffer trauma from being kidnapped and subjected to repeated degradation, trauma, and humiliation resulting in hopelessness and despair. Through manipulation and coercion, their faith, values, belief systems, and attempts at self-preservation are eroded, leaving victims unable to report abuse or seek assistance to escape.

HOUSE BILL 851, CHAPTER 2019-152: NEW FLORIDA LAW ON HUMAN TRAFFICKING AFFECTING MASSAGE THERAPY

This new law has a number of implications for massage therapists, as well as other medical professionals, with the goal of increasing awareness and understanding of human trafficking for increased identification, reporting and assistance to victims. The law, which took effect in 2019, has a number of deadlines related to human trafficking. In simple terms, the law requires one hour of continuing education on human trafficking for all massage therapists and requires signage that provides information on human trafficking in the language of community members. The law also requires that massage therapy establishments develop and implement a procedure for reporting suspected human trafficking.

Below are excerpts directly from the law which should be reviewed in its entirety:

- (1) *By Jan. 1, 2021, each licensee or certificate holder shall complete a board-approved, or department-approved if there is no board, one-hour continuing education course on human trafficking. The course must address both sex trafficking and labor trafficking, how to identify individuals who may be victims of human trafficking, how to report cases of human trafficking, and resources available to victims.*
- (2) *Each licensing board that requires a licensee or certificate holder to complete a course pursuant to this section must include the hour required for completion in the total hours of continuing education required by law for such profession.*

3. By Jan. 1, 2021, the licensees or certificate holders shall post in their place of work in a conspicuous place accessible to employees a sign at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type, which substantially states in English and Spanish:

“If you or someone you know is being forced to engage in an activity and cannot leave, whether it is prostitution, housework, farm work, factory work, retail work, restaurant work, or any other activity, call the National Human Trafficking Resource Center at 888-373-7888 or text INFO or HELP to 233-733 to access help and services. Victims of slavery and human trafficking are protected under United States and Florida law” (Fl. Law, Chapter 2019-152).

Note: The language in the sign above is also available from the state in Mandarin and Creole translations and the NHTH can provide assistance to victims in over 200 languages. The sign may include other information that the individual establishment may require concerning reporting suspected human trafficking.

The following is an example of approved signage:



IDENTIFYING POSSIBLE VICTIMS

In some cases, traffickers select victims because they are living in poverty, are homeless or runaways, unaccompanied teens, children or young adults, or simply appear vulnerable to the trafficker. Victims may have language, cognitive, educational, physical, or employment barriers, are undocumented, or have substance abuse problems that make them susceptible to predators.

Other times, they are victims of fraud through lies and promises of certain types of employment when in reality they end up in situation of labor or sexual trafficking or both.

Traffickers can work through small businesses, large corporations, hotel, motels, diplomat agencies, health providers, cosmetology businesses, and private residences that may appear legitimate as well as the obvious illicit massage “parlors,” brothels, strip clubs, truck stops, online sites, escort services, street-based prostitution, or houses used for gang and drug activity.

Sometimes the contributing factors and venues mentioned above may not be obvious, so it is important to be aware of the indicators of human trafficking. There are a number of red flags that may indicate human trafficking in the healthcare and massage/spa venue. The following general and more specific indicators are part of the National Human Trafficking Resource Center (NHTRC, 2019) which is funded by a grant from the Office on Trafficking in Persons, Administration for Children and Families, U.S. Department of Health and Human Services (HHS):

• General indicators:

- Shares a scripted or inconsistent history.
- Is unwilling or hesitant to answer questions about the injury or illness and shows signs of physical or sexual abuse, medical neglect, sexually transmitted disease, or torture.
- Is accompanied by an individual who does not let the patient/client speak for themselves, refuses to let the patient/client have privacy, or who interprets for them.
- Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer).

- Demonstrates fearful, nervous, tense, submissive behavior, or avoids eye contact.
- Is resistant to assistance or demonstrates hostile behavior.
- Is unable to provide his/her address.
- Is not aware of his/her location, the current date, or time.
- Is not in possession of his/her identification documents.
- Is not in control of his or her own money.
- Is not being paid or wages are withheld.

• Labor trafficking indicators in addition to the above:

- Has been abused at work or threatened with harm by an employer or supervisor.
- Is not allowed to take adequate breaks, food, or water while at work.
- Is not provided with adequate personal protective equipment for hazardous work.
- Was recruited for different work than he/she is currently doing.
- Is unpaid, paid very little, or paid only through tips.
- High security measures exist in the work and/or living locations (e.g. opaque windows, boarded up windows, bars on windows, barbed wire, security cameras, etc.).
- Is forced to meet daily quotas.
- Is required to live in housing provided by employer.
- Has a debt to employer or recruiter that he/she cannot pay off.

• Sex trafficking indicators: May have indicators from the above as well:

- Patient is under the age of 18 and is involved in the commercial sex industry.
- Has tattoos or other forms of branding, such as tattoos that say, “Daddy,” “Property of...,” “For sale,” etc.
- Reports an unusually high numbers of sexual partners, abortions, or pregnancy.
- Does not have appropriate clothing for the weather or venue.
- Uses language common in the commercial sex industry.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.

ASSISTANCE TO VICTIMS

Communication

Identifying a potential trafficking victim may include communicating with them to determine how to proceed. It cannot be overstated that the safety of the therapist and victim is the priority, so in cases of imminent danger call 911. The following suggestions on communication are offered for information only to increase awareness and understanding of the victim's situation and needs and to build communication skills in the event of contact with a potential victim in person or by phone. Some of the communication suggestions may extend beyond the comfort level or scope of the massage therapist, depending upon the relationship or frequency of contact with the victim. In that case, the communication may be best handled by the law enforcement or support agency so a call to report the situation to the NHTH is the proper action.

Contact with a potential victim may be spontaneous or unexpected, so reviewing these communication strategies may help prepare for a chance encounter; aid in identification; inform the need to report; build rapport with the victim; and provide encouragement for the victim to support them in seeking assistance and possibly self-reporting.

The NHTH, 2020, provides the following suggestions when communicating with suspected victims who may be in dangerous situations. When communicating with someone in a dangerous or potential trafficking situation, always provide NHTH and local law enforcement 911 contact information. NHTH suggests the following:

- Recognize that the person in the situation knows their situation best, and that it is necessary to honor their requests to ensure their safety.
- Maintain open and nonjudgmental communication, ensuring they know they can reach out at any time, and end the call when they need to.
- Try to speak in person if possible.
- If that is not possible, try to speak on the phone first [rather than via text or social media messaging] and ask if the person is alone, and then use yes/no questions until they indicate it is safe to communicate more freely.
- If they are alone, try to establish safety words: One word to indicate it is safe to talk/the person is alone [for future communications] and one to indicate it is no longer safe to talk and what the person in the situation would like done [cease communication immediately/contact law enforcement/etc.].
- Try to learn more about safety concerns.
- Try to learn more about their needs/wishes moving forward [reporting, shelter, counseling, legal services].

Note: The required signage that must be posted has the information needed to access the NHTH; this information should be available to all employees and would be shared with any suspected victim. The best option is **always** to notify the hotline and/or local law enforcement to activate the network of trained, dedicated agencies to get immediate help for the victim and maintain the safety of everyone in the immediate area, including massage employees and clients.

The NHTH, 2020, also offers tips for the victim if they decide to leave. Though this information falls outside the massage therapist's domain, it is included here for informational purposes only as part of the course requirement to build awareness, knowledge, skills, and strategies for support and assistance to victims. The following steps would be part of the support offered through the hotline, law enforcement, or support/assistance agency to victims ready to leave:

- If you are ever in immediate danger, the quickest way to access help is to call 911.
- If you are unsure of your current location, try to determine any indication of your locality, such as street signs outside the residence or place of employment, or newspapers/magazines/mail that may have the address listed.
- If it is safe to go outside, see if the address is listed anywhere on the building.
- If there are people nearby and it is safe to speak with them, ask them about your current location.
- Plan an escape route or exit strategy and rehearse it.
- Keep any important documents on or near you to be ready for immediate departure.
- Prepare a bag with any important documents/items and a change of clothes.
- Keep a written copy of important numbers on you at all times in case your phone is taken or destroyed at any point. Memorize important numbers/hotlines.
- Think about your next steps after you leave the situation.
- Contact trusted friends or relatives to notify them or to ask for assistance if comfortable.
- Contact the National Human Trafficking Hotline 24-hour hotline at 1-888-3737-888 to obtain local referrals for shelter or other social services and support. The hotline can also connect you with specialized law enforcement referrals. However, if you are ever in immediate danger, contact 911 first.
- During violent or explosive situations, avoid dangerous rooms.
- Examples of dangerous rooms: Kitchen (knives, sharp utensils, pots); garage (tools, sharp objects); bathroom (hard surfaces, no exits); basement (hard surfaces, no exits); rooms where weapons are kept; and rooms without an exit.
- Examples of safer rooms: Front room, yard or apartment hallway where a neighbor might see or hear an incident.
- Develop a special signal (lights flickering on and off, code word, code text message, hand signal, etc.) to use with a trusted neighbor, relative, friend, or service provider to notify them that you are in danger.
- It is important to proactively communicate what action steps you would like taken (call 911, check-in, pick the children up, etc.).
- If you have children who are also in the trafficking situation, explain to them that it is not their responsibility to protect you, and make sure that they know how to call someone for help, where to hide during a violent incident, and practice your plan of departure with them.

REPORTING HUMAN TRAFFICKING

Different jurisdictions may have different plans in place for reporting and assisting victims of human trafficking even if there is only the suspicion that someone may be a victim. The Florida Chapter 2019-152 requires massage therapy venues to post signage with information for reporting human trafficking. When individuals suspect an adult is a victim of human trafficking, they should contact the National Human Trafficking Hotline at 1-888-3737-888, TTY:711, where anti-trafficking hotline advocates are available 24/7 to take reports of potential human trafficking (NHTH, 2020).

The NHTH is not a government agency and does not provide direct services to victims. The NHTH works with a network of law enforcement, criminal justice agencies and designated providers for assistance and support. The NHTH contacts the local vetted agencies specifically trained to assist victims and provides the following information on reporting trafficking in addition to making a call:

- Text the National Human Trafficking Hotline at 233733. Message and data rates may apply.
- Chat the National Human Trafficking Hotline at www.humantrafficking.org/chat

- Submit a tip online through the anonymous online reporting form provided on the website <https://humantraffickinghotline.org/report-trafficking>. However, please note that if the situation is urgent or occurred within the last 24 hours we would encourage you to call, text or chat.
- The information you provide will be reviewed by the National Hotline. All reports are confidential and you may remain anonymous. Interpreters are available via phone call only.

For a suspected child trafficking victims, the NHTH directs the reporter to:

- Call the Florida Abuse Hotline at 1-800-96-ABUSE and report missing children or child pornography to the National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST (843-5678) or through its cybertipline.org website.

IDENTIFYING SUSPICIOUS MESSAGE VENUES AND EMPLOYMENT SITES

Unfortunately, there are many rundown buildings in strip malls or side streets with partially covered or darkened windows, and neon signs advertising massage services. The entrance may be in the back of the building to conceal the customers and employees from street view.

Sometimes, there is a buzzer or call button to access the buildings, which are kept locked at all times. In some cases, women seem to live in these buildings and do not regularly exit the building or only do so under supervision. There is often a guard who screens anyone entering the building.

The “services” are offered at below current market rates such as \$40 for an hour of massage when the rates at legitimate venues may be \$80 to \$100 an hour.

Sometimes these businesses appear to be legitimate and operate in plain sight as explained below in a recent Polaris Project study. According to the Polaris study from 2018:

There may be women who choose to sell sex either along with or under the guise of massage therapy, but evidence suggests that behind these bland facades, many of the thousands of women engaging in commercial sex in illicit massage parlors are victims of human trafficking. And for the most part, thanks to corporate secrecy, their traffickers cannot be traced.

What is unique about this form of trafficking is that massage parlor traffickers actually go through the process of registering their businesses as if they were legitimate. Conceivably then, it should be relatively simple to determine the basics about these businesses, such as what products or services they provide and who ultimately controls and makes money from the business. The actual or “beneficial” owner would then, in most cases, be the trafficker and could be prosecuted as such. In reality, the laws governing business registration are almost tailor-made for massage parlor traffickers to hide behind.

Neither states nor the federal government require people setting up companies to include the name of the actual owner of the business in the registration paperwork. What is actually required depends on the jurisdiction. Sometimes the owner’s name is left blank. Sometimes it is filled in with the name of a registered agent or someone else paid to be the front person or point of contact. Sometimes the business is registered under the name of an anonymous shell company, another business that exists in name only but has no actual assets. All of this obfuscation is perfectly legal.

Conclusion

Professionals in the massage/spa industry are on the front line of the important fight against human trafficking hiding under the guise of legitimate massage therapy practice. They must be vigilant to identify and report these illicit businesses and suspected victims and build awareness of resources for victim support and assistance in their industry and community. They

Again, in the case that the reporter or victim is in imminent danger, it is important to contact local law enforcement agencies for immediate assistance by dialing 911. National, state, and local law enforcement and support agencies coordinate responses through the NHTH network as noted above.

Florida law enforcement and criminal justice agencies are competent to assist in human trafficking cases. The Florida Senate Chapter 787 Kidnapping; Custody Offenses; Human Trafficking; and Related Offenses Section 06 Human Trafficking addresses all Florida law enforcement agencies that are required to be trained to respond, investigate, and assist trafficking victims and get them to a safe location. The chapter lays out the penalties for trafficking, which is a felony.

The HTHL offers the following tips for identifying suspicious employment venues, in addition to the information above. These tips were written for individuals seeking employment to avoid human trafficking, but they can also be used to determine the legitimacy of a massage venue. The local Chamber of Commerce, Better Business Bureau, and local law enforcement agency can also be contacted to find information on the business, if complaints have been filed or legal action has been taken. The HTHL notes some employment opportunities may raise red flags for human trafficking. When considering new employment:

- Request information about the position, scope of work, and hours/conditions of the position.
- Do not provide personal information (address, Social Security Number) to the employer if you do not feel comfortable.
- If meeting with the employer, make sure a trusted friend/relative knows where you are going and what time you expect to return.
- Plan to meet the employer in a public place where others are around.
- Verify that the business is legitimate by asking for the Employer Identification Number (EIN). This information can be checked by calling the U.S. Internal Revenue Service (IRS) at (800) 829-4933 (for U.S. businesses only).
- Ask to speak with former employees/clients about their experience with the company. This can be particularly important for positions abroad.
- If the employment opportunity involves travel to another country, make sure you obtain the appropriate visa. Depending on the country and the nature of the employment, you or your employer may be responsible for securing the visa, and make sure to check with the country’s regulations to confirm before accepting an offer.
- Know how to access emergency services in that country. If there is an emergency number (equivalent to 911 in the U.S.), memorize this number or keep it in a safe place. Memorize the address and contact information for your embassy or consulate in that country.
- U.S. citizens should visit the U.S. Department of State website for information on how to register their travel details with the Smart Traveler Enrollment Program (STEP): <https://travelregistration.state.gov>.
- For U.S. citizens experiencing emergencies overseas, contact the local embassy or consulate, or the U.S. State Department Office of Overseas Citizen Services at 888-407-4747 (from the U.S. or Canada) or 202-501-4444 (from overseas)

must communicate with colleagues and encourage them to educate themselves to identify and report human trafficking to help victims gain access to the network of support. Building awareness and training throughout the massage therapy industry is critical to eliminate these crimes to protect and ensure

the health and safety of massage employees, clients, and the community.

Professionals have an obligation to protect other colleagues, clients, and themselves from illicit massage venues that may be part of a supply chain for human trafficking and must work together to eliminate illicit shops engaging in criminal activity. These illicit and dangerous venues damage the reputation, integrity, and success of legitimate massage therapy practiced by professionals who provide valuable healthcare services.

Massage professionals must advocate for stricter, uniform, enforceable civil laws so that government agencies can inspect, fine, and shut down illicit venues that violate the laws against human trafficking. Steps must be taken to enforce existing laws to inspect and raid these venues, prosecute the clientele, and shut down the operation.

Uniform state and local laws and strict enforcement will keep traffickers from closing a shop and moving it to a less

restricted location. Tighter regulations need to be enacted concerning hours of operation; business practices; standards; ownership disclosures; physical space requirements; health standards; licensing and certification; building, zoning, and code enforcement similar to those required for other health providers. For instance, some states have passed laws that require front door access, and eliminate buzzers and locked doors to address clandestine entry and exits used in illicit massage venues.

The Polaris Project contains a number of articles related to strategies for industry changes to prevent and eradicate illicit massage sites that engage in human trafficking. These and other valuable resources are contained in the executive summary on the Polaris Project website:

<https://polarisproject.org/wp-content/uploads/2019/09/Human-Trafficking-in-Illicit-Massage-Businesses-Executive-Summary.pdf>.

Additional resources

The following information is directly from the National Human Trafficking Hotline, 2020:

- This online referral directory is made up of anti-trafficking organizations and programs that offer emergency, transitional, or long-term services to victims and survivors of human trafficking as well as those that provide resources and opportunities in the anti-trafficking field.
- If you would like direct personal assistance, are having trouble accessing services, or cannot find what you are looking for, please contact the National Human Trafficking Hotline directly to speak with a hotline advocate 24/7:
 - 1-888-373-7888, text "BEFREE" or "HELP" to 233733 or email help@humantraffickinghotline.org

The National Hotline lists the following Florida specific resources for assistance:

- 1HTC, Inc.
Phone: (813) 816-1482.
- Abuse Counseling and Treatment, Inc.
Hotline: (239) 939-3112. Phone: (239) 939-2553.
- Advocates for Freedom
Phone: (228) 806-3492.
- Alachua County Coalition Against Human Trafficking
Phone: (352) 639-0924.
- Americans for Immigrant Justice (AIJ)
Hotline: (305) 573-1196. Phone: (305) 573-1106.
- Ark of Freedom Alliance
Hotline: (954) 778-2871. Phone: (954) 778-2871.
- Bethany Christian Services (Florida)
Hotline: (407) 877-4006. Phone: (407) 877-4006.
- Bikers Against Trafficking
Hotline: (407) 300-8971. Phone: (407) 300-8971.
- Broward Human Trafficking Coalition
Phone: 1-888-373-7888
- Camillus House - Project Phoenix
Hotline: (786) 631-2245. Phone: (305) 374-1065, ext. 307.
- Capital City Youth Services, Inc.
Hotline: (850) 576-6000. Phone: (850) 576-6000.
- Catholic Charities Diocese of Palm Beach
Hotline: (561) 598-9848. Phone: (561) 345-2008.
- Catholic Charities, Diocese of Venice - Human Trafficking Victim Assistance Hotline: (239) 738-8722.
- Children's Home Society - Big Bend Area (Bay County Office) Hotline: (850) 819-3830.
- Children's Home Society - Big Bend Area (Leon County Office) Hotline: (850) 219-4239.
- Children's Home Society - Greater Northeast Florida Hotline: (386) 281-9823. Phone: (386) 238-4900.
- Children's Home Society of FL
Phone: (850) 266-2700.
- Coalition of Immokalee Workers
Hotline: (239) 657-8311. Phone: (239) 657-8311.

- Covenant House New Orleans
Phone: (504) 584-1111.
- Created Gainesville, Inc.
Phone: (352) 870-8481.
- Created Women Inc.
Hotline: (813) 280-2804. Phone: (813) 280-2804.
- Delores Barr Weaver Policy Center
Hotline: (904) 412-8923. Phone: (904) 598-0901.
- Devereux Advanced Behavioral Health – Florida
Phone: (800) 338-3738, ext. 7713.
- Devereux Advanced Behavioral Health Florida - Outpatient Services, Hotline: (800) 338-3738, ext. 7713.
Phone: (800) 338-3738, ext. 7713.
- Eden House Phone
(504) 407-0943.
- Empower 225 (formerly known as HP Serve)
Hotline: (404) 667-3413.
- Florida Department of Children and Families (DCF)
Hotline: (800) 962-2873. Phone: (850) 491-3224.
- Glory House of Miami
Phone: (786) 286-9958, ext. 0000.
- Greater New Orleans Human Trafficking Task Force
Phone: (504) 584-1170.
- Gulf Coast Center for Nonviolence
Hotline: (228) 436-3809.
- Gulfcoast Legal Services, Inc.
Hotline: (727) 821-0726, ext. 229. Phone: (727) 821-0726.
- Hepzibah House
Phone: (561) 386-0031.
- Hope for Freedom
Hotline: (561) 776-3216. Phone: (561) 799-7600.
- Hope Haven
Hotline: (251) 281-8467. Phone: (251) 281-8467.
- Human Trafficking Awareness Partnerships, Inc.
Phone: (239) 415-2635.
- International Association of Human Trafficking Investigators
Hotline: (865) 444-6737, ext. 1.
Phone: (865) 444-6737, ext. 1.
- International Rescue Committee (IRC) – Miami
Phone: (305) 640-9881.
- Into the Jordan Ministries
Hotline: (518) 545-4856. Phone: (239) 308-0434.
- Kristi House - Project GOLD
Phone: (305) 547-6850.
- Lutheran Services Florida
Phone: (813) 877-9303.
- Metro Centers for Community Advocacy (Formerly Metropolitan Center for Women and Children)
Phone: (504) 837-5400.
- Miami-Dade County - Coordinated Victims Assistance Center
Hotline: (305) 285-5900. Phone: (305) 285-5900.

- Nancy J Cotterman Center
Phone: (954) 357-5775.
- National Guestworker Alliance (NGA)
Phone: (504) 452-9159.
- Northland Church - 121 Hope
Hotline: (407) 949-7200. Phone: (407) 949-7200.
- One More Child
Hotline: (407) 799-8719. Phone: (863) 688-4981.
- Path2Freedom, Inc.
Hotline: (239) 398-9961. Phone: (239) 398-9961.
- Paving the Way
Phone: (386) 527-2452.
- Safespace North
Hotline: (305) 758-2546. Phone: (305) 758-2546.
- Safespace South
Hotline: (305) 247-4249. Phone: (305) 247-4249.
- Selah Freedom Inc.
Hotline: (888) 837-3363. Phone: (888) 837-3363.
- Sexual Trauma Awareness & Response
Hotline: (855) 435-7827. Phone: (504) 407-0711.
- Sharing One Love (Formerly The Life of Freedom Center)
Phone: (786) 565-8677.

- Southeast Louisiana Legal Services
Phone: (504) 374-0977, ext. 104.
- Survive and Thrive Advocacy Center (STAC)
Hotline: (850) 597-2080. Phone: (850) 597-2080.
- The Center for Violence Prevention
Hotline: (601) 932-4198. Phone: (601) 360-8701.
- The Greater Orlando Human Trafficking Task Force
Phone: (407) 836-7200.
- The Lifeboat Project, Inc.
Hotline: (407) 310-8905.
- The Shelter for Abused Women & Children
Hotline: (239) 775-1101. Phone: (239) 775-1101.
- There Is Hope For Me, Inc. Trafficking Hope Inc.
Phone: (225) 819-0000.
- U.S. Institute Against Human Trafficking
Phone: (813) 895-3390.
- United Abolitionists (Formerly Florida Abolitionist, Inc.)
Hotline: (407) 504-1319. Phone: (407) 495-5846.
- Victim Service Center of Central Florida
Hotline: (407) 497-6701. Phone: (407) 254-9415.
- Wings of Shelter
Phone: (239) 340-2980.

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- Florida Department of Health (2020). *Human Trafficking*. Retrieved Jan. 30, 2020, from <http://www.flhealthsource.gov>
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HUMAN TRAFFICKING IN FLORIDA: MODERN DAY SLAVERY

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 68, or for faster service complete your test online at **EliteLearning.com/Book**

- Under Federal law, force, fraud, and coercion are _____ to define sex human trafficking for victims under 18.
 - Necessary.
 - Not necessary.
 - Critical.
 - Irrelevant.
- By Jan. 1, _____, the licensees or certificate holders shall post in their place of work in a conspicuous place accessible to employees a sign at least 11 inches by 15 inches in size.
 - 2021.
 - 2020.
 - 2019.
 - 2022.
- Victims of slavery and human trafficking are protected under:
 - Florida law.
 - Federal law.
 - United States and Florida law.
 - Labor law.
- If you have information regarding suspected human trafficking of a child in Florida, contact:
 - HTHL.
 - Florida Abuse Hotline.
 - NHTRC.
 - FDLA/ICE.
- Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer) is:
 - A general indicator of human trafficking.
 - Not an indicator.
 - A labor violation.
 - Domestic violence related.
- If an individual does not have appropriate clothing for the weather or venue:
 - They are probably homeless.
 - They are living in poverty.
 - It may be a sex trafficking indicator.
 - It is unrelated to trafficking.
- Recognize that the person in the situation knows their situation best, and it is necessary to _____ to ensure their safety.
 - Call 911 in all cases.
 - Honor their requests.
 - Limit communication.
 - Take action regardless of their requests.
- If you are ever in immediate danger, the quickest way to access help is to:
 - Call the hotline.
 - Call the resource center.
 - Call ICE/FBI.
 - Call 911.
- Contact the National Human Trafficking Hotline 24-hour hotline at 1-888-3737-888 to obtain local referrals for:
 - Shelter or other social services and support.
 - Rescue only.
 - Medical emergencies.
 - Imminent danger.
- All reports are _____ and you may _____.
 - Public domain, be subpoenaed.
 - Confidential, have to testify in court.
 - Confidential, remain anonymous.
 - Anonymous, complete a police report.

Course Code: MFL02HT

Chapter 3: Laws and Rules Governing Massage Practice in the State of Florida

2 CE Hours

Learning objectives

- Define "massage" according to the Florida Massage Therapy Act.
- List the qualifications for licensure as a professional massage therapist under Florida law.
- Explain the meaning and significance of "biennial" licensing renewal, and list the necessary continuing education requirements.
- List the acts that are grounds for disciplinary action against massage therapists.
- Describe the relationship and responsibilities of apprentices and sponsors in an approved apprenticeship training program.
- Describe the requirements for instructors and massage therapy students training in colonics irrigation.
- List the laws and guidelines governing establishments of massage therapy.

Introduction

Two main areas of law pertain to the practice of massage therapy in the State of Florida. They are:

- The Florida Massage Practice Act: Chapter 480 of the Florida Statutes.¹
- Chapter 64B7 of the Florida Administrative Code.²

The following pages guide you through important excerpts of these documents, clarifying how to interpret the laws and rules that address you, personally, as a massage therapist, and discuss your responsibilities and obligations under the law.

Notes pertaining to the development of the law in specific subject areas are detailed in the History sections, referred to at points throughout the text. Each corresponds to a section of the Florida Statutes [FS] or Florida Administrative Code [FAC], with

"citations to the section and chapter number of the creating act and each subsequent amendatory act as located in the laws of Florida. Consult the laws of Florida to determine the effective date of a creating act or a particular amendment 3."

Other chapters that apply to the practice of massage therapy, but are not addressed in this course are: Chapter 120: Administrative Procedure Act; Chapter 119: Public Records; Chapter 408: Health Care Administration; and Chapter 112: Public Officers and Employees – General Provisions.

Please note that only excerpts of these documents are reproduced here. Please refer to the document directly for full text.

THE MESSAGE PRACTICE ACT

480.031 Short title.

This act shall be known and may be cited as the "Massage Practice Act."

480.032 Purpose.

The Legislature recognizes that the practice of massage therapy is potentially dangerous to the public in that massage therapists must have a knowledge of anatomy and physiology and an understanding of the relationship between the structure and the function of the tissues being treated and the total function of the body. Massage therapy is a therapeutic health care practice, and regulations are necessary to protect the public from unqualified practitioners. It is therefore deemed necessary in the interest

of public health, safety, and welfare to regulate the practice of massage therapy in the state; however, restrictions shall be imposed to the extent necessary to protect the public from significant and discernible danger to health and yet not in such a manner which will unreasonably affect the competitive market. Further, consumer protection for both health and economic matters shall be afforded the public through legal remedies provided for in this act.

480.033 Definitions.

As used in this act:

- (1) "Apprentice" means a person approved by the board to study colonic irrigation under the instruction of a licensed massage therapist practicing colonic irrigation.
- (2) "Board" means the Board of Massage Therapy.
- (3) "Board-approved massage therapy school" means a facility that meets minimum standards for training and curriculum as determined by rule of the board and that is licensed by the Department of Education pursuant to chapter 1005 or the equivalent licensing authority of another state or is within the public school system of this state or a college or university that is eligible to participate in the William L. Boyd, IV, Effective Access to Student Education Grant Program.
- (4) "Colonic irrigation" means a method of hydrotherapy used to cleanse the colon with the aid of a mechanical device and water.
- (5) "Department" means the Department of Health.
- (6) "Designated establishment manager" means a massage therapist who holds a clear and active license without restriction, who is responsible for the operation of a massage establishment in accordance with the provisions of this chapter, and who is designated the manager by the rules or practices at the establishment.
- (7) "Establishment" or "massage establishment" means a site or premises, or portion thereof, wherein a massage therapist practices massage therapy.
- (8) "Establishment owner" means a person who has ownership interest in a massage establishment. The term includes an individual who holds a massage establishment license, a general partner of a partnership, an owner or officer of a corporation, and a member of a limited liability company and its subsidiaries who holds a massage establishment license.
- (9) "Licensure" means the procedure by which a person, hereinafter referred to as a "practitioner," applies to the board for approval to practice massage therapy or to operate an establishment.
- (10) "Massage therapist" means a person licensed as required by this act, who performs massage therapy, including massage therapy assessment, for compensation.

- (11) "Massage therapy" means the manipulation of the soft tissues of the human body with the hand, foot, knee, arm, or elbow, regardless of whether such manipulation is aided by hydrotherapy, including colonic irrigation, or thermal therapy; any electrical or mechanical device; or

the application to the human body of a chemical or herbal preparation.

(12) "Massage therapy assessment" means the determination of the course of massage therapy treatment.

480.034 Exemptions.

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| <p>(1) Nothing in this act shall modify or repeal any provision of chapters 458-464, inclusive, or of chapter 476, chapter 477, or chapter 486.</p> <p>(2) Athletic trainers employed by or on behalf of a professional athletic team performing or training within this state shall be exempt from the provisions of this act.</p> | <p>(3) The state and its political subdivisions are exempt from the registration requirements of this act.</p> <p>(4) An exemption granted is effective to the extent that an exempted person's practice or profession overlaps with the practice of massage.</p> |
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480.035 Board of Massage Therapy.

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| <p>(1) The Board of Massage Therapy is created within the department. The board shall consist of seven members, who shall be appointed by the Governor and whose function it shall be to carry out the provisions of this act.</p> <p>(2) Five members of the board shall be licensed massage therapists and shall have been engaged in the practice of massage for not less than 5 consecutive years prior to the date of appointment to the board. The Governor shall appoint each member for a term of 4 years. Two members of the board shall be laypersons. Each board member shall be a high school graduate or shall have received a high school equivalency diploma. Each board member shall be a citizen of the United States and a resident of this state for not less than 5 years. The appointments will be subject to confirmation by the Senate.</p> <p>(3) The Governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of her or his</p> | <p>term until her or his successor has been duly appointed and qualified. No board member shall serve more than two terms, whether full or partial.</p> <p>(4) The board shall, in the month of January, elect from its number a chair and a vice chair.</p> <p>(5) The board shall hold such meetings during the year as it may determine to be necessary, one of which shall be the annual meeting. The chair of the board shall have the authority to call other meetings at her or his discretion. A quorum of the board shall consist of not less than four members.</p> <p>(6) Board members shall receive per diem and mileage as provided in s. 112.061 from the place of residence to the place of meeting and return.</p> <p>(7) The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter.</p> |
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480.036 Accountability of board members.

Each board member shall be held accountable to the Governor for the proper performance of all duties and obligations of such board member's office. The Governor shall cause to be investigated any complaints or unfavorable reports received concerning the actions of the board or its individual members

and shall take appropriate action thereon, which may include removal of any board member for malfeasance, misfeasance, neglect of duty, commission of a felony, incompetency, or permanent inability to perform official duties.

480.039 Investigative services.

The department shall provide all investigative services required in carrying out the provisions of this act.

480.041 Massage therapists; qualifications; licensure; endorsement.

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| <p>(1) Any person is qualified for licensure as a massage therapist under this act who:</p> <ul style="list-style-type: none">(a) Is at least 18 years of age or has received a high school diploma or high school equivalency diploma;(b) Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and(c) Has received a passing grade on an examination administered by the department. <p>(2) Every person desiring to be examined for licensure as a massage therapist shall apply to the department in writing upon forms prepared and furnished by the department. Such applicants shall be subject to the provisions of s. 480.046(1). Applicants may take an examination administered by the department only upon meeting the requirements of this section as determined by the board.</p> <p>(3) An applicant must submit to background screening under s. 456.0135.</p> <p>(4) Upon an applicant's passing the examination and paying the initial licensure fee, the department shall issue to the applicant a license, valid until the next scheduled renewal date, to practice massage.</p> <p>(5) The board shall adopt rules:</p> <ul style="list-style-type: none">(a) Establishing a minimum training program for apprentices. | <ul style="list-style-type: none">(b) Providing for educational standards, examination, and certification for the practice of colonic irrigation, as defined in s. 480.033(6), by massage therapists.(c) Specifying licensing procedures for practitioners desiring to be licensed in this state who hold an active license and have practiced in any other state, territory, or jurisdiction of the United States or any foreign national jurisdiction which has licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state. <p>(6) Massage therapists who were issued a license before July 1, 2014, must submit to the background screening requirements of s. 456.0135 by January 31, 2015.</p> <p>(7) The board shall deny an application for a new or renewal license if an applicant has been convicted or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of adjudication, a violation of s. 796.07(2)(a) which is reclassified under s. 796.07(7) or a felony offense under any of the following provisions of state law or a similar provision in another jurisdiction:</p> <ul style="list-style-type: none">(a) Section 787.01, relating to kidnapping.(b) Section 787.02, relating to false imprisonment.(c) Section 787.025, relating to luring or enticing a child.(d) Section 787.06, relating to human trafficking.(e) Section 787.07, relating to human smuggling.(f) Section 794.011, relating to sexual battery.(g) Section 794.08, relating to female genital mutilation. |
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- (h) Former s. 796.03, relating to procuring a person under the age of 18 for prostitution.
 - (i) Former s. 796.035, relating to the selling or buying of minors into prostitution.
 - (j) Section 796.04, relating to forcing, compelling, or coercing another to become a prostitute.
 - (k) Section 796.05, relating to deriving support from the proceeds of prostitution.
 - (l) Section 796.07(4)(a)3., relating to a felony of the third degree for a third or subsequent violation of s. 796.07, relating to prohibiting prostitution and related acts.
 - (m) Section 800.04, relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age.
 - (n) Section 825.1025(2)(b), relating to lewd or lascivious offenses committed upon or in the presence of an elderly or disabled person.
 - (o) Section 827.071, relating to sexual performance by a child.
 - (p) Section 847.0133, relating to the protection of minors.
 - (q) Section 847.0135, relating to computer pornography.
 - (r) Section 847.0138, relating to the transmission of material harmful to minors to a minor by electronic device or equipment.
 - (s) Section 847.0145, relating to the selling or buying of minors.
- (8) A person issued a license as a massage apprentice before July 1, 2020, may continue that apprenticeship and perform massage therapy as authorized under that license until it expires. Upon completion of the apprenticeship, which must occur before July 1, 2023, a massage apprentice may apply to the board for full licensure and be granted a license if all other applicable licensure requirements are met.

480.0415 License renewal.

The board shall prescribe by rule the method for renewal of biennial licensure which shall include continuing education requirements not to exceed 25 classroom hours per biennium. The board shall by rule establish criteria for the approval of

continuing education programs or courses. The programs or courses approved by the board may include correspondence courses that meet the criteria for continuing education courses held in a classroom setting.

480.043 Massage establishments; requisites; licensure; inspection; human trafficking awareness training and policies.

- (1) No massage establishment shall be allowed to operate without a license granted by the department in accordance with rules adopted by the board.
- (2) An establishment owner shall comply with the background screening requirements under s. 456.0135. However, if a corporation submits proof of having more than \$250,000 of business assets in this state, the department shall require the establishment owner, the designated establishment manager, and each individual directly involved in the management of the establishment to comply with the background screening requirements under s. 456.0135. The board may adopt rules regarding the type of proof that may be submitted by a corporation.
- (3) The board shall adopt rules governing the operation of establishments and their facilities, personnel, safety and sanitary requirements, financial responsibility, insurance coverage, and the license application and granting process.
- (4) Any person, firm, or corporation desiring to operate a massage establishment in the state shall submit to the department an application, upon forms provided by the department, accompanied by any information requested by the department and an application fee.
- (5) Upon receiving the application, the department may cause an investigation to be made of the proposed massage establishment.
- (6) If, based upon the application and any necessary investigation, the department determines that the proposed establishment would fail to meet the standards adopted by the board under subsection (3), the department shall deny the application for license. Such denial shall be in writing and shall list the reasons for denial. Upon correction of any deficiencies, an applicant previously denied permission to operate a massage establishment may reapply for licensure.
- (7) If, based upon the application and any necessary investigation, the department determines that the proposed massage establishment may reasonably be expected to meet the standards adopted by the department under subsection (3), the department shall grant the license under such restrictions as it shall deem proper as soon as the original licensing fee is paid.
- (8) The department shall deny an application for a new or renewal license if an establishment owner or a designated establishment manager or, for a corporation that has more than \$250,000 of business assets in this state, an establishment owner, a designated establishment manager, or any individual directly involved in the management of the establishment has been convicted of or entered a plea of guilty or nolo contendere to any misdemeanor or felony crime, regardless of adjudication, related to prostitution or related acts as described in s. 796.07 or a felony offense under any of the following provisions of state law or a similar provision in another jurisdiction:
 - (a) Section 787.01, relating to kidnapping.
 - (b) Section 787.02, relating to false imprisonment.
 - (c) Section 787.025, relating to luring or enticing a child.
 - (d) Section 787.06, relating to human trafficking.
 - (e) Section 787.07, relating to human smuggling.
 - (f) Section 794.011, relating to sexual battery.
 - (g) Section 794.08, relating to female genital mutilation.
 - (h) Former s. 796.03, relating to procuring a person under the age of 18 for prostitution.
 - (i) Former s. 796.035, relating to selling or buying of minors into prostitution.
 - (j) Section 796.04, relating to forcing, compelling, or coercing another to become a prostitute.
 - (k) Section 796.05, relating to deriving support from the proceeds of prostitution.
 - (l) Section 800.04, relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age.
 - (m) Section 825.1025(2)(b), relating to lewd or lascivious offenses committed upon or in the presence of an elderly or disabled person.
 - (n) Section 827.071, relating to sexual performance by a child.
 - (o) Section 847.0133, relating to the protection of minors.
 - (p) Section 847.0135, relating to computer pornography.
 - (q) Section 847.0138, relating to the transmission of material harmful to minors to a minor by electronic device or equipment.
 - (r) Section 847.0145, relating to the selling or buying of minors.
- (9) (a) A massage establishment license issued to an individual, a partnership, a corporation, a limited liability company, or another entity may not be transferred from the licensee to another individual, partnership, corporation, limited liability company, or another entity.
- (b) A license may be transferred from one location to another only after inspection and approval by the board and receipt of an application and inspection fee set by rule of the board, not to exceed \$125.

- (c) A license may be transferred from one business name to another after approval by the board and receipt of an application fee set by rule of the board, not to exceed \$25.
- (10) Renewal of license registration for massage establishments shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.
- (11) The board is authorized to adopt rules governing the periodic inspection of massage establishments licensed under this act.
- (12) As a condition of licensure, a massage establishment must have a designated establishment manager. The designated establishment manager is responsible for complying with all requirements related to operating the establishment in this section and shall practice at the establishment for which he or she has been designated. Within 10 days after termination of a designated establishment manager, the establishment owner must notify the department of the identity of another designated establishment manager.

480.044 Fees; disposition.

- (1) The board shall set fees according to the following schedule:
 - (a) Massage therapist application and examination fee: not to exceed \$250.
 - (b) Massage therapist initial licensure fee: not to exceed \$150.
 - (c) Establishment application fee: not to exceed \$200.
 - (d) Establishment licensure fee: not to exceed \$150.
 - (e) Biennial establishment renewal fee: not to exceed \$150.
 - (f) Biennial massage therapist licensure renewal fee: not to exceed \$200.
 - (g) Massage therapist reexamination fee: not to exceed \$250.
 - (h) Fee for apprentice: not to exceed \$100.
 - (i) Colonics examination fee: not to exceed \$100.
 - (j) Colonics reexamination fee: not to exceed \$100.
 - (k) Application and reactivation for inactive status of a massage therapist license fee: not to exceed \$250.

480.046 Grounds for disciplinary action by the board.

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
 - (a) Attempting to procure a license to practice massage therapy by bribery or fraudulent misrepresentation.
 - (b) Having a license to practice massage therapy revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
 - (c) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of massage therapy or to the ability to practice massage therapy. Any plea of nolo contendere shall be considered a conviction for purposes of this chapter.
 - (d) False, deceptive, or misleading advertising.
 - (e) Advertising to induce or attempt to induce, or to engage or attempt to engage, the client in unlawful sexual misconduct as described in s. 480.0485.
 - (f) Aiding, assisting, procuring, or advising any unlicensed person to practice massage therapy contrary to this chapter or to a rule of the department or the board.
 - (g) Making deceptive, untrue, or fraudulent representations in the practice of massage therapy.
 - (h) Being unable to practice massage therapy with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department,

Failure to have a designated establishment manager practicing at the location of the establishment shall result in summary suspension of the establishment license as described in s. 456.073(8) or s. 120.60(6). An establishment licensed before July 1, 2019, must identify a designated establishment manager by January 1, 2020.

- (13) By January 1, 2021, a massage establishment shall implement a procedure for reporting suspected human trafficking to the National Human Trafficking Hotline or to a local law enforcement agency and shall post in a conspicuous place in the establishment which is accessible to employees a sign with the relevant provisions of the reporting procedure.
- (14) Except for the requirements of subsection (13), this section does not apply to a physician licensed under chapter 457, chapter 458, chapter 459, or chapter 460 who employs a licensed massage therapist to perform massage therapy on the physician's patients at the physician's place of practice. This subsection does not restrict investigations by the department for violations of chapter 456 or this chapter.

- (l) Renewal fee for inactive status: not to exceed \$250.
- (2) The department shall impose a late fee not to exceed \$150 on a delinquent renewal of a massage establishment license.
- (3) The board may establish by rule an application fee not to exceed \$100 for anyone seeking approval to provide continuing education courses and may provide by rule for a fee not to exceed \$50 for renewal of providership.
- (4) The department is authorized to charge the cost of any original license or permit, as set forth in this chapter, for the issuance of any duplicate licenses or permits requested by any massage therapist or massage establishment.
- (5) All moneys collected by the department from fees authorized by this act shall be paid into the Medical Quality Assurance Trust Fund in the department and shall be applied in accordance with the provisions of s. 456.025. The Legislature may appropriate any excess moneys from this fund to the General Revenue Fund.

upon probable cause, may compel a massage therapist to submit to a mental or physical examination by physicians designated by the department. Failure of a massage therapist to submit to such examination when so directed, unless the failure was due to circumstances beyond her or his control, constitutes an admission of the allegations against her or him, consequent upon which a default and final order may be entered without the taking of testimony or presentation of evidence. A massage therapist affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of massage therapy with reasonable skill and safety to clients.

- (i) Gross or repeated malpractice or the failure to practice massage therapy with that level of care, skill, and treatment which is recognized by a reasonably prudent massage therapist as being acceptable under similar conditions and circumstances.
- (j) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that she or he is not competent to perform.
- (k) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is

- not qualified by training, experience, or licensure to perform.
- (l) Violating a lawful order of the board or department previously entered in a disciplinary hearing, or failing to comply with a lawfully issued subpoena of the department.
 - (m) Refusing to permit the department to inspect the business premises of the licensee during regular business hours.
 - (n) Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition.
 - (o) Practicing massage therapy at a site, location, or place which is not duly licensed as a massage establishment, except that a massage therapist, as provided by board rule, may provide massage therapy services, excluding colonic irrigation, at the residence of a client, at the office of the client, at a sports event, at a convention, or at a trade show.
 - (p) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.
- (2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).
- (3) The board shall revoke or suspend the license of a massage establishment licensed under this act, or deny subsequent

480.0465 Advertisement.

Each massage therapist or massage establishment licensed under this act shall include the number of the license in any advertisement of massage therapy services appearing in a newspaper, airwave transmission, telephone directory, or other advertising medium. Pending licensure of a new massage

480.047 Penalties.

- (1) It is unlawful for any person to:
- (a) Hold himself or herself out as a massage therapist or to practice massage unless duly licensed under this chapter or unless otherwise specifically exempted from licensure under this chapter.
 - (b) Operate any massage establishment unless it has been duly licensed as provided herein, except that nothing herein shall be construed to prevent the teaching of massage in this state at a board-approved massage school.
 - (c) Permit an employed person to practice massage unless duly licensed as provided herein.
 - (d) Present as his or her own the license of another.

480.0475 Massage establishments; prohibited practices.

- (1) A person may not operate a massage establishment between the hours of midnight and 5 a.m. This subsection does not apply to a massage establishment:
- (a) Located on the premises of a health care facility as defined in s. 408.07; a health care clinic as defined in s. 400.9905(4); a hotel, motel, or bed and breakfast inn, as those terms are defined in s. 509.242; a timeshare property as defined in s. 721.05; a public airport as defined in s. 330.27; or a pari-mutuel facility as defined in s. 550.002;
 - (b) In which every massage performed between the hours of midnight and 5 a.m. is performed by a massage therapist acting under the prescription of a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, an advanced registered nurse practitioner licensed under

licensure of such an establishment, if any of the following occurs:

- (a) The license has been obtained by fraud or misrepresentation.
- (b) The holder of a license is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the operation of a massage establishment.
- (c) The establishment owner, the designated establishment manager, or any individual providing massage therapy services for the establishment has had the entry in any jurisdiction of:
 - 1. A final order or other disciplinary action taken for sexual misconduct involving prostitution;
 - 2. A final order or other disciplinary action taken for crimes related to the practice of massage therapy involving prostitution; or
 - 3. A conviction or a plea of guilty or nolo contendere to any misdemeanor or felony crime, regardless of adjudication, related to prostitution or related acts as described in s. 796.07.
- (4) The establishment owner who has been the subject of disciplinary action under subsection (3) may not reapply for an establishment license and may not transfer such license pursuant to s. 480.043.
- (5) A designated establishment manager who has been the subject of disciplinary action under section (3) may not reapply for a license.
- (6) Disciplinary proceedings shall be conducted pursuant to the provisions of chapter 120.

establishment under s. 480.043(7), the license number of a licensed massage therapist who is an owner or principal officer of the establishment may be used in lieu of the license number for the establishment.

- (e) Allow the use of his or her license by an unlicensed person.
 - (f) Give false or forged evidence to the department in obtaining any license provided for herein.
 - (g) Falsely impersonate any other licenseholder of like or different name.
 - (h) Use or attempt to use a license that has been revoked.
 - (i) Otherwise violate any of the provisions of this act.
2. Except as otherwise provided in this chapter, any person violating the provisions of this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

- (c) Operating during a special event if the county or municipality in which the establishment operates has approved such operation during the special event.
- (2) A person operating a massage establishment may not use or permit the establishment to be used as a principal domicile unless the establishment is zoned for residential use under a local ordinance.
- (3) A person violating the provisions of this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. A second or subsequent violation of this section is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

480.0485 Sexual misconduct in the practice of massage therapy.

Sexual misconduct in the practice of massage therapy.—The massage therapist-patient relationship is founded on mutual trust. Sexual misconduct in the practice of massage therapy means violation of the massage therapist-patient relationship through which the massage therapist uses that relationship

to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of massage therapy is prohibited.

480.049 Civil proceedings.

As cumulative to any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of a restraining order, injunction, or writ of

mandamus against any person who is or has been violating any of the provisions of this act or the lawful rules or orders of the department.

480.052 Power of county or municipality to regulate massage therapy.

A county or municipality, within its jurisdiction, may regulate persons and establishments licensed under this chapter. Such regulation shall not exceed the powers of the state under this act or be inconsistent with this act. This section shall not be

construed to prohibit a county or municipality from enacting any regulation of persons or establishments not licensed pursuant to this act.

480.0535 Documents required while working in a massage establishment.

- (1) In order to provide the department and law enforcement agencies the means to more effectively identify, investigate, and arrest persons engaging in human trafficking, a person employed by a massage establishment and any person performing massage therein must immediately present, upon the request of an investigator of the department or a law enforcement officer, valid government identification while in the establishment. A valid government identification for the purposes of this section is:
 - (a) A valid, unexpired driver license issued by any state, territory, or district of the United States;
 - (b) A valid, unexpired identification card issued by any state, territory, or district of the United States;
 - (c) A valid, unexpired United States passport;
 - (d) A naturalization certificate issued by the United States Department of Homeland Security;
 - (e) A valid, unexpired alien registration receipt card (green card); or
 - (f) A valid, unexpired employment authorization card issued by the United States Department of Homeland Security.
- (2) A person operating a massage establishment must:
 - (a) Immediately present, upon the request of an investigator of the department or a law enforcement officer:
 1. Valid government identification while in the establishment.
 2. A copy of the documentation specified in paragraph (1)(a) for each employee and any person performing massage in the establishment.
 - (b) Ensure that each employee and any person performing massage in the massage establishment is able to immediately present, upon the request of an investigator of the department or a law enforcement officer, valid government identification while in the establishment.
- (3) A person who violates any provision of this section commits:
 - (a) For a first violation, a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
 - (b) For a second violation, a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
 - (c) For a third or subsequent violation, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

FLORIDA ADMINISTRATIVE CODE: 64B7 BOARD OF MASSAGE ORGANIZATION

64B7-23.001 Definitions.

- (1) "Patient" means any person presenting as a client to receive massage therapy treatment.
- (2) "Health goal" means the desired overall progressive improvement in the patient's condition as stated by the patient.
- (3) "Treatment goal" means the desired improvement in the patient's condition arising from specific massage therapy treatment, as stated by the patient.
- (4) "Treatment plan" means a written document describing:
 - (a) The patient's subjective reason for treatment, health goals and treatment goals;
 - (b) Objective assessment method or methods used to determine appropriate massage therapy treatment;
 - (c) Assessment outcomes, including indications and contraindications for massage therapy treatment;
 - (d) Massage therapy treatment to be administered, including the number of treatments to be administered under the treatment plan, the duration of each treatment, the expected outcomes of each treatment; and,
 - (e) The outcomes of each administered treatment.
- (5) "Massage therapy assessment" or "assessment" means the determination of the course of massage therapy treatment as an ongoing, systematic process of gathering patient information which is made:
 - (a) Prior to providing any treatment; and,
 - (b) In accordance with Rule 64B7-23.007, F.A.C.
- (6) "Massage therapy treatment" or "treatment" means massage therapy performed on a patient which employs techniques, modalities or skills determined by assessment to be appropriate for the patient.
- (7) "Indication" means evidence that a proposed massage therapy treatment is likely to have a positive impact on the condition of the patient.
- (8) "Contraindication" means evidence that a proposed massage therapy treatment may pose a health risk to the patient or may have a negative impact on their condition.
- (9) "Drape" means an inviolable barrier applied to the body of a patient for massage therapy treatment that is of a sufficient size to provide the patient with personal privacy, security and warmth, such as a hospital gown, sheet, blanket, towel or clothing.
- (10) "Draping" means the act of applying a drape or drapes to the patient's body for massage therapy treatment. Appropriate draping includes coverage of the genitalia, groin, femoral triangle, anus, buttocks, gluteal cleft, and breasts at all times unless the patient gives specific informed consent to be undraped and written specific informed consent is noted in the patient's treatment plan.
- (11) "Place of practice" means any place in which a massage therapist provides massage therapy treatment to a patient.

For the purposes of reporting place of practice pursuant to Section 456.035, F.S., a therapist may use:

- (a) The address of a massage establishment where they are currently employed; or,
- (b) The address of the office of a physician licensed under Chapter 457, 458, 459, or 460 F.S., so long as they are

providing massage therapy treatment to patients of the physician, pursuant to Section 480.043(14), F.S.; or,

- (c) If the massage therapist practices exclusively at the residences of patients, the offices of patients, or at sporting events, conventions, or trade shows, pursuant to Section 480.046(1)(o), F.S., the massage therapist may use the massage therapist's residential address.

64B7-23.003 Display of Massage Therapist License.

A licensed massage therapist must display their current license, or a photocopy thereof, at any location where the massage therapist is practicing. The license must be displayed

conspicuously inside the establishment in open public view. A passport-sized picture taken within the last two years must be attached to each displayed license or photocopy.

64B7-23.005 Sexual Misconduct; Sexual Activity Prohibited.

- (1) "Sexual Activity" means any direct or indirect contact by any person, or between persons, with the intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person, or which is likely to cause such humiliation, harassment, degradation, arousal or sexual gratification:
 - (a) With or without the consent of either person or persons;
 - (b) With or without verbal or non-verbal communication that the sexual activity is undesired;
 - (c) With or without the use of any device or object;
 - (d) With or without the occurrence of penetration, orgasm or ejaculation;
 - (e) Including, but not limited to intentional contact with the genitalia, groin, femoral triangle, anus, buttocks, gluteal cleft, breast or nipples, mouth, or tongue; and,

- (f) Including, but not limited to the intentional removal of any drape without written specific informed consent of the patient.
- (2) Sexual activity by any massage therapist in the context of massage therapy practice or in a massage therapy establishment is prohibited.
- (3) A licensed massage therapist must not use the therapist-client relationship to induce or attempt to induce or engage or attempt to engage in sexual activity with any client. Such attempts or engagements constitute sexual misconduct in the practice of massage therapy.
- (4) Nothing herein shall be interpreted to prohibit the practice of colonic irrigation by a licensed massage therapist certified pursuant to subsection 64B7-25.001(2), F.A.C.

64B7-23.007 Massage Therapy Assessment.

A massage therapist must complete a massage therapy assessment to determine whether any proposed massage therapy treatment poses a significant health risk to the patient. An assessment, as defined in subsection 64B7-23.001(5), F.A.C., must include:

- (1) A review of patient health goals and treatment outcome goals,
- (2) A review of indications and contraindications for any proposed massage therapy treatment using appropriate assessment methods, which may include:
 - (a) Patient health intake forms;
 - (b) The patient's stated level of health;
 - (c) Patient interview, including patient stated goals;

- (d) Patient observation;
- (e) Palpation;
- (f) Orthopedic testing;
- (g) Muscle testing;
- (h) Joint mobilization, stretching and range of motion measurement;
- (i) Postural analysis;
- (j) Gait assessment;
- (k) Functional limitations assessment;
- (l) Pain scale valuation;
- (m) Reviewing the report of a referring practitioner; and
- (n) Use of a quality of life assessment tool.

64B7-23.009 Massage Therapy as a Complementary or Alternative Healthcare Treatment; Recordkeeping.

A massage therapist providing complementary or alternative healthcare treatment pursuant to Section 456.41(2)(a), F.S. must:

- (1) Inform the patient of the nature of the proposed massage therapy treatment, the benefits and risks of the treatment, and any contraindications associated with the treatment to the extent necessary for the patient to make an informed and prudent decision regarding the treatment; and
- (2) Inform the patient of the practitioner's education, experience and credentials in relation to the massage therapy treatment to be provided as a complementary or alternative healthcare treatment; and
- (3) Create and maintain a patient care record pursuant to Section 456.41(4), F.S., which must include:

- (a) Demographic information sufficient to differentiate the record from other patient care records;
- (b) The method or methods of assessment used;
- (c) Description of the patient's condition;
- (d) The proposed treatment plan to be administered and any contraindications;
- (e) The expected outcomes of the treatment or treatments in the treatment plan;
- (f) The expected duration of treatment or treatments in the treatment plan; and
- (g) The informed consent and signature of the patient to receive the complementary or alternative healthcare treatment.

64B7-23.011 Misconduct and Negligence in the Practice of Massage Therapy.

Failure to practice massage therapy with the level of care, skill and treatment which is recognized by a reasonably prudent similar massage therapist as acceptable under similar conditions and circumstances constitute misconduct and negligence in the practice of massage therapy. Acts of misconduct or negligence include:

- (1) Failure to properly assess the patient;
- (2) Failure to explain draping techniques to the patient;
- (3) Failure to appropriately drape the patient;

- (4) Failure to obtain informed consent from the patient, the patient's parent, or the patient's guardian for massage therapy treatment;
- (5) Failure to obtain specific informed consent from the patient, the patient's parent, or the patient's guardian before undraping a patient;
- (6) Undraping a patient in a manner inconsistent with the specific informed consent given;
- (7) Administering treatment which poses a significant health risk to the patient;

- (8) Administering treatment in a negligent manner;
- (9) Administering treatment which the massage therapist is not competent by training or experience to perform;
- (10) Administering treatment which the massage therapist is not qualified by training or experience to perform;
- (11) Violating the confidentiality of information or knowledge concerning a patient;
- (12) Offering massage therapy at a sporting event, convention, or trade show without obtaining the written approval of the owner or property manager of the site of the sporting event, convention or trade show or the organizer of the sporting event, convention, or trade show.

64B7-24.0091 Attendance of Meetings by Board Members.

Unexcused absences of a board member are absences not due to the following situations:

- (1) Medical problems of a board member or a board member's family including but not limited to illness, surgery, emergency care and/or hospitalization.
- (2) Death of a family member and/or attendance at the family member's funeral.
- (3) Any conflict, extraordinary circumstance, or event approved by the chairman of the board.

64B7-24.016 Time for Payment of Civil Penalties.

In cases where the Board imposes a civil penalty for violation of chapter 456 or 480, F.S., or the rules promulgated thereunder,

the penalty shall be paid within 90 days of its imposition by order of the Board, or as otherwise directed by the Board.

64B7-24.017 Board Business.

For the purposes of Section 456.011(4), F.S., the Board defines "other business involving the Board" as:

- (1) All regularly scheduled meetings of Board committees; and,
- (2) Whenever a board member has been requested by the State Surgeon General or the Department staff to participate in a meeting or in the preparation, administration, or grading of the examination.
- (3) Meetings or business at the direction or request of the Board.

64B7-24.020 Public Comment.

The Board of Massage Therapy invites and encourages all members of the public to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to the following:

- (1) Members of the public will be given an opportunity to provide comment on subject matters before the Board after an agenda item is introduced at a properly noticed board meeting.
- (2) Members of the public shall be limited to three (3) minutes to provide comment. This time shall not include time spent by the presenter responding to questions posed by Board members, staff or board counsel. The chair of the Board may extend the time to provide comment if time permits.
- (3) Members of the public shall notify board staff in writing of their interest to be heard on a proposition or matter before the Board. The notification shall identify the person or entity, indicate support, opposition, or neutrality, and identify who will speak on behalf of a group or faction of persons consisting of three (3) or more persons. Any person or entity appearing before the Board may use a pseudonym if he or she does not wish to be identified.

64B7-25.001 Examination Requirements.

- (1) The Department shall issue a license by examination to a person who:
 - (a) Pays to the Department the initial licensure fee set forth in Rule 64B7-27.100, F.A.C.;
 - (b) Submits a completed application on form DH-MQA 1115, "Application for Massage Therapist License" (07/2022). The form is incorporated herein by reference and may be obtained from the board office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399 or from the website located at <http://floridasmassagetherapy.gov/applications/massage-app.pdf> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-14940>. To apply on-line, visit <https://flhealthsource.gov/mqa-services>;
 - (c) Provides proof of graduation per Rule 64B7-32.002, F.A.C., from a board-approved massage therapy school as defined in Section 480.033(9), F.S.;
 - (d) Presents certification to the Board of successful completion of an approved examination for licensure; and,
 - (e) Submits to the background screening provisions as set forth in Section 456.0135, F.S.
- (2) Prior to the practice of colonic irrigation, any licensed massage therapist must be certified. The Department shall issue certification to practice colonic irrigation to a person who:
 - (a) Pays to the Department the certification fee set forth in Rule 64B7-27.100, F.A.C.;
 - (b) Submits a completed application on form DH-MQA 1247 "Application for Colonic Irrigation Certification" (Rev. 07/2022). The form is incorporated herein by reference and may be obtained from the Board Office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399 or from the website located at <http://floridasmassagetherapy.gov/applications/massage-colon-certification.pdf> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-14943>. To apply on-line, visit <http://flhealthsource.gov/mqa-services>;
 - (c) Provides proof of completion of a training program in colonic irrigation at a board-approved massage therapy school pursuant to Rule 64B7-32.005, F.A.C., or a training program equal to or more stringent than the colonic irrigation requirements of subsection 64B7-32.005(2), F.A.C., with an approved provider or school in another state, territory, or jurisdiction, or a colonic irrigation apprenticeship per Rule 64B7-29.007, F.A.C.; and,
 - (d) Presents certification to the board of successful completion of an approved examination for colonic irrigation.
- (3) The board approves the following examinations for licensure:
 - (a) The Massage and Bodywork Licensing Examination (MBLEx) administered by the Federation of State Massage Therapy Boards;
 - (b) National Certification Board for Therapeutic Massage and Bodywork Examination;
 - (c) National Certification Examination for Therapeutic Massage;
 - (d) National Exam for State Licensure option administered by the National Certification Board for Therapeutic Massage and Bodywork; and
 - (e) The state examination in Florida, offered prior to 1996.
- (4) The Board approves the following examination for certification in colonic irrigation: The National Board for Colon Hydrotherapy Examination (NBCHE).

64B7-25.004 Endorsements.

The Department shall issue a license by endorsement to a person who:

- (1) Pays to the Department the initial licensure fee set forth in subsection 64B7-27.001, F.A.C.;
- (2) Submits a completed application on form DH-MQA 1115, "Massage Therapist Licensure Application," (Rev. 7/16), adopted and incorporated by reference in Rule 64B7-25.001, F.A.C.;
- (3) Is currently licensed and has practiced massage under the laws of another state, and was required, in order to be so licensed to meet standards of education or apprenticeship training substantially similar to, equivalent to, or more stringent than those required for licensure by Sections 456, 480, F.S., and Rule Title 64B7, F.A.C.;
- (4) Demonstrates that the out-of-state license was issued upon the satisfactory completion of an examination comparable to the examination approved by the Board or presents certification to the Board of successful completion of an approved examination for licensure subsequent to the issuance of the out-of-state license;
- (5) Has no outstanding or unresolved complaints filed in any jurisdiction where licensure is held; and,
- (6) Completes a 10 hour Florida Laws and Rules course offered by a Board approved school or Board approved continuing education provider.

Massage Establishments

64B7-26.001 Definitions.

- (1) "Ownership entity" means the entity to whom a massage establishment license is issued. An ownership entity may be a sole proprietor, a partnership as defined in Section 620.8101(7), F.S., a limited liability company as defined in Section 605.0102(36), F.S., or another entity formed under the law of the jurisdiction in which the entity resides.
- (2) "Massage establishment owner" means a natural person who has an ownership interest in a massage establishment, including an individual who holds a massage establishment license, a general partner of a partnership, an owner or officer of a corporation, a member of a limited liability company and its subsidiaries who hold a massage establishment license, or a person who has been identified as having an ownership interest by an entity formed under the law of the jurisdiction in which the entity resides.
- (3) "Interested party" means an individual directly involved in the management of a massage establishment whose ownership entity is a corporation having more than \$250,000 in business assets in this state.
- (4) "Designated establishment manager" means a massage therapist who holds a clear and active license without restriction, who is responsible for the operation of a massage establishment in accordance with Chapters 456 and 480, F.S. and related rules, who is designated the manager by the rules or practices at the establishment.
- (5) "Doing business as name" means the name under which the massage establishment does business. This may be the ownership entity name, or a fictitious name, as registered with the Division of Corporations.

64B7-26.002 Licensure of Massage Establishments.

- (1) Each massage establishment shall obtain a license from the Department as required by Section 480.043(1), F.S., by submitting a completed form DH-MQA 1263, "Application for Massage Establishment License" (Rev. 01/2021), incorporated herein by reference, together with the fee set forth in subsection 64B7-27.100(2), F.A.C. The form may be obtained from the Board office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399 or from the website located at <http://floridasmassagetherapy.gov/applications/mt-establishment-app.pdf> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-13316>. To apply online, visit <http://flehealthsource.gov/mqa-services>.
- (2) A massage establishment license may not be issued until a passing inspection result is received by the department which demonstrates that the proposed massage establishment is to be used for "massage" as defined in Section 480.033(3), F.S. and that the proposed massage establishment is in compliance with Chapters 456 and 480, F.S. and related rules.
- (3) The massage establishment applicant shall submit proof confirming property damage and bodily injury liability insurance coverage for the proposed massage establishment

64B7-26.003 Massage Establishment Operations.

- (1) General Requirements. Each establishment must:
 - (a) Carry current property damage and bodily injury liability insurance. A copy of the current insurance policy must be kept at the establishment.
 - (b) Comply with all municipal building and zoning requirements.
 - (c) Conspicuously display the current massage establishment license in the establishment in open public view.
 - (d) Conspicuously display, in open public view, the license or a photocopy thereof, of each massage therapist practicing in the establishment.
 - (e) Conspicuously display the required human trafficking signage in compliance with Sections 456.0341(3) and 480.043(13), F.S.
 - (f) Ensure all advertisement meets the requirements of Rule 64B7-33.001, F.A.C., and Section 480.0465, F.S.
- (2) Facility Requirements. Each establishment must:
 - (a) Provide restroom facilities. This requirement may be met by centralized restroom facilities within three hundred feet of the massage establishment for establishments which reside in buildings that are so equipped. Restroom facilities must include:
 1. One functioning toilet and one sink with running water.
 2. Toilet tissue.
 3. Soap dispenser with soap or other hand sanitizing agent.
 4. Sanitary towels for hand drying, or another hand drying device, such as a wall-mounted electric blow dryer.
 5. One waste receptacle.
 - (b) If the establishment is equipped with a whirlpool bath, sauna, steam cabinet or steam room, (including wet, dry and infrared), shower facilities must be provided, including:
 1. One shower with running hot and cold water.
 2. Separation of shower facility from other facilities by means of a curtain or other visual divider.
 - (c) Provide lavatory facilities within twenty feet of each treatment room which include either:
 1. A sink with running water, soap dispenser with soap, and sanitary towels for hand drying or another hand drying device, such as a wall-mounted electric blow dryer, or

2. Hand sanitizer or another chemical germicidal designed to disinfect without the use of running water.
- (d) Keep facilities in good repair, well-lighted and properly ventilated.
- (3) Safety Requirements. Each establishment must:
 - (a) Maintain a fire extinguisher on premises, which meets standards for inspection and maintenance as required by Rule 69A-21.237, F.A.C., effective October 20, 1993, incorporated by reference at <https://www.flrules.org/Gateway/reference.asp?No=Ref-11510>.
 - (b) Provide for safe storage and removal of flammable materials.
- (4) Sanitary Requirements. Each establishment must:
 - (a) Provide for the removal of refuse.
 - (b) Use effective control measures to prevent entry and harborage of vermin and pests.
- (5) (5) Requirements for Equipment and Supplies. Each establishment must:

- (a) Maintain all equipment used to administer massage therapy treatment in a safe and sanitary condition.
- (b) Maintain massage table surfaces. Massage table surfaces must be made of, or covered by, a non-porous, non-absorbent material that is free from rips or tears.
- (c) Disinfect massage table surfaces after each patient.
- (d) Change table coverings after each patient, if the massage table surface is additionally covered by sheets, towels, or any other absorbant covering.
- (e) Maintain a sufficient supply of clean drapes for each patient receiving massage therapy treatment.
- (f) Launder all drapes and other materials used before reuse.
- (6) Colonic Irrigation Requirements. Establishments which provide colonic irrigation must:
 - (a) Maintain colonic irrigation equipment in safe and sanitary condition.
 - (b) Maintain sterilization equipment if non-disposable colonic attachments are used.

64B7-26.004 Inspection Upon Application for License.

- (1) Upon receipt of a completed application, as incorporated in either Rule 64B7-26.007, or 64B7-26.002, F.A.C., as appropriate; and fee payment, for a massage establishment license, the Department shall inspect the site, premises, or portion thereof listed on the application. Such inspection shall be to confirm that the site, premises, or portion thereof is to be used for massage therapy as defined by Section 480.033(11), F.S., and that the site, premises, or portion thereof meets the requirements of Rule 64B7-26.003, F.A.C.
- (2) The Department shall make periodic inspections of all massage therapy establishments licensed in this state on an annual or more frequent basis. Such inspection shall include, but not be limited to, whether the establishment is in compliance with Rule 64B7-26.003, F.A.C., governing the establishment's operation facilities, personnel, safety, sanitary requirements, and a review of existing insurance coverage.

64B7-26.007 Massage Establishment Change of Name/Location.

If there is no transfer of ownership of the establishment license pursuant to Section 480.043(9)(a), F.S., an establishment owner may transfer the business name of the establishment pursuant to Section 480.043(9)(c), F.S. or transfer the location of the establishment, pursuant to Section 480.043(9)(b), F.S.

- (1) To transfer only the business name of an establishment, the establishment owner must:
 - (a) Pay to the Department the fee provided in paragraph 64B7-27.001(2)(d), F.A.C.;
 - (b) Submit a completed application on Form DH-MQA 1264 "Application for Massage Establishment Change of Name/Location" (07/2022), incorporated herein by reference. The form may be obtained from the board office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399 or from the website located at <https://floridamassagetherapy.gov/applications/massage-app-estab-change-location-name.pdf> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-14941>. To submit a change of name online, visit <https://flhealthsource.gov/mqa-services>.
 - (c) An inspection is not required when only transferring an establishment name.
- (2) To transfer only the location of the establishment, the establishment owner must:
 - (a) Pay to the Department the fee provided in paragraph 64B7-27.001(2)(e), F.A.C.; and,
 - (b) Submit a completed application on Form DH-MQA 1264 "Application for Massage Establishment Change of Name/Location" (07/2022).
- (c) The massage establishment may not operate in the new location until:
 1. An inspection is completed pursuant to Section 480.043(9)(b), F.S.;
 2. A passing inspection result is received which demonstrates that the new location of the establishment is to be used for "massage therapy" as defined in Section 480.033(11), F.S., and that the new location is in compliance with Chapters 456 and 480, F.S. and related rules; and,
- (3) The transfer of location is approved by the Department. To transfer the location and business name of the establishment, the establishment owner must:
 - (a) Pay to the Department the fee provided in paragraph 64B7-27.001(2)(e), F.A.C.; and,
 - (b) Submit a completed application on Form DH-MQA 1264 "Application for Massage Establishment Change of Name/Location" (07/2022).
 - (c) The establishment may not operate in the new location until:
 1. An inspection is completed pursuant to Section 480.043(9)(b), F.S.;
 2. A passing inspection result is received which demonstrates that the new location of the establishment is to be used for "massage therapy" as defined in Section 480.033(11), F.S., and that the new location is in compliance with Chapters 456 and 480, F.S.; and,
 3. The transfer of location is approved by the Department.

64B7-26.010 Sexual Activity Prohibited.

- (1) "Sexual Activity" means any direct or indirect contact by any person, or between persons, with the intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person, or which is likely to cause such humiliation, harassment, degradation, arousal or sexual gratification:
 - (a) With or without the consent of either person or persons;
- (b) With or without verbal or non-verbal communication that the sexual activity is undesired;
- (c) With or without the use of any device or object;
- (d) With or without the occurrence of penetration, orgasm or ejaculation;
- (e) Including, but not limited to intentional contact with the genitalia, groin, femoral triangle, anus, buttocks, gluteal cleft, breast or nipples, mouth, or tongue; and,

- (f) Including, but not limited to the intentional removal of any drape without written specific informed consent of the patient.
- (2) Sexual activity in any massage establishment is absolutely prohibited.
- (3) No massage establishment owner shall engage in or permit any person or persons to engage in sexual activity in such owner's massage establishment or use such establishment to make arrangements to engage in sexual activity in any other place.
- (4) No establishment owner or employee of the massage therapy establishment shall engage in or permit any person or persons to engage in sexual activity in the massage therapy establishment or use the establishment to make arrangements to engage in sexual activity in an other place.
- (5) Nothing herein shall be interpreted to prohibit a licensed massage therapist, duly qualified under Rule 64B7-25.001, F.A.C., from practicing colonic irrigation.

Fee schedule

64B7-27.100 Fees.

- (1) Fees applicable to massage therapists:
 - (a) Application fee for applicants graduating from a board-approved massage program: \$50.00.
 - (b) Application fee for applicants completing an apprenticeship program: \$100.00.
 - (c) Initial licensure fee: \$100.00.
 - (d) Renewal fee (active or inactive license): \$100.00.
 - (e) Delinquent license fee: \$100.00.
 - (f) Reactivation fee: \$100.00.
 - (g) Change in status fee: \$50.00.
- (2) Fees applicable to massage establishments:
 - (a) Application fee: \$150.00.
 - (b) Initial licensure fee: \$100.00.
 - (c) Renewal fee: \$100.00.
 - (d) Change of business application fee: \$25.00.
 - (e) Transfer of location application fee: \$125.00.
 - (f) Delinquent license fee: \$75.00.
- (3) Other fees:
 - (a) Duplicate license fee: \$25.00.
 - (b) Unlicensed activity fee: \$5.00.

License Renewal

64B7-28.002 Biennial Renewal of Massage Establishment License.

Each massage establishment license must be renewed by the owner of the establishment on or before August 31 of every odd year in accordance with subsection 64B-9.001(4), F.A.C.

- (1) To renew a massage establishment license, the massage establishment owner who holds the license must:
 - (a) Submit the appropriate form as required by subsection 64B-9.001(1), F.A.C., and
 - (b) Submit the renewal fee for massage establishments specified in Rule 64B7-27.100, F.A.C.
- (2) A massage establishment license that is not renewed in accordance with subsection 64B-9.001(4), F.A.C., and these rules shall be considered delinquent.
- (3) To renew a delinquent massage establishment license, the massage establishment owner who holds the license must:
 - (a) Submit the appropriate form as required by subsection 64B-9.001(1), F.A.C., and
 - (b) Submit the renewal fee for massage establishments and delinquent fee specified in Rule 64B7-27.100, F.A.C.
- (4) If a massage establishment is operating with a delinquent license, the establishment is in violation of Section 480.047(1)(b), F.S., and is subject to criminal penalties as provided in Section 480.047(2), F.S.
- (5) A massage establishment license that is considered delinquent shall be considered null and void if the massage establishment owner does not renew the license within six (6) months after the license becomes delinquent.

64B7-28.0042 Requirements for Reactivation of an Inactive License.

An inactive license shall be reactivated upon demonstration that the licensee has paid the reactivation fee set forth in paragraph 64B7-27.100(1)(f), F.A.C., and has complied with the following requirements:

- (1) As a condition to the reactivation of an inactive license, a massage therapist must submit proof of having completed the appropriate continuing education requirements as set forth in Rule 64B7-28.009, F.A.C.
- (2) However, any licensee whose license has been inactive for more than two consecutive biennial licensure cycles and who has not practiced for two out of the previous four years in another jurisdiction shall be required to appear before the Board and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the licensee must:
 - (a) Show compliance with subsection (1), above;
 - (b) Account for any activities related to the practice of massage therapy in this or any other jurisdiction during the period that the license was inactive and establish an absence of malpractice or disciplinary actions pending in any jurisdiction;
- (3) The Department shall not reactivate the license of any massage therapist who has:
 - (a) Committed any act or offense in this or any other jurisdiction which would constitute the basis for disciplining a licensee pursuant to Section 480.046, F.S.
 - (b) Failed to comply with the provisions of Section 456.036, F.S., and subsections 64B7-28.001(2) and (3), F.A.C.
- (4) Any licensed massage therapist whose license has been in an inactive or retired status for more than two consecutive biennial licensure cycles shall be required to successfully complete and pass the NBCHT, prior to resuming the practice of colonic irrigation.
- (5) Any applicant for massage therapist licensure or licensed massage therapist, who in conjunction with previous massage therapist licensure was certified to practice colonic irrigation, shall be required to successfully complete and pass the NBCHT prior to practicing colon hydrotherapy.

64B7-28.0043 Biennial Renewal of Massage Therapist License.

Each massage therapist must renew their license on or before August 31 of every odd year in accordance with subsection 64B-9.001(4), F.A.C.

- (1) To renew a massage therapist license, the licensee must:
 - (a) Have completed the continuing education which was required during each biennial cycle as specified in Rule 64B7-28.009, F.A.C., or elect inactive status at the time of renewal, or hold a license that is already in inactive status, and
 - (b) Submit the appropriate form as required by subsection 64B-9.001(1), F.A.C., and

- (c) Submit the renewal fee for massage therapists specified in Rule 64B7-27.100, F.A.C.
- (2) A license that is not renewed in accordance with subsection 64B-9.001(4), F.A.C., and these rules shall be considered delinquent as provided in Section 456.036(5), F.S.
- (3) A license that is not renewed in accordance with subsection 64B-9.001(4), F.A.C., and these rules for two consecutive biennial cycles shall be considered null and void without further action by the Board as provided in Section 456.036(6), F.S.
- (4) A licensee whose license is in active status may choose inactive status as provided in Section 456.036(4)(a), F.S.
 - (a) To choose inactive status at the time of renewal, the licensee must submit the appropriate form as required by subsection 64B-9.001(1), F.A.C., the renewal fee, and if delinquent, the delinquent license fee specified in Rule 64B7-27.100, F.A.C.
- (b) To choose inactive status at any other time, the licensee must submit a written request, along with the change in status fee and if delinquent, the delinquent license fee specified in Rule 64B7-27.100, F.A.C.
- (5) A licensee may choose retired status as provided in Section 456.036(4)(b), F.S.
 - (a) To choose retired status at the time of renewal, the licensee must submit the appropriate form as required by subsection 64B-9.001(1), F.A.C., and the retired status fee specified in Rule 64B7-27.100, F.A.C.
 - (b) To choose retired status at any other time, the licensee must submit a written request, along with the retired status fee and change in the status fee specified in Rule 64B7-27.100, F.A.C.

64B7-28.0044 Retired Status and Reactivation of Retired Status License.

- (1) A licensee may place an active or inactive license in retired status at any time. If the license is placed in retired status at the time of renewal the licensee shall pay the retired status fee set forth in Rule 64B7-27.100, F.A.C. If the licensee chooses to place the license in retired status at any time other than at the time of license renewal the licensee shall pay a change of status processing fee of \$50.00 and the retired status fee.
- (2) A licensee may reactivate a retired status license at any time, subject to meeting the following requirements:
 - (a) Paying the reactivation fee described at Rule 64B7-27.100, F.A.C.;
 - (b) Demonstrating satisfaction of the continuing education requirements that would have been imposed on an active status licensee under this title for each licensure biennial period in which the licensee was on retired status.

64B7-28.007 Exemption of Spouses of Members of Armed Forces from Licensure Renewal Provisions.

A licensee who is the spouse of a member of the Armed Forces and was caused to be absent from Florida for a period of at least six consecutive months because of the spouse's duties with the armed forces and who at the time the absence became necessary was in good standing with the Board of Massage and

entitled to practice massage in Florida shall be exempt from all licensure renewal provisions under these rules. The licensee must show satisfactory proof of the absence and the spouse's military status.

64B7-28.009 Required Continuing Education for Massage Therapist.

- (1) For the purposes of this chapter an instruction hour shall be defined as no less than 50 minutes of any one clock hour during which the student participates in an approved course offered by an approved provider.
- (2) For the purposes of this chapter a classroom hour shall be defined as no less than 50 minutes of any one clock hour during which the student participates in an approved course offered by an approved provider in the physical presence of an approved instructor.
- (3) During the first biennial renewal cycle, the licensee shall complete:
 - (a) Two instruction hours in prevention of medical errors, pursuant to Section 456.013(7), F.S.
 - (b) One hour in human trafficking awareness.
 - (c) One instruction hour for each month or partial month licensed. The overall number of required hours for renewal in the first biennial renewal cycle shall include the required hours of instruction in prevention of medical errors and human trafficking awareness.
- (4) During each subsequent biennial renewal cycle, the licensee shall complete:
 - (a) Two instruction hours in prevention of medical errors, pursuant to Section 456.013(7), F.S.
 - (b) Two instruction hours in the laws and rules which govern the practice of massage therapy, including Chapters 456 and 480, F.S., and Division 64B7, F.A.C.
 - (c) Two instruction hours in professional ethics.
 - (d) One hour in human trafficking awareness.
 - (e) Twelve classroom hours, taught in an in-person setting, which must include hands-on instruction or demonstration, and must have stated learner objectives which are relevant to and focused on massage therapy techniques, skills, and protocols as defined in Rule 64B7-32.003, F.A.C. Courses completed during the 2019-2021 and 2021-2023 Biennial Renewal periods to meet this requirement may be offered as instruction hours.
- (f) Five additional instruction hours, including but not limited to courses in communication with clients and other professionals, psychological dynamics of the client-therapist relations, risk management, charting, documentation, record keeping, infection control, or massage practice management.
- (5) All continuing education must be completed with an approved provider.
- (6) A licensee may substitute the following activities for the requirements above:
 - (a) Up to two hours of instruction in laws and rules may be substituted for two hours of continuous attendance at an in-person meeting of the Board, provided that the licensee signs in to demonstrate attendance and does not have an item scheduled on the agenda.
 - (b) Up to two hours of instruction in professional ethics may be substituted for two hours of continuous attendance at an in-person meeting of the Board, provided that the licensee signs in to demonstrate attendance and does not have an item scheduled on the agenda.
 - (c) Up to six hours of classroom instruction which is relevant to and focused on massage therapy techniques, skills, and protocols as defined in Section 480.033(3), F.S., or up to six hours of general instruction may be substituted for the performance of pro-bono services, on an hour-for-hour basis, provided that:
 - 1. The proposed services are to be performed for indigent or underserved populations or in areas of critical need within the state of Florida as recognize by the Federal Poverty income guidelines produced by the United States Department of Health and Human Services (01/2020), 12159 <http://www.flrules.org/Gateway/reference>.

asp?No=Ref-12158, <https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines> hereby adopted and incorporated by reference, in connection with a tax-exempt organization under s. 501(c) of the Internal Revenue Code, in response to a disaster as defined in Section 252.34(2), F.S., for first responders as defined in Section 196.091(6)(c)1., or

2. The licensee submits DH-MQA 1243 Request for Approval of Continuing Education for Pro Bono Services For the Biennial Renewal Period of _____ (10/2019) at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12159>, hereby adopted and incorporated by reference, and is approved to offer the pro bono services specified therein during the biennial cycle in which the form is submitted.
3. The licensee submits DH-MQA 1244 Statement of Performance of Continuing Education Credits for Preapproved Pro Bono Services for the Biennial

Renewal Period of (10/2019) at <http://www.flrules.org/Gateway/reference.asp?No=Ref-12162>, hereby adopted and incorporated by reference, demonstrating performance of approved pro bono services.

- (7) A licensee shall be exempt from all licensure renewal provisions under this section during an absence from the state due to their spouse's duties with the armed forces if the licensee:
 - (a) Presents satisfactory proof that they are the spouse of a member of the Armed Forces; a copy of the spouse's military orders and marriage certificate, and that they were caused to be absent from Florida for a period of at least six consecutive months because of the spouse's duties, and
 - (b) Was in good standing with the Board of Massage and entitled to practice massage in Florida when the absence began.
- (8) A licensee shall not receive credit for courses they offer as an approved provider or approved instructor.

64B7-28.010 Requirements for Board Approval of Continuing Education Programs.

To apply for registration as an approved provider, an applicant shall:

- (1) Submit DH-MQA 1258 "Massage Continuing Education Programs Provider Registration Application, Form B: Course Offering Data Form," (rev. 7/13/13) incorporated herein by reference for three proposed courses, and DH-MQA 1259 "Massage Continuing Education Programs Provider Registration Application, Form C: Instructor Qualifications Form," (rev. 7/13/13) incorporated herein by reference for each proposed instructor for the proposed courses along with the non-refundable application fee of \$100.00, and include as part of their application a sample of the certificate of attendance for each proposed course. Copies of the forms may be found online at www.cebroke.com or <http://www.flrules.org/Gateway/reference.asp?No=Ref-03640> and <http://www.flrules.org/Gateway/reference.asp?No=Ref-03641>.
- (2) For courses in human trafficking awareness, an applicant shall also provide:
 - (a) Documentation for each instructor which demonstrates qualification to teach human trafficking awareness by training, experiencing, or by a showing of good cause.

- (b) Course materials which demonstrates compliance with Section 480.041, F.S.
- (3) The following courses, that meet the criteria for approval under this section, and conform to Section 480.033(3), F.S., are approved by the Board:
 - (a) Organized and accepted courses of study offered by providers approved by the National Certification Board for Therapeutic Massage and Bodywork;
 - (b) Organized courses offered by a Board Approved Massage School;
 - (c) Continuing education courses offered by or sponsored by the Florida Board of Massage Therapy;
 - (d) Continuing education courses sponsored by the Florida State Massage Therapy Association;
 - (e) Continuing education courses sponsored by the American Massage Therapy Association or the American Massage Therapy Association Florida Chapter; and,
 - (f) Continuing education courses offered by the Associated Bodywork and Massage Professionals.

Apprenticeship

64B7-29.001 Definitions.

- (1) "Massage therapy apprentice" means a person who is not enrolled in a board approved massage therapy school who is studying massage therapy under the direct supervision of a sponsor.
- (2) "Colonic irrigation apprentice" means a licensed massage therapist who is studying colonic irrigation under the direct supervision of a sponsor.
- (3) "Sponsor" means a licensed massage therapist who has not had disciplinary action taken against their license and who has been engaged in the practice of massage for at least three years prior to sponsorship. If the apprenticeship includes training in colonic irrigation, the sponsor must be

certified to practice colonic irrigation pursuant to subsection 64B7-25.001(2), F.A.C., and must have been engaged in the practice of colonic irrigation for at least three years immediately prior to sponsorship.

- (4) "Sponsorship" means assumption of the responsibility to provide training and direct supervision of an apprentice, pursuant to Rule 64B7-29.003 or 64B7-29.007, F.A.C.
- (5) "Direct supervision" means the physical presence of the sponsor in the qualified establishment during training.
- (6) "Qualified establishment" means a massage establishment licensed pursuant to Section 480.043, F.S., which, in addition to meeting the requirements of Chapter 64B7-26, F.A.C., is equipped for apprenticeship training.

64B7-29.003 Massage Apprenticeship Training Program.

- (1) All apprenticeship training shall be conducted by the sponsor, in a qualified establishment.
- (2) The qualified establishment must be equipped with the following during massage therapy apprenticeship training:
 - (a) Massage tables, and
 - (b) Linens and linen storage areas, and
 - (c) Hydrotherapy equipment, including cold and hot packs, and
 - (d) Textbooks and teaching materials on the following subjects;

1. Anathomy.
2. Physiology.
3. Theory of Massage.
4. Hydrotherapy.
5. Chapters 456 and 480, F.S.
6. Rule Division 64B7, F.A.C.
- (3) Apprenticeship training shall be completed in four quarters of three months each, and must be completed within 12 months. Apprenticeship training must be completed at a rate of no more than 500 hours per quarter.

- (4) The course of study for a massage apprentice must include:
 - (a) 300 hours of Anatomy.
 - (b) 300 hours of Physiology.
 - (c) 20 hours of Basic Massage Theory and History.
 - (d) 50 hours of Theory and Practice of Hydrotherapy.
 - (e) 25 hours of Florida Laws and Rules regulating the practice of massage therapy.
 - (f) 50 hours of Allied Modalities.
 - (g) 700 hours of Clinical Practicum.
 - (h) 3 hours of HIV/AIDS instruction.
- (5) The massage apprentice must complete within the first quarter:
 - (a) 100 hours of Anatomy.
 - (b) 100 hours of Physiology.
 - (c) 15 hours of Florida Laws and Rules regulating the practice of massage therapy.
- (6) The sponsor must report completed training hours to the Department quarterly. Each quarterly report must include the following:
 - (a) The name and certificate number of the apprentice.
 - (b) The name and license number of the sponsor.
 - (c) The name and license number of the qualified establishment.
 - (d) The starting and ending date of the quarter.
 - (e) The number of hours completed in each area of the course of study in the quarter.
 - (f) The total number of hours completed in each area of the course of study during the apprenticeship.
 - (g) The signature of the sponsor.
- (7) Massage therapy apprenticeship training is complete once four quarterly reports have been submitted to the Department that demonstrate completion of the training program.

64B7-29.004 Change of Sponsor; Termination of Apprenticeship.

- (1) If a sponsor is unable to continue sponsorship and an apprentice wishes to continue training:
 - (a) The sponsor or the apprentice must notify the Department of the change of sponsor within 30 days;
 - (b) The apprentice must secure another sponsor and notify the Department of the new sponsorship; and
 - (c) Apprenticeship may not continue until the change of sponsor is complete.
- (2) The apprentice shall receive credit for prior training following a change of sponsor if training was reported to the Department prior to or coincident with the change of sponsor.
- (3) If an apprentice or sponsor terminates training, the sponsor must notify the Department within 30 days.
- (4) If disciplinary action is taken against the sponsor or qualified establishment, the apprenticeship shall be terminated.

64B7-29.007 Colonic Irrigation Apprenticeship Training Program.

- (1) The Department shall certify for colonic apprenticeship an applicant who:
 - (a) Pays to the Department the fee set forth Rule 64B7-27.100, F.A.C.;
 - (b) Submits a completed application on form DH-MQA 1265, "Application for Colonic Irrigation Apprenticeship," (07/2022). The form is incorporated herein by reference, and may be obtained from the board office at 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399 or from the website located at <http://floridasmassagetherapy.gov/applications/colon-appren-app.pdf> or <http://www.flrules.org/Gateway/reference.asp?No=Ref-14942>. To apply online, visit <https://flhealthsource.gov/mqa-services>.
- (2) The qualified establishment must be equipped with the following during colonic irrigation apprenticeship training:
 - (a) Colonic irrigation textbooks and teaching materials, and
 - (b) Colonic irrigation equipment, and
 - (c) Sterilization equipment, if non-disposable attachments are used.
- (3) The colonic irrigation apprentice shall complete colonic irrigation training within 12 months of commencement.
- (4) The training for a colonic irrigation apprentice must meet minimum standards training in colonic irrigation as provided in subsection 64B7-32.005(3), F.A.C.
- (5) The sponsor shall certify training is complete by reporting the following to the Department:
 - (a) The name and license number of the colonic irrigation apprentice;
 - (b) The name and license number of the sponsoring massage therapist;
 - (c) The name and license number of the qualified massage establishment;
 - (d) The starting and ending date of the trainings, and
 - (e) A record of completion of training, indicating number of hours, and treatments provided by date.

Disciplinary Action

64B7-30.002 Disciplinary Guidelines.

- (1) When the Board finds that an applicant, apprentice, or licensee whom it regulates under Chapter 480, F.S., has committed any of the acts set forth in Sections 480.041, 480.043, 480.0485, 480.046, and 456.072, F.S., and/or Division 64B7, F.A.C., it shall issue a final order imposing appropriate penalties within the ranges recommended in the following disciplinary guidelines after consideration of the aggravating and mitigating factors set forth in subsection (4) of this rule. Discipline may include any of the following: letter of concern, reprimand, license with conditions, probation, suspension, revocation and/or fines.
- (2) Disciplinary Guidelines:

RECOMMENDED RANGE OF PENALTY				
VIOLATION	FLORIDA LICENSES		TELEHEALTH REGISTRANTS	
	FIRST OFFENSE	ADDITIONAL OFFENSE	FIRST OFFENSE	ADDITIONAL OFFENSE
(a) Section 480.046(1)(a), F.S. Attempting to procure a license to practice massage by bribery or fraudulent misrepresentation or Section 456.072(1)(h), F.S. Attempting to obtain, obtaining, or renewing a license to practice a profession through an error of the department or the board.	Denial of application, or reprimand, \$250 to \$1,500 fine, continuing education.	\$10,000 fine and revocation.	Reprimand to suspension and corrective action plan.	Revocation.
If bribery or fraudulent representation is found.	Denial of application and \$10,000 fine.	Denial of application and \$10,000 fine.	Revocation.	Revocation.

RECOMMENDED RANGE OF PENALTY				
VIOLATION	FLORIDA LICENSES		TELEHEALTH REGISTRANTS	
	FIRST OFFENSE	ADDITIONAL OFFENSE	FIRST OFFENSE	ADDITIONAL OFFENSE
<p>(b) Section 480.046(1)(b), F.S. Having a license to practice massage revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.</p> <p>Section 456.072(1)(f), F.S. Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.</p>	Up to the comparable penalty or action imposed in other jurisdiction.	Suspension to revocation.	Letter of Concern to Suspension and Corrective Action Plan.	Suspension to revocation.
<p>(c) Section 480.046(1)(c), F.S. Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of massage or to the ability to practice massage. Any plea of nolo contendere shall be considered a conviction for purposes of Chapter 480, F.S.</p> <p>Section 456.072(1)(c), F.S. Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession.</p> <p>Misdemeanors.</p> <p>Felonies.</p> <p>Crimes having a factual basis related to prostitution, or solicitation for prostitution, or assault, battery, abuse, or which otherwise caused bodily harm.</p> <p>Crimes involving fraudulent misrepresentation.</p>	<p>Reprimand and \$250 fine.</p> <p>\$500 fine and probation.</p> <p>\$1,000 fine and revocation.</p> <p>\$10,000 fine and suspension.</p>	<p>\$500 fine and probation or suspension.</p> <p>\$500 fine and suspension.</p> <p>n/a</p> <p>\$10,000 fine and revocation.</p>	<p>Reprimand.</p> <p>Suspension and corrective action plan.</p> <p>Revocation.</p> <p>Suspension and corrective action plan.</p>	<p>Suspension and corrective action plan.</p> <p>Suspension and corrective action plan to revocation.</p> <p>n/a</p> <p>Suspension and corrective action plan to revocation.</p>
(d) Section 480.046(1)(d), F.S. False, deceptive, or misleading advertising.	Reprimand and \$500 fine to probation and \$750 fine.	Suspension and \$1,000 fine to revocation and \$1,000 fine.	Letter of concern to suspension.	Suspension and corrective action plan to revocation.
(e) Section 480.046(1)(e), F.S. Advertising to induce or attempt to induce, or to engage or attempt to engage, the client in unlawful sexual misconduct as described in Section 480.0485, F.S.	Reprimand and \$1,000 fine or suspension up to revocation.	Revocation.	Reprimand.	Suspension and corrective action plan.
<p>(f) Section 480.046(1)(f), F.S. Aiding, assisting, procuring, or advising any unlicensed person to practice massage contrary to the provisions of Chapter 480, F.S. or to a rule of the department or the board.</p> <p>Section 456.072(1)(j), F.S. Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to Chapters 456 and 480, F.S. or the rules of the department or the board.</p>	Suspension.	Suspension and \$2,500 fine to revocation and \$2,500 fine.	Suspension and corrective action plan.	Revocation.

RECOMMENDED RANGE OF PENALTY				
VIOLATION	FLORIDA LICENSES		TELEHEALTH REGISTRANTS	
	FIRST OFFENSE	ADDITIONAL OFFENSE	FIRST OFFENSE	ADDITIONAL OFFENSE
(n) Section 480.046(1)(n), F.S. Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition.	Reprimand, \$250 to \$1,000 fine, suspension until satisfactory re-inspection.	Suspension until satisfactory re-inspection and \$2,500 fine to revocation and \$2,500 fine.	Reprimand.	Suspension and corrective action plan.
(o) Section 480.046(1)(o), F.S. Practicing massage at a site, location, or place which is not duly licensed as a massage establishment, except that a massage therapist, as provided by rules adopted by the board, may provide massage services, excluding colonic irrigation, at the residence of a client, at the office of the client, at a sports event, at a convention, or at a trade show.	Reprimand, \$250 to \$750 fine, reprimand and continuing education.	Suspension and \$2,500 fine to revocation and \$2,500 fine.	Letter of concern to Reprimand.	Suspension and corrective action plan.
(p) Section 480.046(1)(p), F.S. Violating any provision of Chapter 480 or Chapter 456, F.S. or any rules adopted pursuant thereto. Section 456.072(1)(b), F.S. Intentionally violating any rule adopted by the board or the department, as appropriate. Section 456.072(1)(dd), F.S. Violating any provision of Chapter 480, F.S. the applicable practice act, or any rules adopted pursuant thereto.	Reprimand, \$250 to \$1,000 fine, and continuing education.	Suspension and \$1,000 to \$2,500 fine to revocation and \$2,500 fine.	Suspension and corrective action plan.	Suspension and corrective action plan to revocation.
1. Section 480.0465, F.S. Each massage therapist or massage establishment licensed under the provisions of Chapter 480, F.S. shall include the number of the license in any advertisement of massage services appearing in a newspaper, airwave transmission, telephone directory, or other advertising medium.	Reprimand and \$250 fine.	Suspension until compliant and \$1,500 fine.	Letter of concern to reprimand.	Suspension and corrective action plan.
2. Section 480.0485, F.S. Sexual misconduct in the practice of massage therapy. Section 456.072(1)(v), F.S. Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S., or Rule 64B7-26.010, F.A.C., Sexual Activity Prohibited.	\$2,500 fine and revocation.	n/a	Revocation.	n/a
3. Section 456.036(1), F.S. Practicing with an inactive status license, a retired status license, a delinquent or suspended license.	Reprimand, \$250 to \$1,000 fine, and continuing education.	Suspension until compliant and \$2,500 fine to revocation and \$2,500 fine.	Letter of Concern.	Suspension and corrective action plan.
(q) Section 456.072(1)(g), F.S. Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee. If fraudulent representation is found.	Reprimand and \$500 to \$1,000 fine. \$10,000 fine and revocation.	\$1,500 fine and suspension to revocation. \$10,000 fine and revocation.	Reprimand. Revocation.	Suspension and corrective action plan. n/a
(r) Section 456.072(1)(i), F.S. Failing to report to the department any person who the licensee knows is in violation of Chapter 456 or 480, F.S.	Reprimand and \$250 to \$1,000 fine and suspension.	Suspension and \$1,500 fine to revocation and \$1,500 fine.	Reprimand.	Suspension and corrective action plan.
(s) Section 456.072(1)(k), F.S. Failing to perform any statutory or legal obligation placed upon a license.	Reprimand and \$250.00 to \$1,000 fine and continuing education.	Suspension and \$1,000 to \$2,500 fine, and continuing education to revocation and \$2,500 fine.	Reprimand.	Suspension and corrective action plan.

RECOMMENDED RANGE OF PENALTY				
VIOLATION	FLORIDA LICENSES		TELEHEALTH REGISTRANTS	
	FIRST OFFENSE	ADDITIONAL OFFENSE	FIRST OFFENSE	ADDITIONAL OFFENSE
(t) Section 456.072(1)(l), F.S. Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so. If fraudulent misrepresentation found.	Reprimand and \$500 to \$1,000 fine to probation and \$1,000 fine. Reprimand and \$10,000 fine.	Suspension and \$2,500 fine to revocation and \$2,500 fine. \$10,000 fine and revocation.	Reprimand. Revocation.	Suspension and corrective action plan. n/a
(u) Section 456.072(1)(n), F.S. Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.	Suspension and \$1,000 to \$2,500 fine to revocation and \$1,000 to \$2,500 fine.	Revocation and \$2,500 fine.	Suspension and corrective action plan.	Revocation.
(v) Section 456.072(1)(t), F.S. Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds.	Reprimand and \$250 fine.	\$1,000 fine and reprimand.	Letter of Concern to Reprimand.	Suspension and corrective action plan.
(w) Section 456.072(1)(x), F.S. Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.	Reprimand and \$250 fine and continuing education.	Suspension and \$1,000 fine to revocation and \$1,500 fine.	Letter of Concern to Reprimand.	Suspension and corrective action plan.
(x) Section 456.072(1)(y), F.S. Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents under Section 316.066, F.S. or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in the accidents.	Suspension and \$500 to \$1,000 fine.	Revocation and \$1,500 fine.	Suspension and corrective action plan.	Revocation.
(y) Section 456.072(1)(aa), F.S. Testing positive for any drug, as defined in Section 112.0455, F.S. on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using the drug.	Suspension until evaluation by a licensed health care practitioner qualified by skill and training to address respondent's condition, compliance with all recommendations to revocation.	\$500 fine and suspension until PRN evaluation, compliance with all recommendations to revocation.	Suspension and corrective action plan.	Suspension and corrective action plan to revocation.
(z) Section 456.072(1)(bb), F.S. Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.	Reprimand and \$500 fine, and continuing education.	Revocation and \$1,000 fine.	Letter of Concern to reprimand.	Revocation.
(aa) Section 456.072(1)(cc), F.S. Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures.	Reprimand and \$1,000 fine to revocation and \$1,000 fine.	Revocation and \$1,000 fine.	Letter of Concern to Reprimand.	Revocation.

RECOMMENDED RANGE OF PENALTY				
VIOLATION	FLORIDA LICENSES		TELEHEALTH REGISTRANTS	
	FIRST OFFENSE	ADDITIONAL OFFENSE	FIRST OFFENSE	ADDITIONAL OFFENSE
(bb) Section 456.072(1)(ee), F.S. With respect to making a personal injury protection claim as required by Section 627.736, F.S., intentionally submitting a claim, statement, or bill that has been "upcoded" as defined in Section 627.732, F.S.. Section 456.072(1)(ff), F.S. With respect to making a personal injury claim as required by Section 627.736, F.S., intentionally submitting a claim, statement, or bill for payment of services that were not rendered.	Revocation and \$2,000 fine.	n/a	Revocation.	n/a
(cc) Section 456.072(1)(hh), F.S. Being terminated from an impaired practitioner program that is overseen by a consultant as described in Section 456.076, F.S. for failure to comply, without good cause, with the terms of the monitoring or participant contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.	Suspension until ability to practice with reasonable skill and safety shown to Board through evaluation by a licensed health care practitioner qualified by skill and training to address respondent's condition.	Revocation.	Suspension and corrective action plan.	Revocation.
(dd) Section 456.072(1)(ii), F.S. Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518 or 42 U.S.C. ss. 1320a-7b, related to the Medicaid program. Section 456.072(1)(ll), F.S. Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.	Revocation and \$10,000 fine.	n/a	Revocation.	n/a
(ee) Section 456.072(pp), F.S. Providing information, including written documentation, indicating that a person has a disability or supporting a person's need for an emotional support animal under Section 760.27, F.S. without personal knowledge of the person's disability or disability-related need for the specific emotional support animal.	Citation.	Reprimand and \$1,000 fine, continuing education, to suspension.	Letter of concern.	Reprimand to suspension and corrective action plan.
(ff) Section 456.072(1)(rr), F.S. Except as otherwise provided by law, failing to comply with the parental consent requirements of Section 1014.06 F.S.	Reprimand and \$2,000 to \$5,000 fine and continuing education.	Revocation and \$10,000 fine.	Reprimand and corrective action plan.	Revocation.
(gg) Section 456.072(1)(ss), F.S. Being convicted or found guilty of, entering a plea of guilty or nolo contendere to, regardless of adjudication, or committing or attempting, soliciting, or conspiring to commit an act that would constitute a violation of any of the offenses listed in Section 456.074(5), F.S. or a similar offense in another jurisdiction.	Revocation.	n/a	Revocation.	n/a

(3) Based upon consideration of aggravating or mitigating factors, present in an individual case, the Board may deviate from the penalties for the violations charged. The Board shall consider as aggravating or mitigating factors the following:

- (a) The potential danger to the public;
- (b) The length of time since the violation;

- (c) The number of times the licensee has been previously disciplined by the Board;
- (d) The length of time licensee has practiced;
- (e) The actual or potential harm, physical or otherwise, caused by the violation;
- (f) The deterrent effect of the penalty imposed;
- (g) The potential effect of the penalty upon the licensees' livelihood;

- (h) Any effort of rehabilitation by the licensee;
- (i) The actual knowledge of the licensee pertaining to the violation;
- (j) Attempts by licensee to correct or stop violation or refusal by licensee to correct or stop violation;
- (k) Related violations against licensee in another state including findings of guilt or innocence, penalties imposed and penalties served;
- (l) Actual negligence of the licensee pertaining to any violation;
- (m) Evidence of fraud or misrepresentation;
- (n) Damage to the reputation of the profession of massage therapy;
- (o) Penalties imposed for related offenses under subsections (1) and (2), above.

64B7-30.004 Citations.

- (1) Definitions. As used in this rule:
 - (a) "Citation" means a document which meets the requirements set forth in Section 456.077, F.S., and which is served upon a subject in the manner provided in Section 456.077, F.S., for the purpose of assessing a penalty in an amount established by this rule;
 - (b) "Subject" means the licensee, applicant, person, partnership, corporation, or other entity alleged to have committed a violation designated in this rule.
- (2) In lieu of the disciplinary procedures contained in Section 456.072, F.S., the Department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject within six months after the filing of the complaint which is the basis for the citation.
- (3) The Board hereby designates the following as citation violations, which shall result in a penalty as specified below:
 - (a) Refusing to allow the department to inspect the business premises of the licensee during regular business hours as required by Section 480.046(1)(m), F.S., shall result in a penalty of \$500.00.
 - (b) Failing to display a license or certificate as required by Rule 64B7-28.008, F.A.C., shall result in a penalty of \$250.00.
 - (c) Failing to keep the equipment and premises of a massage establishment in a clean and sanitary condition as required by Section 480.046(1)(n), F.S., shall result in a penalty of \$250.00.
 - (d) Failing to maintain property damage and bodily injury liability insurance coverage as required by subsection 64B7-26.003(4), F.A.C., shall result in a penalty of \$250.00.
 - (e) Failure to include the license number of either the massage therapist or the massage establishment in advertisements as required by Section 480.0465, F.S., shall result in a penalty of \$250.00.
 - (f) Practicing with a delinquent massage therapist license in violation of Section 480.047(1)(a), F.S., or operating a massage establishment with a delinquent massage establishment license in violation of Section 480.047(1)(b), F.S., when the license has become delinquent automatically for failure to renew, so long as the license is reinstated within 90 days of becoming delinquent, shall result in a penalty of \$250.00. Practice for more than 90 days after a license has become delinquent shall not be a citation violation.
 - (g) Failure of a massage therapist to notify the Board of a change of address as required by Section 456.035(1), F.S., shall result in a penalty of \$250.00.
 - (h) False, misleading or deceptive advertising by advertising massage therapy services under a name under which a license has not been issued in violation of Section 480.046(1)(d), F.S., shall result in a penalty of \$250.00.
 - (i) Violating Section 456.072(1)(h), F.S., by tendering a check that is dishonored by the institution upon which it is drawn shall result in a penalty of \$250.00.
 - (j) Failing to identify to a patient verbally or in writing, which may include wearing of a name tag, that a licensee is practicing as a licensed massage therapist, in violation of Section 456.072(1)(t), F.S., shall result in a penalty of \$100.00.
 - (k) A first-time violation of 456.072(1)(pp) for providing information indicating supporting a person's need for an emotional support animal under s.760.27 without personal knowledge of the need for the specific emotional support animal, shall result in a penalty of \$250.00.
- (4) In addition to the fines imposed herein, the costs of investigation and prosecution for each offense shall be assessed in the citation.
- (5) All fines and costs imposed in a citation shall be paid within 90 days of the date the citation is filed.

64B7-30.005 Mediation.

Pursuant to Section 456.078, F.S., the Board designates first time violations of the following as appropriate for mediation:

- (1) Violation of Section 480.046(1)(d), F.S.: failure to include license number in an advertisement.
- (2) Violation of Section 480.046(1)(e) or (j) or Section 480.047(1)(a), F.S.: practicing or allowing another person to practice on a delinquent license for 60 days or less.
- (3) Violation of Section 480.046(1)(m), F.S., if the violation did not present an immediate threat to public health.
- (4) Violation of Section 480.046(1)(n), F.S.: practicing at an establishment with a license delinquent 60 days or less.
- (5) Violation of Section 456.072(1)(i), F.S.: failure to report a licensee known to be in violation.
- (6) Violation of Section 456.072(1)(k), F.S.: failure to perform a legal obligation.
- (7) Violation of Section 456.072(1)(u), F.S.: failure to comply with Sections 381.026 and 381.0261, F.S.
- (8) Violation of Section 456.072(1)(x), F.S.: failure to report convictions to the Board.
- (9) Violation of Rule 64B7-28.008, F.A.C.: failure to display a license or certificate.
- (10) Violation of Rule 64B7-26.003(4), F.A.C.: failure to maintain insurance coverage.
- (11) Violation of Section 456.035(1), F.S.: failure to notify change of address.
- (12) Violation of Section 456.072(1)(t), F.S.: failure to properly identify licensee.

Noncompliance

64B7-30.006 Notice of Noncompliance.

Pursuant to Sections 120.695 and 456.073(3), F.S., the Board designates the following as minor violations for which a notice of noncompliance may be issued for the first violation thereof:

- (1) Failure to provide written notice of licensee's current mailing address and place of practice in violation of Rule 64B7-28.015, F.A.C.
- (2) Failure to have proof of active insurance available at an establishment as required by subsection 64B7-26.003(4), F.A.C.
- (3) Failure to include license number or numbers in any advertisement as required by Section 480.0465, F.S.

64B7-30.007 Probable Cause Panel.

The determination of probable cause shall be made by the probable cause panel of the board. The probable cause panel shall consist of two members, and may include a former

board member. The chair of the board shall appoint the panel members.

64B7-30.008 Probationary Conditions and Definitions.

- (1) Indirect Supervision. Whenever a license is placed on probation or otherwise restricted in such a manner as to require the respondent to practice under indirect supervision, the term indirect supervision does not require that the monitoring practitioner practice on the same premises as the respondent; however, the monitor shall practice within a reasonable geographic proximity to the respondent, which shall be within 20 miles unless otherwise authorized by the Board, and shall be readily available for consultation.
- (2) Direct Supervision. Whenever a license is placed on probation or otherwise restricted in such a manner as to require the respondent to practice under direct supervision, the term direct supervision requires that the respondent practice only if the supervisor is on the premises.
- (3) Provisions governing all supervised or monitored practitioners.
 - (a) The supervisor/monitor shall be furnished with copies of the Administrative Complaint, Final Order, Stipulation (if applicable), and other relevant orders.
 - (b) The respondent shall not practice without a supervisor/monitor unless otherwise ordered. The respondent shall appear at the next meeting of the Board with his proposed supervisor/monitor unless otherwise ordered.
 - (c) After the next meeting of the Board, the respondent shall only practice under the supervision of the supervisor/monitor. If for any reason the approved supervisor/monitor is unwilling or unable to serve, the respondent and the supervisor/monitor shall immediately notify the Executive Director of the Board, and the respondent shall cease practice until a temporary supervisor/monitor is approved. The Chairman of the Board shall approve a temporary supervisor/monitor who shall serve in that capacity until the next meeting of the Board, at which time the Board shall accept or reject a new proposed supervisor/monitor. If the Board rejects the proposed supervisor, the respondent shall cease practice until the Board approves a new supervisor/monitor.
- (d) The supervisor/monitor must be a licensee under Chapter 480, F.S., in good standing and without restriction or limitation on his license. In addition, the Board shall reject any proposed supervisor/monitor on the basis that he or she has previously been subject to any disciplinary action against his/her license. The supervisor/monitor must be actively engaged in the same or similar specialty area unless otherwise provided by the Board. The Board will also reject any proposed supervisor/monitor whom the Board finds has violated the Board's rules or Chapter 456 or 480, F.S.
- (4) For purpose of determining the dates when reports are due, the date the Final Order is filed shall constitute the beginning of the quarter.
 - (a) All quarterly reports shall be provided to the Board office no later than three months from the filing date of the Final Order.
 - (b) All semiannual reports shall be provided to the Board office no later than six months from the filing date of the Final Order.
 - (c) All annual reports shall be provided to the Board office no later than twelve months from the filing date of the Final Order.

CHAPTER 456 HEALTH PROFESSIONS AND OCCUPATIONS: GENERAL PROVISIONS

456.001 Definitions.

As used in this chapter, the term:

- (1) "Board" means any board or commission, or other statutorily created entity to the extent such entity is authorized to exercise regulatory or rulemaking functions, within the department, except that, for ss. 456.003-456.018, 456.022, 456.023, 456.025-456.034, and 456.039-456.082, "board" means only a board, or other statutorily created entity to the extent such entity is authorized to exercise regulatory or rulemaking functions, within the Division of Medical Quality Assurance.
- (2) "Consumer member" means a person appointed to serve on a specific board or who has served on a specific board, who is not, and never has been, a member or practitioner of the profession, or of any closely related profession, regulated by such board.
- (3) "Department" means the Department of Health.
- (4) "Health care practitioner" means any person licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part III or part IV of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491.
- (5) "License" means any permit, registration, certificate, or license, including a provisional license, issued by the department.
- (6) "Licensee" means any person or entity issued a permit, registration, certificate, or license, including a provisional license, by the department.
- (7) "Profession" means any activity, occupation, profession, or vocation regulated by the department in the Division of Medical Quality Assurance.

456.019 Restriction on requirement of citizenship.

A person is not disqualified from practicing an occupation or profession regulated by the state solely because she or he is not a United States citizen.

456.046 Practitioner profiles; confidentiality.

Any patient name or other information that identifies a patient which is in a record obtained by the Department of Health or its agent for the purpose of compiling a practitioner profile pursuant to s. 456.041 is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Other data received by the department or its agent as a result of its duty to compile and promulgate practitioner profiles are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution until the

profile into which the data are incorporated or with respect to which the data are submitted is made public pursuant to the requirements of s. 456.041. Any information or record that the Department of Health obtains from the Agency for Health Care Administration or any other governmental entity for the purpose of compiling a practitioner profile or substantiating other information or records submitted for that purpose which is otherwise exempt from public disclosure shall remain exempt as otherwise provided by law.

456.063 Sexual misconduct; disqualification for license, certificate, or registration.

- (1) Sexual misconduct in the practice of a health care profession means violation of the professional relationship through which the health care practitioner uses such relationship to engage or attempt to engage the patient or client, or an immediate family member, guardian, or representative of the patient or client in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession. Sexual misconduct in the practice of a health care profession is prohibited.
- (2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant has:
 - (a) Had any license, certificate, or registration to practice any profession or occupation revoked or surrendered based on a violation of sexual misconduct in the practice of that profession under the laws of any other state or any territory or possession of the United States and has not had that license, certificate, or registration reinstated by the licensing authority of the jurisdiction that revoked the license, certificate, or registration; or
 - (b) Committed any act in any other state or any territory or possession of the United States which if committed in this state would constitute sexual misconduct.
For purposes of this subsection, a licensing authority's acceptance of a candidate's relinquishment of a license which is offered in response to or in anticipation of the filing of administrative charges against the candidate's license constitutes the surrender of the license.
- (3) Licensed health care practitioners shall report allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred.

456.065 Unlicensed practice of a health care profession; intent; cease and desist notice; penalties; enforcement; citations; fees; allocation and disposition of moneys collected.

- (1) It is the intent of the Legislature that vigorous enforcement of licensure regulation for all health care professions is a state priority in order to protect Florida residents and visitors from the potentially serious and dangerous consequences of receiving medical and health care services from unlicensed persons whose professional education and training and other relevant qualifications have not been approved through the issuance of a license by the appropriate regulatory board or the department when there is no board. The unlicensed practice of a health care profession or the performance or delivery of medical or health care services to patients in this state without a valid, active license to practice that profession, regardless of the means of the performance or delivery of such services, is strictly prohibited.
- (2) The penalties for unlicensed practice of a health care profession shall include the following:
 - (a) When the department has probable cause to believe that any person not licensed by the department, or the appropriate regulatory board within the department, has violated any provision of this chapter or any statute that relates to the practice of a profession regulated by the department, or any rule adopted pursuant thereto, the department may issue and deliver to such person a notice to cease and desist from such violation. In addition, the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing such unlicensed person. The issuance of a notice to cease and desist shall not constitute agency action for which a hearing under ss. 120.569 and 120.57 may be sought. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any provisions of such order.
 - (b) In addition to the remedies under paragraph (a), the department may impose by citation an administrative penalty not to exceed \$5,000 per incident. The citation shall be issued to the subject and shall contain the subject's name and any other information the department determines to be necessary to identify the subject, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. If the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation shall become a final order of the department. The department may adopt rules to implement this section. The penalty shall be a fine of not less than \$500 nor more than \$5,000 as established by rule of the department. Each day that the unlicensed practice continues after issuance of a notice to cease and desist constitutes a separate violation. The department shall be entitled to recover the costs of investigation and prosecution in addition to the fine levied pursuant to the citation. Service of a citation may be made by personal service or by mail to the subject at the subject's last known address or place of practice. If the department is required to seek enforcement of the cease and desist or agency order, it shall be entitled to collect its attorney's fees and costs.
 - (c) In addition to or in lieu of any other administrative remedy, the department may seek the imposition of a civil penalty through the circuit court for any violation for which the department may issue a notice to cease and desist. The civil penalty shall be no less than \$500 and no more than \$5,000 for each offense. The court may also award to the prevailing party court costs and reasonable attorney fees and, in the event the department prevails, may also award reasonable costs of investigation and prosecution.
 - (d) In addition to the administrative and civil remedies under paragraphs (b) and (c) and in addition to the criminal violations and penalties listed in the individual health care practice acts:
 1. It is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, to practice, attempt to practice, or offer to practice a health care profession without an active, valid Florida license to practice that profession. Practicing without an active, valid license also includes practicing on a suspended, revoked, or void license, but does not include practicing, attempting to practice, or offering to practice with an inactive or delinquent license for a period of up to 12 months which is addressed in subparagraph 3. Applying for employment for a position that requires a license without notifying the employer that the person does not currently possess a valid, active license to practice that profession shall be deemed to be an attempt or offer to practice that health care profession without a license. Holding oneself out, regardless of the means of communication, as able to practice a health care profession or as able to provide services that require a health care license shall be deemed to be an attempt or offer to practice such profession without a license. The minimum penalty for violating this subparagraph shall be a fine of \$1,000 and a minimum mandatory period of incarceration of 1 year.

2. It is a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s.775.084, to practice a health care profession without an active, valid Florida license to practice that profession when such practice results in serious bodily injury. For purposes of this section, "serious bodily injury" means death; brain or spinal damage; disfigurement; fracture or dislocation of bones or joints; limitation of neurological, physical, or sensory function; or any condition that required subsequent surgical repair. The minimum penalty for violating this subparagraph shall be a fine of \$1,000 and a minimum mandatory period of incarceration of 1 year.
3. It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, to practice, attempt to practice, or offer to practice a health care profession with an inactive or delinquent license for any period of time up to 12 months. However, practicing, attempting to practice, or offering to practice a health care profession when that person's license has been inactive or delinquent for a period of time of 12 months or more shall be a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The minimum penalty for violating this subparagraph shall be a term of imprisonment of 30 days and a fine of \$500.

- (3) Because all enforcement costs should be covered by professions regulated by the department, the department

456.066 Prosecution of criminal violations.

The department or the appropriate board shall report any criminal violation of any statute relating to the practice of a

456.067 Penalty for giving false information.

In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her official

456.068 Toll-free telephone number for reporting of complaints.

The Agency for Health Care Administration shall establish a toll-free telephone number for public reporting of complaints

456.073 Disciplinary proceedings.

Disciplinary proceedings for each board shall be within the jurisdiction of the department.

- (1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint filed by a state prisoner against a health care practitioner employed by or otherwise providing health care services within a facility of the Department of Corrections is not legally sufficient unless there is a showing that the prisoner complainant has exhausted all available administrative remedies within the state correctional system before filing the complaint. However, if the Department of Health determines after a preliminary inquiry of a state prisoner's complaint that the practitioner may present a serious threat to the health and safety of any individual who is not a state prisoner, the Department of Health may determine legal sufficiency and proceed with discipline. The Department of Health shall be notified within 15 days after the Department of Corrections disciplines or allows a health care practitioner to resign for an offense related to the practice of his or her profession. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may

shall impose, upon initial licensure and each licensure renewal, a special fee of \$5 per licensee to fund efforts to combat unlicensed activity. Such fee shall be in addition to all other fees collected from each licensee. The department shall make direct charges to the Medical Quality Assurance Trust Fund by profession. The department shall seek board advice regarding enforcement methods and strategies. The department shall directly credit the Medical Quality Assurance Trust Fund, by profession, with the revenues received from the department's efforts to enforce licensure provisions. The department shall include all financial and statistical data resulting from unlicensed activity enforcement as a separate category in the quarterly management report provided for in s. 456.025. For an unlicensed activity account, a balance which remains at the end of a renewal cycle may, with concurrence of the applicable board and the department, be transferred to the operating fund account of that profession. The department shall also use these funds to inform and educate consumers generally on the importance of using licensed health care practitioners.

- (4) The provisions of this section apply only to health care professional practice acts administered by the department.
- (5) Nothing herein shall be construed to limit or restrict the sale, use, or recommendation of the use of a dietary supplement, as defined by the Food, Drug, and Cosmetic Act, 21 U.S.C. s. 321, so long as the person selling, using, or recommending the dietary supplement does so in compliance with federal and state law.

profession regulated by the department or appropriate board to the proper prosecuting authority for prompt prosecution.

duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

relating to medical treatment or services provided by health care professionals.

require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department may initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, or a rule of a board. Notwithstanding subsection (13), the department may investigate information filed pursuant to s. 456.041(4) relating to liability actions with respect to practitioners licensed under chapter 458 or chapter 459 which have been reported under s. 456.049 or s. 627.912 within the previous 6 years for any paid claim that exceeds \$50,000. Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), and 461.013(6), when an investigation of any subject

is undertaken, the department shall promptly furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in such complaint or document within 20 days after service to the subject of the complaint or document. The subject's written response shall be considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public.

However, if the State Surgeon General, or the State Surgeon General's designee, and the chair of the respective board or the chair of its probable cause panel agree in writing that such notification would be detrimental to the investigation, the department may withhold notification. The department may conduct an investigation without notification to any subject if the act under investigation is a criminal offense.

- (2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints. For purposes of this section, it is the intent of the Legislature that the term "expeditiously" means that the department complete the report of its initial investigative findings and recommendations concerning the existence of probable cause within 6 months after its receipt of the complaint. The failure of the department, for disciplinary cases under its jurisdiction, to comply with the time limits of this section while investigating a complaint against a licensee constitutes harmless error in any subsequent disciplinary action unless a court finds that either the fairness of the proceeding or the correctness of the action may have been impaired by a material error in procedure or a failure to follow prescribed procedure. When its investigation is complete and legally sufficient, the department shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative report of the department. The report shall contain the investigative findings and the recommendations of the department concerning the existence of probable cause. The department shall not recommend a letter of guidance in lieu of finding probable cause if the subject has already been issued a letter of guidance for a related offense. At any time after legal sufficiency is found, the department may dismiss any case, or any part thereof, if the department determines that there is insufficient evidence to support the prosecution of allegations contained therein. The department shall provide a detailed report to the appropriate probable cause panel prior to dismissal of any case or part thereof, and to the subject of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of probable cause, such report is confidential and exempt from s. 119.07(1). The probable cause panel shall have access, upon request, to the investigative files pertaining to a case prior to dismissal of such case. If the department dismisses a case, the probable cause panel may retain independent legal counsel, employ investigator, and continue the investigation and prosecution of the case as it deems necessary.
- (3) As an alternative to the provisions of subsections (1) and (2), when a complaint is received, the department may provide a licensee with a notice of noncompliance for an initial offense of a minor violation. Each board, or the department if there is no board, shall establish by rule those minor violations under this provision which do not endanger the public health, safety, and welfare and which do not demonstrate a serious inability to practice the profession. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.
- (4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department, as appropriate. Each

regulatory board shall provide by rule that the determination of probable cause shall be made by a panel of its members or by the department. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the panel or panels may be a former board member. The length of term or repetition of service of any such former board member on a probable cause panel may vary according to the direction of the board when authorized by board rule. Any probable cause panel must include one of the board's former or present consumer members, if one is available, is willing to serve, and is authorized to do so by the board chair. Any probable cause panel must include a present board member. Any probable cause panel must include a former or present professional board member. However, any former professional board member serving on the probable cause panel must hold an active valid license for that profession. All proceedings of the panel are exempt from s. 286.011 until 10 days after probable cause has been found to exist by the panel or until the subject of the investigation waives his or her privilege of confidentiality. The probable cause panel may make a reasonable request, and upon such request the department shall provide such additional investigative information as is necessary to the determination of probable cause. A request for additional investigative information shall be made within 15 days from the date of receipt by the probable cause panel of the investigative report of the department or the agency. The probable cause panel or the department, as may be appropriate, shall make its determination of probable cause within 30 days after receipt by it of the final investigative report of the department. The State Surgeon General may grant extensions of the 15-day and the 30-day time limits. In lieu of a finding of probable cause, the probable cause panel, or the department if there is no board, may issue a letter of guidance to the subject. If, within the 30-day time limit, as may be extended, the probable cause panel does not make a determination regarding the existence of probable cause or does not issue a letter of guidance in lieu of a finding of probable cause, the department must make a determination regarding the existence of probable cause within 10 days after the expiration of the time limit. If the probable cause panel finds that probable cause exists, it shall direct the department to file a formal complaint against the licensee. The department shall follow the directions of the probable cause panel regarding the filing of a formal complaint. If directed to do so, the department shall file a formal complaint against the subject of the investigation and prosecute that complaint pursuant to chapter 120. However, the department may decide not to prosecute the complaint if it finds that probable cause has been improvidently found by the panel. In such cases, the department shall refer the matter to the board. The board may then file a formal complaint and prosecute the complaint pursuant to chapter 120. The department shall also refer to the board any investigation or disciplinary proceeding not before the Division of Administrative Hearings pursuant to chapter 120 or otherwise completed by the department within 1 year after the filing of a complaint. The department, for disciplinary cases under its jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. Annually, the department, in consultation with the applicable probable cause panel, must establish a plan to expedite or otherwise close any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. A probable cause panel or a board may retain independent

legal counsel, employ investigators, and continue the investigation as it deems necessary; all costs thereof shall be paid from a trust fund used by the department to implement this chapter. All proceedings of the probable cause panel are exempt from s. 120.525.

- (5) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if there are any disputed issues of material fact. The determination of whether or not a licensee has violated the laws and rules regulating the profession, including a determination of the reasonable standard of care, is a conclusion of law to be determined by the board, or department when there is no board, and is not a finding of fact to be determined by an administrative law judge. The administrative law judge shall issue a recommended order pursuant to chapter 120. Notwithstanding s. 120.569(2), the department shall notify the division within 45 days after receipt of a petition or request for a formal hearing.
- (6) The appropriate board, with those members of the panel, if any, who reviewed the investigation pursuant to subsection (4) being excused, or the department when there is no board, shall determine and issue the final order in each disciplinary case. Such order shall constitute final agency action. Any consent order or agreed-upon settlement shall be subject to the approval of the department.
- (7) The department shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.
- (8) Any proceeding for the purpose of summary suspension of a license, or for the restriction of the license, of a licensee pursuant to s. 120.60(6) shall be conducted by the State Surgeon General or his or her designee, as appropriate, who shall issue the final summary order.
- (9)
 - (a) The department shall periodically notify the person who filed the complaint, as well as the patient or the patient's legal representative, of the status of the investigation, indicating whether probable cause has been found and the status of any civil action or administrative proceeding or appeal.
 - (b) In any disciplinary case for which probable cause has been found, the department shall provide to the person who filed the complaint a copy of the administrative complaint and:
 1. A written explanation of how an administrative complaint is resolved by the disciplinary process.
 2. A written explanation of how and when the person may participate in the disciplinary process.
 3. A written notice of any hearing before the Division of Administrative Hearings or the regulatory board at which final agency action may be taken.
 - (c) In any disciplinary case for which probable cause is not found, the department shall so inform the person who filed the complaint and notify that person that he or she may, within 60 days, provide any additional information to the department which may be relevant to the decision. To facilitate the provision of additional information, the person who filed the complaint may receive, upon request, a copy of the department's expert report that supported the recommendation for closure, if such a report was relied upon by the department. In no way does this require the department to procure an expert opinion or report if none was used. Additionally, the identity of the expert shall remain confidential. In any administrative proceeding under s.120.57, the person who filed the disciplinary complaint shall have the right to present oral or written communication relating to the alleged disciplinary violations or to the appropriate penalty.
- (10) The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or

subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s.456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the department. This subsection does not prohibit the department from providing such information to any law enforcement agency or to any other regulatory agency.

- (11) A privilege against civil liability is hereby granted to any complainant or any witness with regard to information furnished with respect to any investigation or proceeding pursuant to this section, unless the complainant or witness acted in bad faith or with malice in providing such information.
- (12)
 - (a) No person who reports in any capacity, whether or not required by law, information to the department with regard to the incompetence, impairment, or unprofessional conduct of any health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, or chapter 466 shall be held liable in any civil action for reporting against such health care provider if such person acts without intentional fraud or malice.
 - (b) No facility licensed under chapter 395, health maintenance organization certificated under part I of chapter 641, physician licensed under chapter 458, or osteopathic physician licensed under chapter 459 shall discharge, threaten to discharge, intimidate, or coerce any employee or staff member by reason of such employee's or staff member's report to the department about a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 who may be guilty of incompetence, impairment, or unprofessional conduct so long as such report is given without intentional fraud or malice.
 - (c) In any civil suit brought outside the protections of paragraphs (a) and (b) in which intentional fraud or malice is alleged, the person alleging intentional fraud or malice shall be liable for all court costs and for the other party's reasonable attorney's fees if intentional fraud or malice is not proved.
- (13) Notwithstanding any provision of law to the contrary, an administrative complaint against a licensee shall be filed within 6 years after the time of the incident or occurrence giving rise to the complaint against the licensee. If such incident or occurrence involved criminal actions, diversion of controlled substances, sexual misconduct, or impairment by the licensee, this subsection does not apply to bar initiation of an investigation or filing of an administrative complaint beyond the 6-year timeframe. In those cases covered by this subsection in which it can be shown that fraud, concealment, or intentional misrepresentation of fact prevented the discovery of the violation of law, the period of limitations is extended forward, but in no event to exceed 12 years after the time of the incident or occurrence.

References

- ♦ Current version can be viewed at <http://www.flsenate.gov/Statutes>
- ♦ Current version can be viewed at <https://www.flrules.org/gateway/organization.asp?divid=330>

LAWS AND RULES GOVERNING MASSAGE PRACTICE IN THE STATE OF FLORIDA

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 68, or for faster service complete your test online at EliteLearning.com/Book

16. All of the following are considered grounds for disciplinary action by the Board of Massage Therapy EXCEPT:
 - a. Attempting to procure a license to practice massage by bribery or fraudulent misrepresentation.
 - b. Allowing the Department of Health to inspect the business premises of the licensee during regular business hours.
 - c. False, deceptive, or misleading advertising.
 - d. Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition.
17. Under the laws governing the practice of massage therapy in the state of Florida, it is unlawful for any person to:
 - a. Present as his or her own the license of another.
 - b. Allow the use of his or her license by an unlicensed person.
 - c. Give false or forged evidence to the department in obtaining any license provided by state statutes.
 - d. All of the above.
18. Massage establishments may be opened 24 hours a day?
 - a. True.
 - b. False.
19. Which of the following acts is an example of misconduct and negligence in the practice of massage therapy?
 - a. Explaining expected draping techniques to a client.
 - b. With the venue's permission, offering massage therapy at a sports event, convention or trade show.
 - c. Protecting the confidentiality of information or knowledge concerning a client.
 - d. Failure to appropriately drape a client.
20. Failure to display a license or certificate as required by Florida law can result in a fine of:
 - a. \$250.00.
 - b. \$100.00.
 - c. \$500.00.
 - d. \$1,000.00.

Chapter 4: Preventing Medical Errors (Mandatory)

2 CE Hours

By: Valerie Wohl, Ph.D.

Learning objectives

After completing this course, the learner will be able to:

- Discuss the rationale for studying medical errors and strategies for prevention.
- Explain the meaning of “error” according to the Institute of Medicine’s (IOM) definition.
- Explain the concept of root-cause analysis and describe how it can be used to identify and prevent medical error.
- List the most common sources of medical error, and the most effective steps in preventing them from occurring.
- Identify some common behaviors and situations that create high risk potential.
- Identify and correct unsafe conditions rooted in behavioral, procedural, and/or environmental characteristics that potentially threaten patient safety in your practice.
- Describe your responsibilities in regard to the law for reporting medical error.
- Revise forms and documents to help individuals identify themselves as individuals or members of populations at greater risk, according to age, genetic or medical profiles, cultural characteristics, or personal habits.

PREVENTING MEDICAL ERROR IN HEALTH CARE

A particularly shocking and influential investigation into areas of potential risk in medical treatment, published in 1999 by the Institute of Medicine’s (IOM) Committee on Quality of Healthcare in America, concluded that between 44,000 and 98,000 hospital deaths per year were the result of medical error¹. The report, called **To Err is Human**, suggests some part of the problem,

Responsibilities

As a member of the health care industry, you have a responsibility to be aware of the risk of medical errors as well as learn strategies to minimize that potential risk. Remember that medical errors can occur at any point in treatment, even in preventive care, and do not always result in patient injury or death.

Health care personnel and institutions are held accountable for establishing and maintaining a safe health care environment for their patients. An investigation of sentinel events focuses primarily on systems and processes, rather than attaching blame to the actions of specific individuals. While personal responsibility is essential to reducing medical errors and increasing patient safety, a root-cause analysis addresses the issue of personal fault within the existing health care framework. Understanding the context of medical errors is essential to minimizing their occurrence and providing strategies through the implementation of appropriate organizational and systemic changes².

Careful review and analysis of sentinel events and near-misses (situations in which a medical error occurred but did not cause harm to the patient) suggests close scrutiny of sentinel events can be key to determining whether adverse events, such as patient injury or death, were caused by the patient’s diagnosed condition, a medical intervention, or inaction on the part of a health care provider. As such, “sentinel events” signal the need for immediate attention and investigation, in order to reduce occurrence of medical error.

The Joint Commission on Accreditation of Healthcare Organizations [JCAHO] requires health care organizations to establish internal processes to recognize sentinel events, conduct root-cause analyses, identify and document areas of risk, and implement a plan of risk-reduction measures to correct system failures. Once a sentinel event is identified, a root-cause analysis should be completed within 45 days. All personnel involved in the systems and processes under review must participate. A thorough analysis should inquire into all associated aspects of the event and include the following points:

- What factor or factors relate most directly to the sentinel event, and what systems and processes are associated with it?

in cases of medical error, is the way we think about the issue, and encourages the use of a new conceptual or ideological framework that focuses less on assigning blame, and more on developing strategies to prohibit the occurrence of medical error.

- What underlying systems and processes allowed the event, and how can they be made more foolproof?
- What other areas of risk exist and could potentially contribute to a similar event?
- What improvements, if any, in systems and processes could be implemented to reduce the likelihood of such an event in the future?
- Finally, individuals are assigned responsibility for implementing necessary improvements. Once in place, these changes should be evaluated to determine their degree of efficacy.

All health care professionals should be obligated to report adverse incidents, defined as:

An event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which also satisfies one of the following requirements:

1. Was the performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient’s diagnosis or medical condition.
2. Required the surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process.
3. Was a procedure to remove unplanned foreign objects remaining from a surgical procedure.
4. Resulted in one of the following injuries:
 - a. Death.
 - b. Brain or spinal damage.
 - c. Permanent disfigurement.
 - d. Fracture or dislocation of bones or joints.
 - e. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility.
 - f. Any condition that required specialized medical attention or surgical intervention resulting from non-emergency medical intervention, other than an

emergency medical condition, to which the patient has not given his or her informed consent.

- g. Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident.

Recommendations for the practitioner and staff

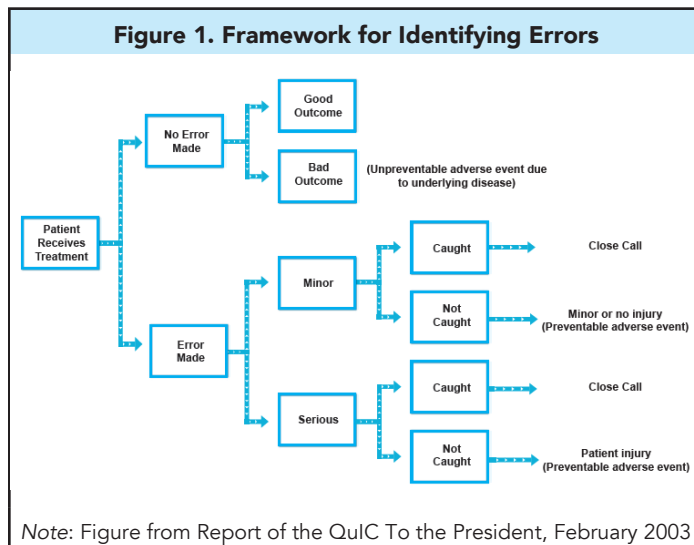
Safety systems must encompass all elements of a practice, including personnel, operational processes, technologies, environment, and materials. Some measures will be more

Many states require all licensed health care facilities to maintain internal systems for the reporting and documentation of adverse events. Be sure to check with your state regarding specific requirements.

obvious to you than others, so make sure you investigate all dimensions of your practice for potential hazards.

Root-cause analysis

Guidelines established by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a national organization dedicated to improving the quality of health care, are used to determine cause in the investigation of medical error, a process known as "root-cause analysis." (See figure 1.)



The following standardized nomenclature for root-cause analysis and reporting of sentinel events was developed by the IOM:

IOM glossary of terms⁴

- **Adverse event:** an injury that was caused by medical management and that results in measurable disability.
- **Error:** the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Errors can include problems in practice, products, procedures, and systems.

Sentinel events

Since the inception of its Sentinel Event Policy in 1995, the JCAHO has compiled data from more than a thousand incidents. Reporting facilities associated sentinel events with root causes relating to:

- Inadequate safety or security of the physical environment.
- Inadequate assessment or incomplete reassessment of the patient.
- Inappropriate assignment of the patient.
- Incomplete examination of the patient.
- Infrequent or incomplete patient observations.
- Factors related to insufficient training or orientation of personnel, including inadequate staffing or competency reassessments.

Common medical errors

Preventable medical errors are most commonly related to operative and post-operative complications, surgical mistakes, issues of medication, and patient falls. Older patients are far more likely to be injured in these incidents, with individuals over the age of 65 experiencing medical error two to four times

- **Unpreventable adverse event:** an adverse event resulting from a complication that cannot be prevented given the current state of knowledge.
- **Medical error:** an adverse event or near miss that is preventable with the current state of medical knowledge.
- **Near miss:** an event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention.
- **System:** a regularly interacting or interdependent group of items forming a unified whole.
- **Systems error:** an error that is not the result of an individual's actions, but the predictable outcome of a series of actions and factors that comprise a diagnostic or treatment process.

The IOM defines error as **"the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim"**⁵. Note that this definition does not consider whether an error is intended or accidental. Instead, it emphasizes how the failure may have occurred:

1. **An error of planning:** the failure to determine the appropriate or necessary course of action (a diagnostic error, for example); or
2. **An error of execution:** the failure to carry out that appropriate or necessary course of action through to the point of completion.

If a patient dies after undergoing a surgical procedure, for example, the death may be attributed to the patient's pre-existing condition – the reason for surgery – or it may be attributed to some complication of the surgery, or another aspect of medical care. If it is determined that the surgical patient died from a post-operative infection caused by unhygienic surgical instruments, for example, the situation would be considered a preventable adverse event, or "sentinel event," defined as a case in which patient injury cannot reasonably be attributed to the underlying medical condition of the patient.

- Factors related to the unavailability or miscommunication of information among health care personnel and other caregivers.

A study conducted by Medical Assurance Inc. (a company specializing in risk assessment and management) suggests the vast majority of adverse outcomes are not dependent on individual behavior or decision-making alone, but result from a cluster of risk factors.⁶ Even relatively minor changes in any one area of weakness, however, can significantly reduce patient risk.⁷ Some of the most common hazards to patient safety are detailed in the following pages, with practical recommendations applicable to your practice.

as often as patients under the age of 45. Many preventable errors occur in hospitals, with the likelihood of injury growing the longer the patient stays in the hospital and the greater the severity of illness⁸.

A culture of patient safety

Part of the difficulty in addressing medical errors is the tendency for individuals to attach blame to a single person or cause, rather than understand the error within a faulty context that did not catch the error before it caused harm. Fear of malpractice or other retribution motivates individuals and organizations to hide, ignore, or deny the existence of dangers, so that this defensive posture becomes a weakness in itself. A culture of patient safety uses an incident as a tool for change: accepting responsibility, acting decisively to investigate it, and incorporating what is learned into operations, systems, and training. Tools for managing error and error-producing conditions include:

Communication

William Greenberg, a former chair of The American Massage Therapy Association (AMTA) Grievance Committee, writes:

"Nearly every one of the complaints that we receive [involves] the lack of communication between the parties. ...Many of the grievances begin because there was not clear communication between therapist and client. Others have developed because of lack of clear communication between massage school teachers and students. Yet others have come to us because of lack of clarity between licensing officials and therapy applicants."

Not only do practitioners need to demonstrate sensitivity and good listening skills, they must also be attentive and responsive to subtle or nonverbal communication cues. Some patients are reluctant to mention pain, injury, or personal sensitivities, both psychological and physical, that affect their experience as a patient. Always familiarize yourself with a client's medical history and current treatment status before beginning. Ask patients at the start of a session if they are currently experiencing any pain or discomfort, and let them know it is important that they tell you

Documentation and record keeping

Keep records of all treatments, including specific products used in a session, client's health and response to treatment, sensitivity and tolerance levels associated with allergens or medication, insurance and financial information, and any other useful or important points about the client. Review these records before the session to acquaint yourself with the facts.

Keep records in a secure location and the information in them confidential. Never discuss or provide personal information about a client, except if required by law. Personal information should not be discussed without the client's consent, and shared with other health professionals only if it is in the client's best interest.

Intake forms should be as comprehensive as possible, and include basic medical information, personal history or family history of disease, contact information for use in case of emergency, and any legal or medical disclaimers required in your practice. Use the above form as a general guide only (see figure 2).

Design forms so they are easy to read and understand. Be aware that some clients may not be able to read very well, or have very low comprehension skills. If a client leaves any questions blank, review each question with the client, one by one, and write the answer for them. Then, review and expand on each point, as necessary, by discussing the answer with the client.

Find out if the client has had any previous experience with massage. If he or she is new to the experience, it is useful to provide a list and description of services offered, explaining each procedure and how it might benefit the client. Ask the client if he or she has any questions, and keep them apprised of their progress throughout the course of treatment.

If you are unsure about a client's condition or have any questions about their treatment, it is best to refer the client to a physician or other health professional for a more thorough assessment. Treatment strategies should be developed with client input, and be based on his or her preferences and needs.

- Strong leadership, accountability, and commitment to patient safety at the highest organizational levels.
- A non-punitive environment (no blame-game).
- Internal and interdisciplinary review of any incidents and thorough root-cause analysis.
- Open and honest discussion of safety issues and options at all levels of the organization.
- Staying attuned to the occurrence of errors and near misses.
- Communicating and educating staff, patients, and families⁹.

honestly about any discomfort or pain during or as a result of the session, as well as any other issues affecting their comfort.

At minimum, the practitioner should know the client's reasons for seeking massage services, and what they expect or hope to gain from the experience. While questions like these can be asked verbally, it is useful to record this information in writing and keep it with the patient's chart or records. It is best to review medical history questionnaires or other intake forms in person to clarify any ambiguous points and/or learn more specific information about the client's condition or specific needs. All additional comments should be included in the written records at the time of the interview.

Practitioners should develop informational materials for their clients that describe the general policies and procedures used at your place of business, including protocol for late or missed appointments, terms of payment and billing, or hours of business, for example.

Establish systems for error reporting and documentation, so that common and unusual errors can be tracked and their cause(s) examined. The use of automated systems and office management software (for basic medical forms, etc.) can reduce common errors in documentation and increase operating efficiency.

Up-to-date, accurate notes are important. Do your records pass this checklist¹⁰?

Style

- Date and sign each new entry with your initials.
- All entries should be neat, legible and written in ink.
- Use objective, precise language and avoid subjective "casual" remarks and abbreviations that might not be understood.

Content

- Remember to record the source of referral of the patient (which general practitioner, hospital consultant, etc.).
- Record relevant conversations with the family or friends of the patient.
- Record the details of the information given to patients at their time of discharge, if applicable.

To avoid mistaken identities

- The patient's name should be printed on every page.

The notes are an accurate record that should not be modified later

- Clearly identify the date and time and year that entries relate to.
- Do not skip lines or leave blank spaces.

Mistakes

- Draw a single line through incorrect entries.
- Initial the error.
- Add today's date.
- Make a note in the margin that the entry was made in error, and note what the correct entry should be.
- Never erase or use correction fluid or tape.

Consent forms

- Record any information you have given to the patient before he/she made the decision to sign any consent forms; this helps ensure that you have informed consent.
- Consent forms are signed by the patient after the treatment has been discussed with the doctor.

Facilities and equipment

Use the physical and spatial arrangement of your environment to facilitate efficient movement and decrease potential risk. While massage therapy rarely requires the use of dangerous equipment or practices, potential hazards relating to facilities and equipment nonetheless exist. Review the following checklists:

Safety and sanitation

- Hallways and walkways clear and well-lit.
- Carpets cleaned and vacuumed.
- Handwashing facilities should include germicidal soap and paper towels.
- Use fresh, clean linens with each client.
- Wash hands before and after contact with each client.
- Avoid contact with open wounds and sores.
- Do not have contact with clients if you suspect you might be ill or contagious.
- Linens should be washed in hot water with detergent and bleach, if necessary, and dried in a hot dryer.
- Clean linens should be stored in a closed cabinet; soiled linens should be stored in a covered container, outside the massage room.
- If possible, sanitize:
 - Floors.
 - Restroom facilities.
 - Bathing facilities and surfaces.
 - Any equipment surface that comes in contact with clients, including tables, linens, applicators, etc., between each use.
 - Hydrotherapy tubs, steam cabinets, shower stalls between each use.
- Mark wet floors with caution signs.
- Check all tables, chairs, stools, and stands and so on for safety and stability, including all hinges and locks.
- Avoid use of any substances to which your client may be allergic or sensitive.

Ventilation, heating, and electrical appliances

- Maintain a comfortable, warm environment for the client; use auxiliary heating in the massage room, if necessary.
- Keep heating and ventilation systems well maintained and clean; use filters to minimize dust and contaminants cycling through the system.
- Use auxiliary heating devices with automatic shut-off or confirm that devices are turned off when not in use.
- Make sure auxiliary heating devices are shut off when not required.

Preventing falls

Falls are a leading cause of preventable injury, especially in children and the elderly. More than one-third of adults ages 65 years and older fall each year¹¹. Common tripping hazards include the lack of stair railings or grab bars, unstable furniture, slippery surfaces, and poor lighting¹². Use the following checklist to spot potential hazards at your place of business and make your working environment a safe one:

- Are steps, stairs, and walkways leading in and out of the area in good repair?
- Are steps, stairs, and walkways free of snow, ice, leaves, or other clutter?
- Do steps, stairs, and walkway surfaces have good walking surfaces and traction?
- Are entrances, rooms, and hallways well lit?
- Are light switches located at the top and bottom of stairways, and by each doorway?

Adverse reactions and other information

- Remember to record any adverse reaction or problems including drug allergies on prescription charts, case notes and head sheets/treatment sheets. Also record any other allergies on the alert forms provided in the case notes.

Confidentiality

- Do not remove case notes or send original case notes to other clinics or hospitals.

- Inspect electrical appliances and connections for safety.
- Confirm that all unnecessary appliances, such as coffee makers or hot-pots, have automatic shut-off features, or are turned off when not in use.
- Check electrical cords for fraying edges or unsafe connections.

Fire safety and first aid

- Test smoke and carbon monoxide detectors.
- Know the location of fire extinguishers and how to use them.
- Mark fire exits and establish and post evacuation procedures.
- Ensure that candles and incense are used safely and extinguished appropriately.
- Have your local fire department inspect the premises to ensure a safe environment.
- Have a complete first aid kit on the premises and inform all personnel where it is located.
- Encourage personnel to learn first aid and CPR techniques.
- Post emergency information near all telephones; include telephone numbers for police and fire departments, ambulance, hospital, emergency room, doctors, and taxicabs.

Safety and health policy statement and safety inspection checklist

Each practice should have a safety and health policy statement confirming the intent to provide for safety in the environment and operations under its control. Develop a basic statement that assures staff, clients, and visitors at your place of business that you adhere to national and state standards of safety and health as defined by the Occupational Safety and Health Act (OSHA), state fire laws, Worker's Compensation Bureau or others, and what person, position, or organization is assigned the responsibility for administering existing safety measures or programs.

Emergency action plan

Establish policies and procedures for responding to emergency situations, providing a means of notifying employees, customers, and local authorities in case of emergency, and a system of accounting for employees who are on the premises at the time of emergency. Include methods for responding and reporting in case of fire, tornado, earthquake, power outage, hazardous materials, robbery/burglary or other threat, including methods and materials for first aid and safe and orderly evacuation.

- Are flashlights available in case of power outage or emergency?
- Remove tripping hazards including throw rugs and clutter from walkways or tack down rug edges securely.
- Use non-slip mats on bathroom floor surfaces and any other slippery areas.
- Put grab bars next to the toilet and any bathing or showering facilities.
- Put handrails on both sides of a stairway.
- Increase lighting along walkways.
- Position needed items in easy-to-reach locations.
- Use a steady step stool with safety rail or ladder for reaching high shelves and cabinets.
- Clearly mark entrances, exits, and bathrooms.

Contraindications

Contraindications are conditions where the usual course of treatment is inadvisable. Absolute contraindications, associated with severe cases of hypertension, shock, pneumonia, or toxemia, mean no part of the body should be massaged, while other contraindications may refer only to localized areas of the body, to avoid a wound, for example. Modified therapeutic applications are available in some cases, but the practitioner should always err on the side of caution. Some conditions may be both indicated and contraindicated; one patient's condition might be aggravated by a specific massage technique, while another responds favorably.

As a practitioner, it is critical to know when massage is not advisable. If in doubt, do not proceed. Your judgment should be based on the client's medical history and your discussions and experiences with the patient from the initial consultation and ongoing treatments. Knowing the client's state of health and reasons for seeking massage are important, but be sure to include a medical history checklist on your client intake form, and review it along with the client to clarify any ambiguities.

If the client's condition calls for caution, he or she is probably already under a physician's care. In these cases, the practitioner and doctor should confer before any massage treatments commence. In some cases, during the course of massage, you and the client may become aware of some condition that should be brought to the attention of a doctor. Get a physician's report and doctor's recommendations, if at all possible, before beginning or continuing massage treatments, and review the intended plan of treatment with the client's doctor before you begin, including any electrical or mechanical devices you plan to use. Massage may also be contraindicated with certain prescribed medications. Safety considerations are intended to protect not only the health of the client, but also the health of the massage practitioner and the practitioner's other clients.

Major contraindications include:

- **Fever:** Massage should not proceed if body temperature exceeds 99.4 degrees F.
- **High blood pressure:** Proceed on advice of physician.

- **Acute infectious disease:** Such as severe colds and flu.
- **Acute inflammation of any part of the body:** In cases of arthritis, inflammation of the joints can sometimes be relieved through work on a reflex, related, or proximal area.
- **Tissue damage:** Usually characterized by inflammation; swelling, redness, heat, and pain.
- **Bacterial infestation:** Do not proceed if there are any signs of pus.
- **Osteoporosis:** If the client is elderly or appears frail, proceed on advice of physician.
- **Varicose veins or broken blood vessels:** Do not proceed (very light massage proximal to the affected area can be used in some cases).
- **Phlebitis (inflammation of a vein):** Do not proceed.
- **Anerosa or aneurysm (localized dilation of a blood vessel or artery):** Do not proceed.
- **Acute hematoma (internal bleeding):** Do not proceed.
- **Edema (excess accumulation of fluid in the tissues):** Proceed on advice of physician.
- **Cancer:** Proceed on advice of physician.
- **Hernia/rupture:** Do not proceed.

The following skin conditions or injuries are contraindications for the affected area only:

- Acne
- Tumor
- Pimples
- Impetigo
- Bruises
- Burns
- Stings/bites
- Carbuncles
- Blisters
- Warts
- Rashes
- Scaly skin
- Lumps
- Lacerations/cuts/wounds
- Moles
- Eczema
- Boils
- Skin tags
- Sores
- Scratches
- Stings/bites

The practitioner should not begin any course of treatment without the physician's knowledge. Patients suffering from diabetes, asthma, or a pulmonary or heart condition should have their physician approve the intended plan of treatment before proceeding.

Contraindications and endangerment sites by nervous, vascular and organ systems¹³

Nerves	Location	Notes
Occipital foramen magnum.	<ul style="list-style-type: none">• Base of skull superior to 1st cervical.• Vertebra greater.• Occipital nerve.• Suboccipital nerve.• Cranial nerves II.• (Optic) III.• (Oculomotor) IV trochlear.	Do not work the occipital area during passive extension. Static pressure OK in lengthened position.
Trigeminal nerve (V cranial).	<ul style="list-style-type: none">• TMJ.	Pressure on nerve may cause Trigeminal neuralgia or tic douloureux with nerve inflammation. Caution when working with jaw open.
Brachial plexus.	<ul style="list-style-type: none">• Above lateral clavicle.• Posterior triangle of neck.• Insertion of deltoid pec major and biceps.• Medial upper arm between the biceps and triceps.	Impingement can cause pain/tingling down arm/hand.
Axillary nerve.	<ul style="list-style-type: none">• Deep inside arm on the humerus.	
Musculotaneous nerve. Median nerve.	<ul style="list-style-type: none">• Lateral to biceps and triceps at the elbow.	Accessed when elbow is bent. Work with the arm straight.
Lumbar plexus.	<ul style="list-style-type: none">• Between the 12th rib and the T12 along top edge of quadratus lumborum.• Along the transverse processes of T12 and lumbar.	
Vagus nerve.	<ul style="list-style-type: none">• Deep in abdomen.	Deep psoas work is risky with people with high blood pressures as it may over-stimulate the vagus nerve and cause sweating, nausea.

Nerves	Location	Notes
Femoral nerve.	<ul style="list-style-type: none"> Anterior pelvis lateral to psoas. Femoral triangle. 	<ul style="list-style-type: none"> Caution when doing iliacus work. Follow the contour of the pelvis.
Common peroneal nerve. Common popliteal nerve.	<ul style="list-style-type: none"> Back of knee. 	<ul style="list-style-type: none"> Tendon flattens when knee is straight. Hamstring work done with knee bent.
Veins and Arteries		
Common carotid external jugular vein.	<ul style="list-style-type: none"> Medical to SCM in anterior triangle. 	<ul style="list-style-type: none"> Pressure may cause dizziness or blackouts.
Subclavian artery/vein.	<ul style="list-style-type: none"> Behind clavicle in the hollow under the clavicle between the pec major and deltoid. 	
Aorta.	<ul style="list-style-type: none"> Lateral to navel. 	<ul style="list-style-type: none"> Move off if you feel pulse. May cause blackouts.
Cephalic vein.	<ul style="list-style-type: none"> Anterior to deltoid, medial to triceps, lateral to pectoralis. 	<ul style="list-style-type: none"> Can be impinged to the humerus.
Basilic vein.	<ul style="list-style-type: none"> Upper arm. 	<ul style="list-style-type: none"> Can be trapped between the biceps and triceps.
Organs		
Heart.		<ul style="list-style-type: none"> Heavy compression on sternum is contraindicated.
Liver.	<ul style="list-style-type: none"> Below rib cage extending from the right side to the left of center. 	<ul style="list-style-type: none"> Press liver down as you press under rib cage to work diaphragm.
Spleen.	<ul style="list-style-type: none"> Left abdominal region behind stomach. 	<ul style="list-style-type: none"> Feels mushy.
Kidneys.	<ul style="list-style-type: none"> Protected by lower rib cage between T10 and T12 on both sides. 	<ul style="list-style-type: none"> No compression or vibration over kidneys on back. No high psoas work through abdomen.
Lymphatic structures.	<ul style="list-style-type: none"> Many locations: cervical area, axillary, abdomen, femoral triangle, popliteal area. 	<ul style="list-style-type: none"> Avoid.
Eyes.		<ul style="list-style-type: none"> Do not apply pressure on eyeballs: retinal detachment indicated by flashes of light or color.

General areas of endangerment for Swedish massage

Area of concern	Anatomy	Notes
Temporal and forehead.	<ul style="list-style-type: none"> Temporal artery – lateral sides of cranium. Temporal branches of facial nerve. Ophthalmic branch of trigeminal nerve. 	
Temporomandibular joint (TMJ) submandibular areas.	<ul style="list-style-type: none"> Parotid gland on ramus of mandible on top of masseter. Facial nerve anterior and superior to parotid gland. Facial artery inferior to parotid gland. Styloid process of temporal bone posterior to mandible, anterior to mastoid process. 	<p>Styloid process may break with excessive pressure.</p> <p>Opening the jaw exposes nerve more. Compressing or damaging the nerves can cause trigeminal neuralgia.</p>
Anterior triangle of neck.	<ul style="list-style-type: none"> SCM, mandible, trachea. Carotid artery. Internal jugular vein. Trachea. Thyroid. Hyoid bone. Submandibular. Salivary glands. 	<p>Pressure on carotid can slow heart rate or cut off blood supply to head, causing dizziness or blackouts.</p>
Posterior triangle of neck.	<ul style="list-style-type: none"> SCM, clavicle, trapezius. External jugular vein. Brachial plexus. Subclavian artery and vein. 	<p>Pressure on brachial plexus can cause pain down arm and hand.</p>
Occipital area.	<ul style="list-style-type: none"> Occipital foramina. Greater occipital nerve (C2). Suboccipital nerve (C1). 	<p>Digging too deep in the occipital area with the head in passive extension can entrap the nerves there.</p> <p>Static pressure with caution is OK.</p>

Area of concern	Anatomy	Notes
Delto-pectoral triangle.	<ul style="list-style-type: none"> Inferior fibers of anterior deltoid, clavicle, and superior fibers of the clavicular head of the pec major. Cechnalic vein. Brachial plexus. Axillary artery and vein. 	
Axillary region.	<ul style="list-style-type: none"> Anterior border: deltoid, biceps and pec major. Posterior border: deltoid, triceps, latissimus. Axillary nerve, artery, vein, lymph nodes. Cephalic vein. Brachial plexus. Median nerve. Brachial artery. 	There are many very effective techniques for working the muscles of the pecs, subscapularis, through the armpit. Know what you are doing before proceeding.
Brachial region.	<ul style="list-style-type: none"> Superior border: inferior aspects of the biceps. Inferior border: superior aspect of the triceps. Median nerve. Brachial artery. Basilic, brachial and cephalic veins. Radial nerve. 	Basilic vein can be trapped medial to the humerus between the biceps and triceps. Cephalic vein can be pinned to the humerus just lateral to the biceps.
Antecubital fossa-anterior elbow.	<ul style="list-style-type: none"> Distal to biceps brachii. Border: lateral common extensor tendon, medial – common flexor tendon. Median and radial nerve. Basilic vein. Brachio; artery. 	Caution when using cross fiber friction on the insertions of the biceps and brachialis in the shortened position as it may entrap the median nerve.
Cubital notch-posterior elbow.	<ul style="list-style-type: none"> Posterior to medial epicondyle, anterior to olecranon ulnar nerve. 	“Funny bone” cross fiber work on the triceps insertion requires a lengthened position to protect ulnar nerve.
Anterior surface of distal forearm and wrist.	<ul style="list-style-type: none"> Radial nerve and artery. Median nerve. Ulnar nerve and artery. 	
Xiphoid process.	<ul style="list-style-type: none"> Xiphoid process. 	Heavy direct pressure could break off bone.
Abdominal region.	<ul style="list-style-type: none"> Liver, spleen, stomach, gall bladder, reproductive organs, intestines, colon. Abdominal aorta, vena cava. Vagus nerve. 	Visceral manipulation is an advance technique that can be learned. Deep pressure on the psoas may over-stimulate the vagus nerve and cause symptoms such as sweating, nausea.
Femoral triangle.	<ul style="list-style-type: none"> Sartorius, inguinal ligament, adductor longus. Femoral nerve, artery and vein. Inguinal lymph nodes. Great saphenous vein. 	Area prone to herniation. Avoid pulse when palpating psoas tendon.
Gluteal region.	<ul style="list-style-type: none"> Between sacrum and greater trochanter. Sciatic nerve. 	When working the piriformis, watch for referred pain.
Posterior knee.	<ul style="list-style-type: none"> Tibial and peroneal nerve (split off from sciatic nerve). Popliteal artery and vein. 	

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Lifting, transferring and positioning

Lifting, transferring, and positioning are skills requiring some degree of instruction and experience. Do not attempt to move a client without taking the time to learn proper body mechanics (ergonomics). Good body alignment, posture, and balance will significantly reduce strain on muscles and joints.¹⁴

Client handling and transfer, especially with frail or heavy clients, or those with limited mobility, can be injurious to the practitioner as well as the client. Always assist clients on and off the massage

table. When transferring clients from one location to the other, such as from a chair or bed, use the following procedure: Explain what you plan to do to the client, and ask how they would prefer to make the move. Assess the situation and obtain assistance, if necessary. Make sure there are no obstacles in the way and any necessary equipment, such as a lifter or hoist, is available. If movement is to or from a wheelchair, make sure the wheels are securely locked in place.

Other considerations

Recommendations for the client

Informed clients are likely to be safer clients. Share information about preventing medical errors with your patients and encourage them to actively participate in health care decisions. The following Patient Fact Sheets were developed by the AHRQ

and Federal agencies in the Quality Interagency Coordination (QulC) Task Force, in partnership with other health care purchasers and providers, to educate patients and assist them in taking an active role in their health care.

PATIENT FACT SHEET

20 tips to help prevent medical errors

Medical errors are one of the nation's leading causes of death and injury. A recent report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of medical errors. This means that more people die from medical errors than from motor vehicle accidents, breast cancer, or AIDS.

Government agencies, purchasers of group health care, and health care providers are working together to make the U.S. health care system safer for patients and the public. This fact sheet tells what you can do.

What are medical errors?

Medical errors happen when something that was planned as a part of medical care doesn't work out, or when the wrong plan was used in the first place. Medical errors can occur anywhere in the health care system, including hospitals, clinics, outpatient surgery centers, doctors' offices, nursing homes, pharmacies and patients' homes.

Errors can involve:

Medicines, surgery, diagnosis, equipment, lab reports. They can happen during even the most routine tasks, such as when a hospital patient on a salt-free diet is given a high-salt meal.

Most errors result from problems created by today's complex health care system. But errors also happen when doctors and their patients have problems communicating. For example, a recent study supported by the Agency for Healthcare Research and Quality (AHRQ) found that doctors often do not do enough to help their patients make informed decisions. Uninvolved and uninformed patients are less likely to accept the doctor's choice of treatment and less likely to do what they need to do to make the treatment work.

What can you do? Be involved in your health care

The single most important way you can help to prevent errors is to be an active member of your health care team.

That means taking part in every decision about your health care. Research shows that patients who are more involved with their care tend to get better results. More specific tips, based on the latest scientific evidence about what works best, follow.

Medicines

1. **Make sure that all of your doctors know about everything you are taking.** This includes prescription and over-the-counter medicines, and dietary supplements such as vitamins and herbs. At least once a year, bring all of your medicines and supplements with you to your doctor. "Brown bagging" your medicines can help you and your doctor talk about them and find out if there are any problems. It can also help your doctor keep your records up to date, which can help you get better quality care.
2. **Make sure your doctor knows about any allergies and adverse reactions you have had to medicines.** This can help you avoid getting a medicine that can harm you.
3. **When your doctor writes you a prescription, make sure you can read it.** If you can't read your doctor's handwriting, your pharmacist might not be able to either.
4. **Ask for information about your medicines in terms you can understand, both when your medicines are prescribed and when you receive them.**
 - o What is the medicine for?
 - o How am I supposed to take it, and for how long?
 - o What side effects are likely? What do I do if they occur?

- o Is this medicine safe to take with other medicines or dietary supplements I am taking?
- o What food, drink, or activities should I avoid while taking this medicine?

5. When you pick up your medicine from the pharmacy, ask: Is this the medicine that my doctor prescribed?

A study by the Massachusetts College of Pharmacy and Allied Health Science found that 88 percent of medicine errors involved the wrong drug or the wrong dose.

6. If you have any questions about the directions on your medicine labels, ask.

Medicine labels can be hard to understand. For example, ask if "four doses daily" means taking a dose every 6 hours around the clock or just during regular waking hours.

7. Ask your pharmacist for the best device to measure your liquid medicine. Also, ask questions if you're not sure how to use it.

Research shows that many people do not understand the right way to measure liquid medicines. For example, many use household teaspoons, which often do not hold a true teaspoon of liquid. Special devices, like marked syringes, help people to measure the right dose. Being told how to use the devices helps even more.

8. Ask for written information about the side effects your medicine could cause.

If you know what might happen, you will be better prepared if it does, or if something unexpected happens instead. That way, you can report the problem right away and get help before it gets worse. A study found that written information about medicines can help patients recognize problem side effects and then give that information to their doctor or pharmacist.

Hospital stays

1. **If you have a choice, choose a hospital at which many patients have the procedure or surgery you need.** Research shows that patients tend to have better results when they are treated in hospitals that have a great deal of experience with their condition.
2. **If you are in a hospital, consider asking all health care workers who have direct contact with you whether they have washed their hands.** Hand washing is an important way to prevent the spread of infections in hospitals. Yet, it is not done regularly or thoroughly enough. A recent study found that when patients checked whether health care workers washed their hands, the workers washed their hands more often and used more soap.
3. **When you are being discharged from the hospital, ask your doctor to explain the treatment plan you will use at home.** This includes learning about your medicines and finding out when you can get back to your regular activities. Research shows that at discharge time, doctors think their patients understand more than they really do about what they should or should not do when they return home.

Surgery

1. **If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done.** Doing surgery at the wrong site (for example, operating on the left knee instead of the right) is rare. But even once is too often. The good news is that wrong-site surgery is 100 percent preventable. The American Academy of Orthopaedic

Surgeons urges its members to sign their initials directly on the site to be operated on before the surgery.

Other steps you can take

1. **Speak up if you have questions or concerns.**
You have a right to question anyone who is involved with your care.
2. **Make sure that someone, such as your personal doctor, is in charge of your care.**
This is especially important if you have many health problems or are in a hospital.
3. **Make sure that all health professionals involved in your care have important health information about you.**
Do not assume that everyone knows everything they need to.
4. **Ask a family member or friend to be there with you and to be your advocate (someone who can help get things done and speak up for you if you can't).**
Even if you think you don't need help now, you might need it later.

5. **Know that "more" is not always better.**
It is a good idea to find out why a test or treatment is needed and how it can help you. You could be better off without it.
6. **If you have a test, don't assume that no news is good news.**
Ask about the results.
7. **Learn about your condition and treatments by asking your doctor and nurse and by using other reliable sources.**
For example, treatment recommendations based on the latest scientific evidence are available from the National Guidelines Clearinghouse at <http://www.guideline.gov>. Ask your doctor if your treatment is based on the latest evidence.¹⁵

More Information: A federal report on medical errors can be accessed online, and a print copy (Publication No. OM 00-0004) is available from the AHRQ Publications Clearinghouse: phone, 1-800-358-9295 (outside the United States, please call 410-381-3150) or e-mail: ahrqpubs@ahrq.gov

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PREVENTING MEDICAL ERRORS

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 68, or for faster service complete your test online at EliteLearning.com/Book

21. According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), once a sentinel event is identified, a root-cause analysis should be completed within _____.
 - a. 3 days.
 - b. 10 days.
 - c. One month.
 - d. 45 days.
22. Preventable medical errors are most commonly related to all the following, except:
 - a. Operative and post-operative complications.
 - b. Incorrect documentation.
 - c. Issues of medication.
 - d. Patient falls.
23. Tools for managing error and error-producing conditions include all the following, except:
 - a. Strong leadership, accountability, and commitment to patient safety at the highest organizational levels.
 - b. A punitive environment (blame-game).
 - c. Internal and interdisciplinary review of any incidents and thorough root-cause analysis.
 - d. Staying attuned to the occurrence of errors and near misses.
24. All of the following steps are associated with correcting documentation mistakes, except:
 - a. Draw a single line through incorrect entries.
 - b. Initial the error.
 - c. Make a note in the margin that the entry was made in error, and note what the correct entry should be.
 - d. Erase or use correction fluid or tape.
25. Which of the following statements about contraindications is false?
 - a. Contraindications are conditions where the usual course of treatment is recommended.
 - b. Absolute contraindications are associated with severe cases of hypertension, shock, pneumonia, or toxemia.
 - c. Absolute contraindications mean no part of the body should be massaged.
 - d. Other contraindications may refer only to localized areas of the body, to avoid a wound, for example.

Chapter 5: Massage Therapy for Sports Injuries

4 CE Hours

By: John Vinacci

Learning objectives

After completing this course, the learner will be able to:

- ♦ List 12 massage techniques that can help rehabilitate or prevent sports injuries.
- ♦ Describe the manner in which each massage technique is performed.
- ♦ List 14 general terms associated with sports injuries.
- ♦ Summarize each of the general terms to include symptoms of bodily conditions.
- ♦ Identify the conditions that contraindicate massage therapy.
- ♦ List 14 conditions associated with sports injuries.
- ♦ Define each of the specific conditions to include its symptoms.
- ♦ Discuss which massage techniques are most effective for each condition.
- ♦ Provide any self-care techniques that may help rehabilitate these conditions.

Course overview

Athletes as a group are particularly vulnerable to injuries and dysfunctions that arise from physical exertion. Unlike the average person who may exercise daily as a means of staying healthy, athletes exercise vigorously for extended periods of time. In some cases, an athlete may train for up to four hours a day depending upon their particular sport. As such, athletes are likely to suffer an injury at some point during their training due to the high levels of stress they place upon their bodies. Naturally, athletes also become injured by participating in their chosen sport, but injuries may occur at any time, such as during an athlete's warm-up session or even during non-training activities. According to the Bureau of Labor Statistics, two out of every ten professional athletes will suffer an injury that requires professional treatment.

Massage therapy is becoming increasingly popular with injured athletes due to a number of current studies that indicate massage therapy shortens recovery and injury time. It is also now generally accepted that massages can help prepare the

body for greater exertion and help prevent injuries before they occur by relaxing heavily used muscles that have lost the ability to contract effectively. As a supplement to training programs, massage therapy can help athletes avoid common, general injuries such as delayed onset muscle soreness (DOMS); help them recuperate more quickly from sports-specific injuries such as runner's knee; and help athletes feel calmer, which may allow them to become more focused.

This course is designed to familiarize massage therapists with the techniques most commonly used to treat sports injuries, the general terminology associated with sports injuries, the most common sports injuries, the anatomy and physiology involved, and the sports each injury is usually associated with. The course also reviews several tips for helping athletes avoid specific injuries. In several instances, learners will discover that massage therapy is contraindicated given the specifics of an athlete's condition.

SECTION I: MASSAGE TECHNIQUES FOR SPORTS INJURIES

This section reviews the massage techniques that are the most effective and most often used to treat sports injuries. A single technique may be used during the course of one session, though in most cases, the application of multiple techniques will help heal an injury more quickly. This section contains descriptions for the general application of Counter Torque Twisting, Cross

Fiber Friction, Deep Tissue, Directional Massage, Hot Stones, Myofascial Release, Petrissage, Sports Massage, Stretches (passive stretching, Agonist Contract or AC stretches, and Contract Relax Antagonist Contract or CRAC stretches), and Trigger Point Therapy.

Counter torque twisting

This technique is primarily used to realign large muscle groups of the limbs such as the biceps or quadriceps, or realign muscle groups around an injured joint such as the elbow or knee. Massage therapists should be careful not to perform this technique on the site of the injury; instead, they should use medium pressure (or pressure tolerable to the client) without lubricant, grasp the fleshy areas of a limb above and below the injury. Then, slowly rotate each hand in an opposite direction from the other hand around the axis of the bone (or in opposite directions around the axis of the elbow or knee joint) as far as

each muscle or the client's comfort will allow. This technique may also be performed with the client's help, as massage therapists grasp an especially large area of muscle such as the quadriceps, moving the muscle group in one direction while the client moves the femur in the opposite direction. Next, the technique is repeated along the length of the bone or to either extent beyond a joint, as massage therapists take special precaution not to torque the injury site itself. This is a generally safe technique; the only precaution involves the client's comfort upon the technique's application.

Cross fiber friction

When applied correctly, this technique can loosen tension at the joints by realigning muscle fibers and reducing the scar tissue that may affect a client's range-of-motion (ROM). To perform this technique, massage therapists apply medium to firm pressure with the thumbs or fingertips at either the origin or insertion of a muscle, or a site of scar tissue formation, and then move quickly back and forth perpendicular to the affected tissue fibers. (Therapists may also work in a circular motion for variety, but should always start and finish with the perpendicular movement.) Among the various techniques described here, cross fiber

friction is one of the more uncomfortable techniques and may result in soreness or inflammation of the targeted area after it is performed; icing the targeted area after using this technique can help reduce its after-effects. Massage therapists should not use cross fiber friction if inflammation is present at the injury site or until the inflammation has been treated with ice or NSAIDs (see below). Therapists should let a client who is unfamiliar with cross fiber friction know the purpose behind applying this technique and what may result from its use.

Deep tissue

As its name implies, this technique typically involves the application of forearms and elbows with firm pressure to access deep layers of muscle tissue that are not readily accessible with thumb or finger pressure. (Therapists may use thumb or finger pressure, but it takes more time for them to reach deep tissue, because they cannot generate the greater pressure that forearms or elbows can.) The deep tissue technique is further characterized by slow and deliberate movements while the targeted muscle or muscles are minimally lubricated. When performing deep tissue work, massage therapists should not press muscle tissue down into bones, as this can damage both the muscles and bones of the athlete and result in

severe bruising. Instead, the applied pressure should move perpendicular to the bone or at as much of an angle away from the bone as possible. Massage therapists should check in frequently with the athlete for feedback about pressure and pain; some discomfort is normal during deep tissue work but sharp pain should be avoided. Therapists should avoid deep tissue massage when an athlete has a blood disorder or is taking medication that causes hemophilia (prevents blood from clotting), or, causes thrombophilia (increased blood coagulation) since the latter condition may lead to the development of a thrombosis (blood clot).

Directional massage

This technique is similar to the Myofascial Release technique (see below); however, it is applied to muscles as opposed to the body's fascia, is deeper, and is meant to be done during the acute phase of a muscle's injury (24-48 hours after the initial injury) between applications of ice. Without using any lubricant, therapists begin this technique by placing the fingers or thumbs perpendicular to a muscle's fibers near a muscle's origin with light to medium pressure. After the fingers or thumbs make contact with the muscle tissue, therapists use a short, one-inch deep stroke to push the muscle towards its insertion. Massage therapists should check in with clients to see if they are experiencing any sharp pain; if so, massage therapists should

stop. If a client is not experiencing sharp pain, therapists should continue the technique by slowly lifting fingers or thumbs out of the muscle and repositioning them one inch closer to the insertion; therapists should repeat the stroke until the origin is reached. Generally, massage therapists should make at least three passes from origin to insertion. Note that large or broad muscles such as the latissimus dorsi will take longer to treat than shorter muscles such as the infraspinatus, sometimes as long as 30 minutes. On occasion, this technique is more effective when moving from insertion to origin, so if working from origin to insertion proves ineffective for this technique, massage therapists should apply the technique in the opposite direction.

Hot stones



Warm-to-hot stones (120-150 degrees) may be utilized to direct heat deep into muscles. The application of heat deep into the muscles can have a sedative effect on the nervous system and effectively treats hypertension and manages pain by dilating

blood vessels and loosening superficial muscles, thereby giving therapists quicker access to deeper layers of soft tissue. Hot stones can be utilized in one of two ways; either as an extension of the hands so that the stones are kept in motion or by careful placement. When used as an extension of the hands, stones are usually heated to a temperature of 120-130 degrees and kept in constant motion so that they do not burn the athlete's skin. As the stones cool, the pace of the stones may slow until the stones

are no longer at an effective temperature (less than 116 degrees; a therapist trained to utilize hot stones will know when a stone is too cool to be effective). In the careful placement of stones, stones may be placed directly on the skin, provided they are not more than 120 degrees. Hot stones at a temperature greater than 120 degrees should be buffered by a towel or blanket to prevent burns on the athlete. As with a deep tissue massage, an open channel of communication between the massage therapist and the athlete helps to establish the comfort zone regarding the heat of the stones. While often effective in loosening soft tissue and very relaxing for any client, there are cautions against using hot stones. A hot stone massage is generally contraindicated if the athlete has diabetes or takes blood thinners. Hot stones are also contraindicated for female athletes who are pregnant or experiencing menopausal hot-flashes, or if the athlete has a sunburn.

Myofascial release

This technique is designed to eliminate restrictions that develop in fascia; broad, thin sheaths of connective tissue that surround muscles, bones, and organs. It is thought that by loosening this connective tissue, mechanical issues such as limitations to a client's range-of-motion (ROM) can be corrected. While deep tissue massage is usually considered a separate technique (see above), many therapists consider it a type of myofascial release as the pressure of the deep tissue technique overloads restrictions in deep layers of muscles and connective tissue until they release. For the sake of this course, however, myofascial release refers to the less invasive technique that utilizes light finger, thumb, or knuckle pressure across superficial areas of muscle and bone.

Generally, massage therapists use this technique by placing the fingers, thumbs, or knuckles upon a muscle's origin with light pressure and taking a moment to 'sink in' to the soft tissue.

Then, therapists move in the direction of the muscle fibers towards the insertion of the muscle, feeling for any restrictions or hardened areas within the tissue. Massage therapists should maintain light pressure at the restriction for up to five minutes until the tissue begins to feel warm to the touch and subsequently becomes softer. Finally, therapists should continue to move toward the muscle insertion until they complete the stroke and remove the fingers, thumbs, or knuckles from the skin slowly. If a restriction does not react to the initial stroke, the therapist may try softly pinning the muscle's origin with one hand while performing the stroke with the other hand.

This technique is sometimes uncomfortable for some athletes, as no lubricant is used on the skin and their bodies may generate heat in a manner they are not used to. This technique is almost always safe to use after the acute phase of the injury has passed, unless a client's discomfort is an issue.

Petrissage

This technique is effective for increasing blood flow, relieving chronically stressed muscles, and loosening muscles in preparation for exercise. Petrissage also assists the lymphatic system to move waste products through the body for removal. This technique is characterized by a kneading or squeezing motion with either the entire hand or between the fingers and thumbs. When performing petrissage, massage therapists apply

moderate to firm pressure to a large area of skin or a muscle group such as the biceps or upper trapezius and lift away from the surface or bone, then squeeze and release in a slow, circular, rhythmic fashion. In relation to sports injuries, this technique usually targets the belly, or 'meat,' of a muscle.

In cases when an area of the client's body cannot be petrissaged due to friction burns, cuts, scrapes, or other lesions, therapists can apply petrissage using the first two fingers and the thumbs on smaller areas of an affected muscle. Doing petrissage in this manner is not common, but may still effectively increase blood

Sports massage

This combination of techniques helps to facilitate athletes' performance and recovery. Depending upon their needs, athletes may elect to receive a massage prior to an event, after an event, or during their training cycle. Often, athlete will choose to receive a pre-event massage at the site of their competition in order to prepare their muscles for competition. The pre-event massage is characterized by quickly paced strokes such as petrissage, compressions, and vibration in order to stimulate blood flow to the muscles and is usually performed with the athlete fully clothed, ready for their competition. A post-event massage may likewise be performed at the competition site or will otherwise take place within a few hours of competing. Post-event massage focuses on relaxing the body with simple, slower strokes such as effleurage, while also stimulating blood and

Stretches

Stretches are used to lengthen muscles thereby increasing an athlete's ROM and allowing the joints to move more freely. Massage therapists generally use several stretching methods during a session with an athlete; passive (or static) stretching, and two types of **proprioceptive neuromuscular facilitation (usually referred to as PNF stretches)**. With passive stretching, a muscle is pushed or pulled away from its origin so that it is at a greater length than it would be at rest. Massage therapists usually hold his type of stretch for seven to ten seconds, which is the time it takes for muscle fibers to relax into a greater length using this technique.

A more effective stretch can be achieved with either of the two PNF stretches. The first is called an *Antagonist Contract (AC)* stretch. This type of stretch utilizes the reciprocal inhibition reflex to relax a muscle. To do this stretch, first, massage therapists bring the athlete's target muscle into its shortest length. Then, keeping the muscle at its shortest length, they have the athlete actively contract the target muscle's antagonist for three to four seconds with approximately 20 percent of the athlete's strength. Massage therapists should have the athlete repeat the contraction eight to ten times. After this cycle of having the

Trigger point therapy

Sometimes referred to as a form of Neuromuscular Therapy (NMT), this technique was developed in the 1940s by Janet Travel when she discovered that the palpation of some irritable muscles bundles (commonly referred to as knots) resulted not only in local pain, but pain distant from the site of palpation as well. Biopsies of these irritable muscle bundles, clinically referred to as *trigger points*, were electrically active tight spindles of muscle in the general muscle tissue. The tightness and electrical activity found in trigger points helps them to become self-perpetuating; the tightness stimulates an electrical impulse to the muscle spindles and the electrical impulses cause the spindles to contract, causing tightness. Although it is not known what initiates a trigger point, left untreated they may cause chronic pain across broad areas of the body.

Trigger point therapy attempts to relieve these sources of pain through a very particular application of pressure: The technique requires holding pinpoint pressure upon the irritable muscle bundle until the trigger point begins to twitch. Once the muscle begins to twitch, massage therapists should apply more pressure

flow and unbind tension when other techniques are ineffective. The technique is rarely contraindicated by itself, though the amount of pressure applied will depend on the athlete's preference.

lymphatic flow with petrissage to reduce recovery time. Massage therapists commonly incorporate stretches into both pre- and post-event massages and will target the muscles particular to the athlete's sport.

Athletes, more than any other particular population, use massage to recover more quickly from injuries; a 2010 study cited in the *Journal of Strength and Conditioning Research* discovered that even a few moments of targeted massage can improve the range of motion through the hips. In her own studies, Margaret Jones, Ph.D. of the American College of Sports Medicine, noted a decrease in muscle soreness in athletes who received either pre- or post-event massage.

client contract their antagonist muscle, therapists should be able to move the target muscle into a greater passive stretch.

The second type of PNF stretch is the **Contract Relax Antagonist Contract (CRAC)** stretch. This stretch takes an athlete through several rounds of contracting and relaxing a target muscle while the massage therapist resists the athlete's ability to move the muscle through its full ROM. Specifically, therapists will first use a passive stretch to take a muscle to the middle of its ROM, then ask the athlete to contract the muscle with 90 percent of their strength for seven to ten seconds while therapists resist the muscle's contraction. (Therapists should ask athletes to reduce their strength if they cannot hold them in position). When the client relaxes, therapists should be able to draw or push the muscle into a longer passive stretch. Therapists should repeat this cycle one to two times, and then perform the technique on the antagonistic muscle or muscle group. The resulting stretch on the target muscle usually has a greater effect and lasts longer than other methods of stretching. PNF stretches cannot always be performed, though, depending on which muscles an athlete has injured.

until the client says that the pain is about seven to eight on a scale of ten. (The client may also feel pain at a location away from the trigger point at this time if the trigger point is active. Trigger points that do not refer pain away from their general area are considered latent.) Massage therapists should continue to maintain pressure until the twitching stops – indicating that the perpetuating electrical signal has been interrupted – and the pain has subsided to at least a two to three on a scale of ten.

As it relates to sports injuries, trigger points are quite common in and around the area of the rotator cuff muscles, although trigger points may occur in any injured muscle. Trigger point therapy should not be used if the athlete is too sensitive to the trigger points being palpated, regardless of how beneficial the technique may be. And, as is the case with deep tissue massage, therapists should avoid trigger point therapy when an athlete has a blood disorder or is taking medication that causes hemophilia (prevents blood from clotting), or causes thrombophilia (increased blood coagulation) since the latter condition may lead to the development of a thrombosis (blood clot).

SECTION II: GENERAL TERMINOLOGY ASSOCIATED WITH SPORTS INJURIES

This section reviews some of the general conditions massage therapists are likely to encounter or see on an athlete's intake form. First, the general condition is listed alphabetically followed

by its description and symptoms. Then, any auxiliary information is discussed as well as whether any contraindications to massage exist.

Acute phase

In relation to medical terminology, the acute phase of an injury refers to the time immediately following an injury up to 72 hours afterwards. The symptoms of an acute injury include sharp pain, inflammation or swelling, loss of or decreased ROM, muscle weakness, tenderness at the injury site, and/or a visible deformity. These symptoms are contrasted against an injury's chronic phase, which typically includes dull aches while resting or performing physical activity, minor inflammation or swelling, a decrease in muscle strength, and/or a decrease in ROM.

Many of the injuries discussed later in this course will be contraindicated for massage therapy during the acute phase. Until massage therapy can be used to rehabilitate an injury, rest, ice, compression, and elevation (known as R.I.C.E., see below) is the default treatment for the acute stage of injuries.

Broken bones

In sports, a broken bone is usually caused by either colliding with another player or falling onto a hard surface. If the break is not a compound fracture (bone protruding from the skin), a broken bone may be difficult to diagnose and is therefore left to medical doctors. Broken bones may be characterized by intense pain, blood pooling under the skin, bruising, limited ROM or inability to move a limb, a misaligned limb or joint, numbness, and/or tingling. The site of a broken bone should not be massaged until a client has had clearance from their physician for massage therapy. This is because the recovery and setting time for broken bone injuries vary with the athlete's age, existing health, and what bone or bones were broken. Massaging the area around a broken bone may help stimulate blood flow to the injury and thus help repair the break, so long as the client does not experience pain while the area is massaged.

Burns

Many athletes experience friction burns (minor first-degree burns) by coming into contact with either playing surfaces such as a wood floor or grass court, or other athletes. Massaging a burn is often painful and may lead to further injury, thus, massage is locally contraindicated. The gentle application of soothing topicals whose ingredients include aloe vera, beta carotene, chamomile, hydrocortisone, or Vitamin E, however, is permissible with the athlete's consent.

Bursitis

Bursae are small fluid filled sacs that cushion the space between muscles, tendons, and bones near joints. On occasion, usually through frequent, repetitive motions, bursae become painful and inflamed; a condition known as bursitis. Bursitis commonly occurs near the glenohumeral joint (shoulder joint), at the elbow, at the trochanter (the hip at the head of the femur) and less commonly at the knee and posterior ankle near calcaneus (heel bone).

Contusions

Athletes that play contact sports often suffer contusions, an injury in which a physical impact damages muscle fibers and connective tissue. The damage may be severe enough to cause blood pooling, which is characterized by a noticeable discoloration and inflammation of the skin. R.I.C.E. (see below) is the immediate response for contusions. Deep tissue massage for contusions should be avoided for 48 hours after the injury occurs or until the injury site is no longer painful to touch and any swelling has subsided.

Hernias

Due to the forces athletes in contact sports are subjected to, hernias – the protrusion of an organ through its containing wall or cavity – are not uncommon for athletes. Hernias may be extremely painful and they should never be corrected by attempts to push an organ back into place. Only a physician should attempt to correct a hernia. Hernia rehabilitation should be conducted only under the guidance of a physician or physical therapist. Hernias are usually corrected with surgery, or in the case of a sports hernia (in which a muscle, commonly the

adductor magnus, ruptures at the pubis/pubis tubercle), under the guidance of a physical therapist.

Inflammation

The often painful redness and puffiness of skin and joints can have a variety of causes, as inflammation is one of the body's first lines of defense against pathogens and disease. When it comes to athletes, though, inflammation usually results from blunt force trauma, or a muscle, tendon, or ligament tear. In this case, inflammation is the body's attempt to remove damaged tissue. This attempt to remove damaged tissue is more specifically referred to as *acute inflammation*, where the body's response to a physical blow sees plasma and white blood cells pool in the injury site. On occasion, this type of inflammation lasts longer than it should and leads to chronic inflammation in which healthy tissue is destroyed alongside damaged tissue, prolonging or halting the rehabilitation process. In general, inflammation can be treated with icing the site of inflammation for up to 20 minutes at a time and/or compressing the site of inflammation with a sports wrap to reduce blood flow in the area.

Kinesio tape

More generally known as *elastic therapeutic tape*, Kinesio Tape became very popular among athletes after its exposure during the 2008 Summer Olympics when it was worn by beach volleyball player Kerri Walsh. Although only recently popular, Kinesio Tape was invented over two decades ago as a replacement for sports wraps. Kinesio Tape not only physically supports muscles during activity, it also lifts the skin away from muscle tissue so that blood and other bodily fluids can move more freely thereby speeding recovery. When applied properly, Kinesio Tape can allegedly improve ROM, improve strength, and reduce pain and inflammation. The tape is sweat-proof and water-resistant and will stay applied for three to five days making it a popular alternative to sports wrapping.



Muscle tear

Similar to contusions, this phrase means exactly what it suggests, a tear or tears of the muscle fibers due to overexertion, being overstretched, or physical impact. Muscle tears may be minor, damaging only small blood vessels, or major, separating a muscle and its tendon from its origin or insertion. (Major muscle tears require surgery to repair.) Muscle tears are characterized by pain even when the muscle is resting, and bruising, redness, swelling, and weakness of the affected muscle. R.I.C.E. (see below) is the immediate response for muscle tears. Therapists should avoid deep tissue massage for muscle tears for 48 hours after the injury occurs or until the injury site is no longer painful to touch and any swelling has subsided.

Myositis ossificans

This condition is particular to young athletes who have not yet completed puberty. In some instances, young athletes who suffer contusions or muscle tears may have their bodies repair damaged muscle tissue with bone tissue instead. Myositis ossificans may be indicated by a hard lump in a muscle. This condition can be very painful and severely limits a muscle's strength and ability to stretch. Preliminary studies indicate that the application of massage therapy will worsen this condition. Therefore, massage is contraindicated without the approval of a physician.

Sprain

When ligaments (the fibrous tissue that connects bone to bone) are forced to stretch beyond their normal ROM – for example, hyperextension of the knee – the resulting tear is known as a *sprain*. Sprains may be characterized by pain, inflammation, and the inability of a joint to bear weight, align correctly, or move a limb below the site of the sprain.

Strain

Generally less severe than sprains, there are two types of strains. First, when the musculotendinous junction (the area where a muscle starts becoming tendon) is forced into a stretch beyond its normal ROM and suddenly or forcibly contracted, the resulting tear is known as an *acute strain*. Mild strains that build up over time from constant overuse or repetitive stress at a joint – for example, a tennis player continuously volleying with force – result in *chronic strains*. In general, strains may be characterized by pain, inflammation, muscle spasms, a reduction in strength, and a reduced ROM near the strain.

An athlete working with a physician may have their sprain or strain categorized according to the severity of the injury. A mild, Grade I sprain or strain describes a minor over-stretching or tearing of a ligament or muscle. A moderate, Grade II sprain or strain describes a partially torn but still intact ligament or muscle and some degraded joint stability. A severe, Grade III sprain or strain indicates that there is a fully torn ligament or muscle and therefore, no joint stability. Massage therapists may work with the first two grades of sprains and strains once the acute phase of the injury has passed. They will not treat the third grade of sprains and strains, though, as only surgery can repair this level of injury. Of course, once surgery has been completed and an athlete's rehabilitation phase begun, therapists may help an athlete recover by loosening the muscles, reducing the scar tissue, and increasing the blood flow around the injury. Fighting inflammation may also be aided by making changes to the athlete's diet; foods and spices such as berries, garlic, oily fish,

olive oil, dark leafy vegetables, nuts, peppers, and turmeric have all been shown to reduce inflammation in the body.

R.I.C.E.

This is an acronym for rest, ice, compression, and elevation. R.I.C.E. is the default treatment for the first 72 hours of an acute injury. 'Rest' means taking the time to recuperate, allowing time for healing thereby reducing the potential for aggravating the injury. 'Ice' means applying ice or a cooling pack to the injury site for at least 10 minutes but no more than 20 minutes to fight inflammation and reduce pain. 'Compression' means wrapping an injury site to reduce swelling and for stabilizing injured joints. 'Elevation' means preventing the pooling of blood at the injury site by raising the injured area slightly above the head. R.I.C.E. is the immediate although general response to almost all sports injuries.

Note: An injured athlete should not be given non-steroidal anti-inflammatory drugs (NSAIDs) immediately following an injury, as NSAIDs thin the blood and may inhibit the blood clotting that is often a necessary part of the healing process.

Tendonitis

This injury refers to the *inflammation of a tendon*, the connective tissue that attaches muscle to bone. It is characterized by chronic pain, inflammation (occasionally), and muscular weakness. Therapists may massage on a tendon that has been inflamed provided they have first reduced the inflammation with ice or a cold pack.

SECTION III: SPECIFIC CONDITIONS ASSOCIATED WITH SPORTS INJURIES

Achilles tendinitis

The Achilles tendon is a tendon of the posterior leg and the biggest tendon in the body. This muscle originates where the soleus and gastrocnemius muscles combine, and it inserts at the inferior aspect of the posterior calcaneus (heel bone). As part of the soleus and gastrocnemius muscles, the Achilles tendon is responsible for plantar flexion. Because the Achilles tendon is integral to basic walking, running, and jumping movements, the additional strain of high performance sports make this part of the body highly susceptible to injury. On average, there are over 200,000 cases of Achilles tendon injuries a year, 89 percent of which affect men. The most common Achilles tendon injury occurs through overuse, resulting in inflammation and pain from micro-tears in the tendon. If left untreated, this condition may become chronic and leave a client unable to run, or, unable to run or walk without pain.

Achilles tendonitis is characterized by pain from the back of the foot to above the heel, pain upon plantar flexion of the foot or pointing the toes, general stiffness or tenderness of the tendon, and/or inflammation anywhere along the tendon. Treatment for this injury begins with checking for inflammation first. If inflammation is present but not to the degree of contraindication (that is, minor), ice should be applied to the affected area for at least 10-20 minutes to reduce as much swelling as possible before applying a massage technique.

Whether or not ice has been applied to the tendon before massage begins, massage therapists should prepare or 'warm-up' the Achilles tendon before massaging it as tendons are less flexible and have poorer circulation than muscles. Preparation for this injury should begin with the client in the prone position with the foot hanging off the massage table. (Massaging a client's Achilles tendon in the supine position is less effective.) The client's leg muscles should be relaxed while the massage therapist takes the foot of the affected leg through its unrestricted range-of-motion at the ankle. The massage therapist should keep an open line of communication with the athlete; during this time, the athlete should feel nothing more than the slightest pain as the massage therapist plantar flexes, inverts, everts, and especially dorsi flexes the foot (as dorsiflexion may stretch the tendon too far).

Next, the therapist may apply lubricant with light effleurage from the heel to the posterior knee in preparation of petrissage, which will increase blood flow to the area, preparing it for deeper work. The massage therapist should petrissage the posterior leg from the tendon at the heel, using fingertips to gently grasp and squeeze the tendon upward, then petrissage up the leg towards the knee, grasping more muscle mass as the massage therapist goes along. Again, the athlete should not be in any pain or discomfort at this point beyond that caused by the injury. Once three to four passes from the heel to knee are complete, the massage therapist may apply one or more complementary techniques.

Several complementary massage techniques have been shown to be effective for Achilles tendonitis; they are transverse mobilization, circular friction, and stripping. With transverse mobilization, the massage therapist's hands are perpendicular to the tendon so that the fingers of each can grasp the tendon, with no more than one inch between hands. Beginning near the heel, move one side of the tendon away from you while the other hand moves the tendon toward you, alternating several times. Done lightly without too much pushing or pulling in either direction should loosen any stiffness associated with the injury. With circular friction, the massage therapist should place fingertips on each side of the affected tendon starting near the heel and making light circular movements towards the tendon's origin. Once near the tendon's origin, the therapist should move back to the beginning and repeat for three to five minutes.

Stripping the Achilles tendon begins similarly to circular friction, but with the thumbs on each side of the tendon and moving them in unison up towards the tendon's origin and back again. Similar to the preparation phase, an athlete should not be in much more pain or discomfort beyond that caused by the injury during the application of these techniques. Upon the completion of these techniques, the therapist may want to ice the tendon once again, as any friction technique may cause inflammation.

Additional treatment and prevention

Rest, ice, compression, and elevation (RICE), pain-relieving anti-inflammatory medicines (NSAIDs), and Kinesio taping can help ease the pain and inflammation associated with Achilles

tendonitis. Athletes should not resume their sport until the injury is completely healed (usually 4-6 weeks) or the condition may worsen or become chronic. Therapists should recommend to their athletes that they rehabilitate with calf raises (a plantar flexion exercise) to strengthen their soleus and gastroc muscles.

Ankle sprain

The ankle is considered sprained when its ligaments are forced to stretch beyond their normal ROM and tear, causing pain, a loss of stability, and a loss of strength of the lower leg muscles. Inflammation often accompanies a sprain, as well. In most cases, the joint referred to as the *ankle syndesmosis*—where ligaments joins the lateral, distal ends of the tibia and fibula—is the site of most sports-related ankle sprains. An ankle syndesmosis sprain is more commonly referred to as a *high ankle sprain*. It results from the foot over-rotating inward, leaving the sole of the foot facing inward. Less commonly, the sole of the foot will roll outward, damaging the ligaments on the medial side of the ankle, but the force required to damage the medial ligaments is much greater than the force required to damage lateral ankle ligaments since the medial ankle ligament are shorter and stronger. Therefore, it is much more likely massage therapists will deal with a high ankle sprain when working with athletes.

An ankle sprain is categorized by degree: A first degree sprain involves only a minor ligament tearing that results in minor pain and loss of stability, allowing an athlete to continue walking. Usually, there is no inflammation with a first degree ankle sprain. A second degree sprain involves noticeable pain at the ankle even when not bearing weight, and a loss of stability often accompanied by inflammation. The athlete may still be able to walk on a second degree sprain, but not without pain and not without further damaging the ligaments. A third degree sprain is a complete tearing of the ligaments that results in a high degree of pain even when the ankle is not bearing weight, inflammation, possible blood pooling, and in most cases, a visible deformity that leaves the athlete completely unable to walk. Third degree sprains can only be fixed by surgery, although massage may speed recovery post-surgery.

For first and second degree ankle sprains, cross fiber friction will be the primary technique used to treat this injury, since it helps break down scar tissue as well as helps it from reforming while helping to realign existing connective tissue. To apply cross fiber friction at the ankle, massage therapists should first make sure

Broken clavicle

This common fracture occurs when an athlete falls onto the shoulder or an outstretched hand and more force than can be withstood is transmitted to the collar bone. The resulting injury is sometimes accompanied by an audible popping or snapping sound, is immediately painful, and felt somewhere between the neck and the acromioclavicular joint (the AC joint) where the clavicle meets the scapula's acromion. On occasion, the clavicle will appear deformed or out of place. The pain of this injury typically becomes worse when the athlete tries to move the upper arm through virtually any plane of movement. As with most broken bones, inflammation or blood pooling may accompany the injury.

Any type of massage done for the clavicle that goes beyond light pressure that is meant to assist or stimulate blood flow to the area of the injury should not be done until the bone is well into its mending phase, usually at least a month after the injury for adults. (Recovery times vary depending on the severity of the break and how much the athlete continues to use the upper arm.) With the injury well into the mending phase and any inflammation or swelling subsided, massage therapists will want to implement cross fiber friction first, as this will reduce scar tissue as well as prevent new scar tissue from forming. Regardless of where the fracture of the clavicle occurred, therapists will want to start cross fiber friction on the clavicle at the AC joint and work along the clavicle towards the neck. As always, massage therapists should work within the athlete's

Therapists should also recommend to athlete that they always stretch their Achilles tendon before training.

This injury is most common among runners, accounting for approximately 50 percent of annually reported cases in the U.S., followed by basketball players, tennis players, and gymnasts.

that the client is in a comfortable position, which may be either sitting or lying face up, or even lying prone with the feet hanging off the end of the massage table, if that is the most comfortable position for them. Next therapists should check for inflammation or swelling; they will want to apply ice to the injury site first if there is even a small amount of inflammation or swelling present.

Once therapists are sure that the acute stage of the injury has passed and there is no inflammation or swelling, they can apply cross fiber friction near the site of the injury and work slowly towards it, along the length of the injured ligament. Therapists should use as much pressure with the friction that does not cause athletes to feel too much pain. Too much pain leads to muscle guarding which will lead to pressure on the ankle ligaments causing more pain. Therapists should continue the cross fiber friction for up to 10 minutes, then check for inflammation or swelling; if present, apply ice and discontinue massaging the ankle. Then, therapists should not reapply cross fiber friction until at least 24 hours have passed.

Additional treatment and prevention

Rest, ice, compression, and elevation (RICE), NSAIDs, and Kinesio taping can help ease the pain and inflammation associated with ankle sprains. Massage therapists may recommend to athletes that they wear an ankle support if they are not doing so already. Athletes should not resume their sport until the injury is completely healed (depending upon the degree of the sprain, anywhere for a few days to months) or the condition will worsen. Once recovered, athletes may want to incorporate a balancing device known as a *wobble board* into their training program, which will help them regain their strength and increase their stability at the ankle.

According to the American College of Sports Medicine, ankle sprains account for more than half of all sports injuries. This injury is most common among runners, followed by football players, basketball players, soccer players, and tennis players.

tolerance for pain, remembering that the pain threshold will decrease as therapists approach the site of the break. If the site of the injury is too sensitive to pain, therapists should work as closely as they can to it. They may also use ice to numb the area near the injury. However, if the athlete has already indicated that working the injury site is too painful, therapists avoid direct pressure on that area; it may cause further damage otherwise. Having worked the clavicle itself, therapists may want to perform cross fiber friction along the upper one third of the sternum to loosen any restrictions there that may have occurred from the body trying to stabilize the injury.

Because muscles surrounding an injury tend to become tense, massage therapists may also want to massage the pectoralis major and the neck muscles such as the sternocleidomastoid (SCM), scalenes, and upper trapezius with some simple effleurage or petrissage on the affected side. They may also want to search for trigger points along the SCM and scalenes at this time. Loosening these muscles will help restore mobility of the clavicle if not reduce the pain.

Additional treatment and prevention

Includes NSAIDs and ice for pain management and to help reduce inflammation and swelling.

This injury is most common among football players, bicyclists, and skiers.

Cervical (neck) injuries

Given the number of neck muscles involved in supporting and moving the head, sprains and strains involving the neck and cervical spine are common in contact sports. In fact, neck injuries involving the cervical spine account for more than half of all career-threatening injuries. As athletes become bigger and stronger, there is ample opportunity for neck muscles to become overloaded or overpowered by outside forces. Usually, these outside forces are other players who, in colliding with another athlete, can cause an overextension or over-flexion of the head in any number of directions. On occasion, athletes can injure themselves by causing compression on their own vertebral column, such as in the case of high platform divers when their head comes in contact with the water.

There are five muscles/muscle groups that are typically involved in neck sprains and strains in athletes. They are the sternocleidomastoid (SCM), scalenes group, upper trapezius, levator scapulae, and the suboccipital muscles. This course reviews the techniques for each muscle separately.

The SCM, which rotates the head to the opposite side and assists flexion and lateral flexion of the neck, originates at the lateral portion of the sternum and the medial third portion of the clavicle and inserts at the mastoid process behind the earlobe. Sprains or strains of the SCM usually occur at the insertion, causing tension throughout the muscle's length. Massage therapists should treat the insertion with cross-fiber friction, and the rest of the muscle with directional massage, myofascial release, stretches, and trigger point therapy. Note that doing direction massage and myofascial release will be done from insertion towards origin with this muscle and that because of this muscle's proximity to the trachea (windpipe), it can be uncomfortable for the athlete. Trigger point therapy (if trigger points are indicated by pain behind or in the ear, or by pain just above the eyebrow) can be done by pinching the SCM between the thumb and fingers and drawing the SCM away from the trachea which may be a slightly more comfortable approach to an SCM injury. Passive stretches are most suitable for stretching the SCM; therapists should avoid AC and CRAC stretches, as these techniques are often reported as being uncomfortable for SCM injuries.

Next, the scalenes group (anterior, medial, and posterior scalene muscles) collectively originate from the transverse processes of C2 to C7 and insert onto the first and second ribs. An injury to one or more of the scalene muscles may be indicated by pain when flexing the neck to the same side as the scalenes, or by pain upon inhalation, as the scalenes assist breathing by elevating the first two ribs. Treating the scalenes can be done with deep tissue, directional massage, hot stones, myofascial release, stretching, and trigger point therapy. Therapists can apply deep tissue massage to the scalenes with a thumb or the first two fingers, working from insertion to origin. As with the SCM, deep tissue, directional massage, myofascial release, and trigger point therapy (if trigger points are indicated by pain to the upper arm or thumb and index finger) for the scalenes should be done from the head towards the body, although it is not expected that the insertion at the ribs will always be reached, particularly if an athlete has well-developed upper trapezius or pectoralis muscles. Particularly tense scalenes are a prime candidate for the application of long, flat hot stones to reduce tension. Any stretching technique is also suitable for the scalenes, although CRAC stretches are particularly beneficial since CRAC stretches utilize opposing scalene groups to relieve their own tension.

The upper trapezius muscles originate at the occipital protuberance and medial superior nuchal line and insert at the spine of the scapula, the acromion, and the lateral one-third of the clavicle. In relation to other neck muscles, the upper

trapezius muscles are strong, and it is uncommon for them to be sprained or strained. When a strain does occur near the trapezius muscle's origin, the injury is actually to the suboccipital muscles, which are much weaker. However, the upper trapezius can become extremely tense due to their long and broad nature. Tension in the upper trapezius is best treated with petrissage, hot stones, and trigger point therapy, with petrissage and hot stones targeting the belly of the muscle. Conversely, trigger point therapy (if trigger points are indicated by pain in the posterior neck or temples), will usually be found near the insertion at the acromion and lateral third of the clavicle.

Levator scapulae, below the upper trapezius, originates from the transverse processes of C1 to C4 and inserts at the superior angle of the scapula. Among other actions, the levator scapulae unilaterally flexes the head and rotates the head to the same side. This muscle can be treated with directional massage, myofascial release, trigger point therapy, and some stretches. Once again, directional massage and myofascial release will be done from the head towards the body. Trigger point therapy may be more beneficial, though, as trigger points are exceedingly common near or at the muscle's insertion. Stretches for the levator scapulae should involve mostly passive stretches, as AC and CRAC stretches involve the contraction of too many muscles to be practical, time management wise.

Finally, the suboccipital muscles are eight muscles (four on each side) that lie just inferior to the skull's occipital bone, deep to the upper trapezius. These muscles serve to rotate, extend, and laterally flex the head. By themselves, this muscle group is relatively weak, making it prone to sprains and strains. When these muscles are injured, the resulting pain is almost always accompanied by inflammation and is tender to the touch. (As always, avoid hot stones if inflammation is present.) The application of ice before massaging the suboccipitals will do much to ease the athlete's discomfort when performing the necessary cross fiber friction along the inferior portion of the occipital bone and moving towards the mastoid process. Trigger points can routinely be found by applying finger pressure in this area (as if trying to reach under the occipital bone), which will result in a pain referral to the area behind and above the ear. The suboccipital muscles are not particularly well-suited for stretches.

While it is not uncommon for neck muscles to be injured during competition, sometimes an injury is more serious and involves an injury to the cervical spine itself, such as a herniated disc. Massage therapists are only qualified to work on soft tissue structures such as muscles, tendons, and ligaments. Therapists should never attempt to fix a herniated disc by pushing the disc back into place. In such cases, therapists may either massage to relieve the tension in muscles surrounding the herniated disc or otherwise follow a course of action outlined by the athlete's physician.

Additional treatment and prevention

NSAIDs will help alleviate the inflammation associated with a suboccipital injury. Kinesio tape has been shown to be a very effective aid for the upper trapezius and levator scapulae. Tension in the upper trapezius and scalenes can be reduced with the application of heat, such as a hot towel around the upper shoulders and neck.

Cervical injuries are most common in contact sports such as football, hockey, and wrestling, as well as several non-contact sports such as diving and power lifting. It is estimated that among football players alone, a minimum of 10-15 percent of players will suffer a neck injury some time during their career due to the greater body weights colliding against each other at high velocity.

Concussion

Concussions result from a blow to the head and are common in contact sports. Although there are several grades of concussion, the general symptoms include amnesia, confusion, difficulty concentrating, depression, disorientation, dizziness, headaches, fatigue, feelings of lost time, a loss of balance, pressure or pounding in the head, sensitivity to light or noise, tinnitus, nausea, vomiting, and vision problems. In some cases, a concussion will be accompanied by a loss of consciousness, though a loss of consciousness does not necessarily indicate more severe symptoms. Due to the number of symptoms involved with a concussion, it is not always diagnosed. However, athletes who suspect a concussion should be diagnosed by a physician as undiagnosed and untreated concussions often increase the chance of returning to their sport and suffering a secondary concussion which may be more traumatic to the brain and possibly even fatal.

Among the massage techniques listed in Section I, none will provide any specific relief for the symptoms of a concussion. Craniosacral massage therapy, in which the large bones of the skull (the frontal, parietal, occipital, and temporal bones,

Delayed onset muscle soreness

This condition is considered less of an injury than a byproduct of the effects of physical exertion, specifically, activity in which muscles are contracted through what would otherwise be a muscle's relaxing, lengthening movement. An example of this type of activity would be when a runner is running downhill or when a weight lifter is slowly returning to the start position of a bicep dumbbell curl. Delayed onset muscle soreness (DOMS) normally occurs when athletes change their training program or dramatically increases their training intensity. (DOMS is also very common in clients new to physical activity.) The abnormal stress of changes to a training program causes micro tears in the muscle fibers which often causes minor inflammation. Although medical research does not yet understand the precise mechanism for why this type of activity causes soreness and pain, one theory is that the inflammation present in the muscle places pressure upon nerve endings in a muscle, causing pain, which causes a muscle to become tense, causing further pain. Contrary to popular belief, DOMS has very little to do with muscle fatigue or lactic acid build up in the muscles.

There is a wide variety of opinions to treat DOMS beyond the basic application of R.I.C.E., as there is very little research that supports any particular method of treatment. In using massage to ease the symptoms of DOMS, directional massage, hot stones, petrissage, and stretching appear to be the most useful of the several sports massage techniques reviewed in Section I.

Directional massage, which helps to lengthen the sore muscle, should be performed between bouts of icing, before any lubricants are applied to the skin, and within 24-48 hours

Groin strain

A groin strain or groin pull occurs when the medial thigh muscles, the adductors, tear near their origin at the pubic symphysis. The tear is normally due to a dramatic change in force on the adductors or a sudden change in hip direction. This injury is characterized by pain on the inner thigh near the groin and a loss of strength, particularly when bringing both legs together. Pain may also occur at the knee when raising the knee of the affected side. Groin strains are diagnosed according to degree: First degree strains involve pain but only a small loss of strength. Second degree strains involve pain, inflammation and swelling, and a greater loss of strength. Third degree strains are a complete tear of the adductors at the pubic symphysis, involve severe pain, bruising, muscle spasms, and a dramatic loss of strength and ROM. Due to the delicate region this injury occurs in, therapists not attempt massage therapy during the acute phase. For diagnosed second and third degree strains, therapists may want to withhold massage therapy until the injury has healed some on its own.

respectively) are manipulated to help move cerebral spinal fluid through the ventricular system of the brain and spine, has shown some promise in preliminary studies to alleviate the internal pressure sometimes associated with concussion symptoms. However, craniosacral work for concussion victims should only be done by therapists trained in that modality. The best thing for athletes to do who have suffered a concussion is to rest, both physically and mentally. This includes taking time off from their sport and any invigorating or weight-bearing exercise, as well as avoiding tasks which require too much attention, such as school/course work or playing video games.

Additional treatment and prevention

The athletes should take acetaminophen (Tylenol) for pain management and not aspirin or ibuprofen (Motrin or Advil); they should avoid blood thinning medications. Athletes should also avoid heavy meals with alcohol.

Concussions are most common in contact sports such as football, boxing, hockey, and soccer.

of exercise to prevent DOMS. Massage therapists should remember to work the full length of the affected muscle from the muscle's origin to insertion or insertion to origin, whichever is more comfortable for the athlete.

Hot stones may be used despite the assumed presence of inflammation. Although hot stones are normally contraindicated for inflammation, they appear to effectively treat mild subcutaneous inflammation, since in the case of DOMS, the hot stones often relieve the muscular tension that is part of the pain cycle.

Petrissage is probably the most widely used technique for dealing with DOMS, as its kneading and squeezing motion assists blood circulation and the flow of lymph throughout the body.

Finally, stretching techniques – particularly AC and CRAC stretches – should be employed to help ease DOMS since muscles affected by DOMS are often tense. With some athletes, it is possible none of these techniques will be useful, in which case you may try massaging a sore muscle's antagonist, which may help a sore muscle loosen by way of reciprocal inhibition.

Additional treatment and prevention

NSAIDs may be taken for pain relief. Prevention of DOMS will come naturally as an athlete's muscles become used to performing new actions or performing at a new level.

This condition is not sports specific and may affect athletes who make changes to their normal training routine.

Massaging the thigh's adductors may be uncomfortable for the athlete as some work is required near the genitals. Massage therapists should keep a clear line of communication open and use proper draping that is cinched around the upper thigh to prevent exposure. This helps to ensure an athlete's privacy. (Therapists may wish to ask the athlete to hold the top half and the bottom half of the draping together at the hip for further protection.) Once draped, with the athlete in the supine position, the therapist rotates the athlete's leg outward and pushes the knee towards the shoulder so that the affected leg forms a V-shape. The thigh's adductors are now fully accessible.

The two most effective techniques used to treat this injury are myofascial release and petrissage. At this point, the client should be properly draped and positioned. To use myofascial release, therapists will work from the insertion of the gracilis muscle on the medial, proximal tibia towards the origin of the adductor magnus just below the pubic symphysis or as close to the pubic symphysis as an athlete is comfortable with. Massage therapists

will also use petrissage liberally, starting just above the inside of the knee, moving up as close to the pubic symphysis as the athlete is comfortable with. Although using petrissage liberally is useful for groin strains, therapists should not use petrissage for more than five minutes on a muscle group, as doing so may tighten rather than loosen muscles. Very gentle passive stretches that do not bring the athlete into any amount of pain are permissible, although therapists should avoid AC and CRAC stretches for this injury until the athlete no longer experiences pain during adducting movements.

Lower back pain

Injuries to the lower back do not discriminate. While lower back injuries come in many forms – strains, spondylolysis, spondylolisthesis, and herniated discs – this course will focus on strains, the muscular dysfunction massage can most effectively treat. Muscle strains of the quadratus lumborum (QL) and erector spinae group (spinalis, longissimus, and iliocostalis) are exceedingly common: *The Journal of Sports Medicine* estimates that lower back strains account for as much as 20 percent of injuries among football players alone. If not treated soon enough, lower back strains can lead to a myriad of problems such as altering a runner's gait which may lead to *runner's knee* or *shin splints* (see below).

Note: Therapists may work with cases of mild to moderate lower back strain, but if an athlete presents with severe pain, it is contraindicated for massage and the athlete should be referred to a physician.

With the exception of counter torque twisting and petrissage, any of the remaining techniques – cross fiber friction, deep tissue, directional massage, hot stones, myofascial release, stretches, and trigger point therapy – can be used to ease the pain of lower back strains and restore function. Naturally, where therapists apply each technique will depend upon which muscle is injured, but massaging the surrounding muscles (the erector spinae group if the QL is injured and vice versa) can only help and certainly should be done after treating the strained muscle.

To treat the QL, therapists should begin with cross fiber friction at its origin at the posterior superior iliac crest and work towards the spine. They should then treat the QL insertion along the lumbar vertebrae and at the inferior border of the athlete's lowest rib. Next, therapists should try myofascial release as lower back pain sometimes results from superficial restrictions between skin and muscle tissue and not a strain at all. If the athlete experiences no relief after attempting myofascial release, therapists should engage the QL with directional massage. After one passage of directional massage, therapists should move slowly into the QL with a forearm or elbow, as the QL is fairly broad and will take a while to work if using directional massage alone.

Deep tissue is also a good technique for this injury because therapists can approach the QL from several angles: With athletes in the prone position, massage therapists can approach the QL from the side, pushing their forearm into the soft tissue between the iliac crest and the last rib, even using the elbow to give the iliac crest cross fiber friction. Or massage therapists can lean over the client and lay their forearm or elbow into the thoracolumbar fascia near the spine and work their way between the iliac crest and the last rib towards the outside of the body. (Therapists should be mindful of their body mechanics here to ensure they don't slip and fall on the athlete's injured back!) Therapists can also have the athlete lay in a side-lying position with the affected side up and a pillow between the uninjured side and the table; this position gives massage therapists full access to the QL and makes deep tissue and trigger point work much easier. Trigger points in the QL are common and are usually found just below the QL's insertion at the last rib.

Additional treatment and prevention

Besides R.I.C.E. before and after a massage, the best prevention for a groin pull is to focus on stretching the adductor muscles before activity and gradually build up to the level of activity that is required of the athlete's sport. After recovery, the athlete should focus on exercises that strengthen the inner thigh.

This injury is common among athletes who participate in sports that require a great deal of inner thigh strength such as football, ice hockey, soccer, and volleyball. Among ice hockey players, groin strains affect one out of every 10 players.

(Massage therapists should be careful to stay on the QL and not stray into the area of the kidneys, which are only partially protected by the lower ribs.) Trigger points in the QL will refer pain to the gluteal muscles, the greater trochanter of the femur, and the region just above the anterior iliac crest.

If trigger point work is too painful for an athlete, hot stones are highly effective for relieving pain and reducing tension. Massage therapists should be sure to work the stones into the QL and not simply left on the spine, as this will only help the erector spinae muscles. Stretches are highly effective for mild to moderate back strains, too. Massage therapists should use AC and CRAC stretches by resisting the athlete's movements with their hands on the iliac crest when they hike their hip (hiking the unaffected side for AC stretches, alternating hiking each side for CRAC stretches).

Massage therapists can treat the erector spinae muscles with all the same techniques, although they may have to cover more territory, since the erectors as a group run the length of the spine from the thoracolumbar fascia to the vertebrae of T1 and T2. While therapists may be able to massage a particular strained erector muscle, it is not unusual for a strained erector in the lower back to cause tension in the middle to upper erectors as the muscles working as a group attempt to stabilize the trunk. If there are time constraints during a massage (the athlete wants a full body massage with attention to the lower back, for example), using hot stones over the length of the strained erectors is the fastest way to treat them. Massage therapists can provide a stretch for the erectors in much the same manner as they would the QL, but they can also include an easy passive stretch for the muscle group by using traction on the feet and head (slowly pulling the feet or head away from the body, lengthening the spine). And, although not listed among the techniques in Section I, a gentle compression and vibration with the palm of the hand on the athlete's sacrum may help release tension of the QL and lower back erectors.

One important aspect of lower back pain and strains that is often overlooked is the potential for the psoas major to be involved. Due to the proximity in which the psoas major lies in relation to the QL, trigger points in the psoas muscle can mislead athletes into thinking they have hurt their lower back, when in fact, they have injured their main trunk flexor. To assess the psoas without feeling them, its trigger points will refer pain to the region of the QL itself. Massage therapists should also ask athletes if they experience lower back pain when they flex their trunk as opposed to extending their trunk.

If they feel more pain when flexing their trunk, the psoas is involved. Accessing the psoas to work trigger points requires therapists' fingertips to gently penetrate the rectus abdominal muscle approximately one inch below the navel and one inch lateral to the body's midline. Accessing the psoas is easier if therapists bring an athlete's leg into a 45-degree angle and push it slightly towards the midline, which will bring slack to the rectus abdominal muscle. Once therapists feel the psoas just medial to the spine between T12 and L5, they can move their fingers up or down the muscle to search for trigger points. Massage therapists should be sure to check in with an athlete, as psoas work is uncomfortable for many clients.

Additional treatment and prevention

When athletes have chronic pain, they should try to move into and stay in a position of least pain. Appropriate positions may be lying on their back with their legs elevated, lying on their stomach (sometimes with a pillow under their stomach), or on their side. At the very least, they should avoid sitting in the same position for long periods of time. After athletes recover, they should incorporate core strengthening exercises such as planks

Plantar fasciitis

This injury is a common form of tendonitis that affects the foot's plantar fascia, which spans the distance from the heel to the toes. It is characterized by pain in the arch of the foot or at the heel, particularly in the morning before the fascia of the foot has had a chance to warm up and bear body weight. Although the name of this condition implies inflammation is present (as the 'itis' suffix denotes 'inflammation'), recent studies indicate that more than 50 percent of plantar fasciitis cases are actually instances of a degree of degeneration of the plantar fascia. The degeneration may cause scar tissue to form, causing the plantar fascia to lose mobility.

Because of the thickness of the plantar fascia, deep tissue massage is most helpful for treating this injury. However, before performing deep tissue on the plantar fascia itself, massage therapists may want to work the Achilles tendon first, employing petrissage while the athlete is lying in the prone position. (The feet don't need to hang off the end of the table as is suggested when treating Achilles tendonitis. A bolster inserted at the ankles helps when massage therapists attempt deep tissue on the plantar fascia after massing the Achilles tendon.) Therapists should petrissage the posterior leg from the tendon at the heel, using fingertips to gently grasp and squeeze the tendon upward, then petrissage two or three inches up the leg towards the knee. Once therapists warm up the Achilles tendon with the athlete in the prone position, they can prepare the plantar fascia for deep work by using their thumbs to strip the soles of the feet from the heel to the base of each toe, making several passes first through the arch to the first phalange (big toe) and

Runner's knee

Injuries to the knee account for more than 50 percent of documented sports injury cases for runners. Of these cases, approximately one out of every four is in the form of torn ligaments or damaged cartilage that will require surgery to repair. The remaining three out of four cases are usually categorized according to one of two types of dysfunction at the knee; patella femoral pain syndrome (PFPS) or iliotibial band syndrome (ITBS). Either case may occur when the knee joint is repetitively stressed from constant movement.

As its name implies, PFPS is particular to the front of the knee. The pain of PFPS is usually caused by damage to or irritation of the muscles or tendons around the knee. The damage to or irritation of the muscles or tendons around the knee is commonly due to simple overuse, improper stretching, or an imbalance between muscles. Conversely, ITBS primarily affects the side of the knee. The pain associated with ITBS may be restricted to the outside of the knee or run the length of the iliotibial band from the outside of the knee all the way up to the hip. ITBS can be further characterized by inflammation or swelling on the outside of the knee as well as at the greater trochanter of the femur. Unlike PFPS, ITBS is usually due to poor training or performance habits or musculoskeletal imbalances. Massage therapists should also note that in rare cases, pain at the knee can be referred pain originating from injuries to or hypertension in the hips, lower back, or gluteal muscles; these areas should be checked to rule them out if the immediate cause of knee pain is not obvious.

Knowing or figuring out what the precise cause is of either type of knee injury allows massage therapists to determine how to treat PFPS or ITBS. Where overuse or muscle imbalances cause runner's knee, almost any of the sports injury techniques listed

and side planks. Using an inversion table to apply traction is an easy way to stretch the lower back muscles.

Lower back injuries and strains may afflict any athlete in any sport, although strains tend to occur more in athletes that constantly hyper-extend their back, as baseball players, golfers, gymnasts, and power lifters do. Runners may be prone to lower back injuries as well due to either the compression of the spine from constantly running on hard surfaces or tight hip flexors (such as the psoas, mentioned above).

ending with the fifth phalange (little toe). After this, therapists can carefully place an elbow on the heel and slowly repeat each stripping pass, checking in with the athlete about comfort level; this may cause pain. After performing the deep tissue strokes, massage therapists can apply firm thumb pressure perpendicular to the plantar fascia, running thumbs from the arch to the lateral portion of the foot and back again. Therapists can end treatment for plantar fasciitis with a passive stretch. Massage therapists should avoid using a CRAC stretch, because it involves using the injured muscle to assist the stretch, which may aggravate this injury.

Additional treatment and prevention

Athletes with plantar fasciitis should first take some time off from their sport to allow the plantar fascia to rest. After they return to their sport, athletes should consider professionally molded arch supports to prevent the injury from reoccurring. Another preventative measure is to keep the plantar fascia stretched by rolling a tennis ball or racquet ball under the foot, from the heel to the toes and back again. Athletes should perform this exercise for at least one minute, preferably in the morning or before physical activity. Performing a similar activity with a frozen water bottle after stretching the soleus and gastrocs can help manage pain.

Plantar fasciitis afflicts runners more than any other athlete, but may occur in any athlete who runs regularly or performs dynamic foot movements, such as tennis players.

in Section I (with the exception of cross fiber friction) may help to treat the quadriceps and hamstrings, or the fibularis longus and brevis if hypertension of these muscles are causing the performance imbalances that lead to ITBS. (This is rarely the case but does occur, so massage therapists will want to check the fibularis muscles to rule them out as a contributor to ITBS.) Cross fiber friction may be useful at the origin and attachment sites of the iliotibial band and around the knee so long as inflammation is not present in those areas. Myofascial release is most helpful for relieving the hypertension associated with ITBS so long as therapists remember to use the technique from the origin or insertion all the way to its other end. Any of the stretches may be incorporated as well, though massage therapists will want to avoid moving clients into any position that is painful or places too much stress on the injury. For this latter reason, massage therapists may want to avoid the PNF stretches for runner's knee.

Additional treatment and prevention

For an athlete's self-care, the general prevention of runner's knee calls for a proper warm-up period that includes stretching. Proper equipment can also greatly reduce the potential for injuries. For runners, choosing and replacing shoes as well as replacing insoles regularly is a must. Runners should also vary their running surfaces which enables the muscles around the knee to strengthen as they adapt to different environments. For bicyclists, proper body alignment on their bicycle and varying their riding position on occasion should be considered. More generally, an athlete that is able to cross train can rest the muscles that act upon the knee thereby preventing an overuse injury. And, of course, during a competition, a pre- and/or post-sports massage may be very useful for preventing injuries later.

Although runner's knee affects runners most of all, this sports injury also commonly affects bicyclists and athletes that play basketball, football, soccer, and volleyball.

Shin splints

Another common running injury, noted biologist and running author Daniel Leiberstein estimates 35 percent of all running injuries are shin splints (clinically referred to as Medial Tibial Stress Syndrome, or MTSS). Shin splints is a generic term for the pain, inflammation, and swelling that occurs in and around the tibialis anterior muscle of the lower leg. Pain may also occur along the lateral border of the tibia. Shin splints are further characterized by weakness at the ankle and during dorsiflexion. There are several causes of shin splints, although among athletes the cause is usually due to tendonitis at the upper two-thirds of the lateral tibia from either prolonged bouts of running on hard surfaces or playing sports that require quick stopping and starting motions, such as tennis and basketball. When the cause among athletes is not tendonitis at the upper two-thirds of the lateral tibia, shin splints are often due to the presence of trigger points which may refer pain anywhere along the length of the tibialis anterior and as far as the first phalange (big toe).

To treat shin splints, massage therapists can employ cross fiber friction, deep tissue, directional massage, hot stones, myofascial release, stretches and trigger point therapy. Before using deep tissue, hot stones, or trigger point therapy, therapists may wish to attempt the techniques that do not require a lubricant. Cross fiber friction can be applied at the tibialis anterior's origin and along the lateral border of the tibia. (Cross fiber friction at the lateral border of the tibia will help free the tibialis anterior from any restrictions where the muscle meets the bone.) Therapists should first attempt directional massage and myofascial release from where the inferior tibialis anterior tendon begins to cross from the instep and medial side of the ankle to the lateral side of the ankle and working towards the insertion at the upper two-thirds of the lateral tibia. To perform deep tissue work, therapists should stand next to the massage table facing the foot of the

Shoulder injuries

Because it is the most flexible joint in the body, there is a wide variety of injuries that can occur at the shoulder. As far as sports injuries are concerned, though, rotator cuff injuries and adhesive capsulitis (also known as *frozen shoulder*) are the two most common shoulder injuries and account for upwards of 20 percent of all sports injuries. Both conditions are generally characterized by continuous pain even at rest, a decrease in shoulder mobility, a decrease in shoulder strength, crackling or popping sounds at the shoulder when moving the arm, and an inability to sleep on the affected shoulder's side. Dislocated shoulders are the third most common shoulder injury; they involve the previously mentioned symptoms but also include inflammation, swelling, and discoloration. Any athlete displaying symptoms of a dislocated shoulder should be referred to a physician immediately. Dislocated shoulders are contraindicated for massage and will not be addressed here.

Rotator cuff injuries typically refer to the partial or full tearing of one or more of the four rotator cuff muscles – infraspinatus, supraspinatus, subscapularis, and teres minor – and are usually the result of repetitive overhead motions such as those performed by swimmers, baseball pitchers, and tennis players. (According to the *National Institute of Health*, rotator cuff injuries are the dominant injury among baseball pitchers in particular and baseball players in general.) If an athlete has not been diagnosed by a physician but massage therapists suspect this specific injury, they should identify which rotator cuff muscles are injured. To do this, therapists should ask the athlete to move the arm through the movements specific to each muscle and determine when pain or stiffness occurs. For the infraspinatus and teres minor, pain or stiffness will occur or become worse when externally rotating the arm.

affected leg. With the hand nearest the foot, massage therapists will rotate the foot of the affected leg towards the other foot so that the tibialis anterior is facing upward. With the opposite arm, therapists gently lean into the muscle at the insertion with a forearm or elbow, being sure to check in with the athlete about pressure and pain levels. Massage therapists should use care; this area of the body is not as sensitive to pressure and pain as other areas, so it is easy to further injure an athlete. Therapists should always allow time for the muscle tissue to soften under their forearm or elbow before slowly gliding their stroke down towards the tendon at the ankle. Hot stones are a good way to soften up the tibialis anterior muscle before deep tissue work.

Following up deep tissue work with hot stones is an equally good idea, as the stones may lessen any soreness associated with the deep work. Massage therapists may also search for trigger points anywhere in the muscle during the application of any other technique, however, they are most likely to find one – if present – in the upper half of the muscle close to lateral border of the tibia. Next massage therapists will end treatment for shin splints with a passive or AC stretch, both of which will involve plantar flexion of the foot. Therapists should use a CRAC stretch until the injury is well on its way to recovery.

Additional treatment and prevention

Besides the common protocol for all sports injuries, runners in particular may wish to either change the type of surface they run on, change the manner in which they run, and/or change their running shoes. An ankle brace or Kinesio tape may help re-stabilize the ankle.

This injury occurs more often with runners by a wide margin, followed by tennis players, basketball players, and soccer player.

For supraspinatus, therapists should have the athlete raise the arm laterally. A subscapularis injury reveals itself when the athlete rotates the arm inward. The opposite motion produces pain in an injured infraspinatus. Treating rotator cuff injuries may involve the use of cross fiber friction, directional massage, hot stones, myofascial release, and trigger point therapy. When applying these techniques, massage therapists should keep in mind two things: First, hot stones are difficult to use on the subscapularis because of its position deep to the axillary fold (under arm). Long, thin stones are best for applying heat to this muscle when an athlete is in the supine position. Second, massage therapists can save time trying to find a trigger point in any given muscle by knowing its pain referral pattern. Infraspinatus refers pain to the middle and anterior deltoid and to a lesser degree, the outside of the arm as far as the wrist. Supraspinatus refers pain to the middle and posterior deltoid as well as the posterior elbow. Subscapularis refers pain to the posterior deltoid and occasionally the posterior wrist. Teres minor refers pain to the posterior deltoid and to a lesser degree, the triceps close to the deltoid. Massage therapists may also incorporate stretches, as long as they do not produce pain. However, massage therapists should stretch all rotator cuff muscles even if only one is injured, as the non-injured muscles may become overworked by compensating for a single injured muscle.

Note that massaging the rotator cuff muscles will provide relief; however, ending the massage with the rotator cuff muscles is not enough. This is because rotator cuff injuries tend to induce tension in the surrounding muscles such as the upper trapezius, rhomboids, latissimus dorsi, deltoids, and pec major as the body attempts to stabilize the shoulder region. Therapists may use the same techniques to treat these muscles as the rotator cuff muscles.

Adhesive capsulitis is the clinical term for frozen shoulder, an injury characterized by extreme tension of the rotator cuff muscles and inflammation at the glenohumeral joint (shoulder joint) which may cause scar tissue to form. The scar tissue causes less room for the humerus to move freely at the shoulder joint, resulting in pain and a dramatic decrease in ROM. There is no known specific cause of this injury, although it becomes more common with age, particularly after the age of 40. As far as athletes are concerned, adhesive capsulitis normally occurs after a fall onto the affected shoulder instead of resulting from an overuse of muscles. In these ways, adhesive capsulitis differs from the tears that characterize the rotator cuff injuries mentioned earlier. Surgery is often prescribed to repair this injury, which leads to a one- to three-year recovery period. Athletes should consider massage to treat adhesive capsulitis before consenting to surgery.

Due to the extra tension of the rotator cuff muscles associated with this injury, the primary techniques for treatment include directional massage, hot stones, myofascial release, stretches, and trigger point therapy. (Therapists should not use cross fiber friction to treat this injury, because it may create more inflammation in the shoulder region. For this injury, massage therapists should treat the tightened muscle bellies that are a byproduct of adhesive capsulitis and not the tears near muscle origins and insertions normally associated with other rotator cuff injuries.) Therapists should begin with myofascial release and directional massage on each of the rotator cuff muscles, checking in with the athlete about the pain level. After

Tennis elbow

Tennis elbow is the generic term for the inflammation and pain that occurs at the lateral epicondyle of the humerus and weakness at the wrist due to the repetitive use of the forearm's extensor muscles. (This injury is not to be confused with Golfer's elbow, a similar but less common overuse injury that causes swelling at the medial and lateral epicondyle of the humerus due to a repetitive use of the forearm's flexor muscles.) The symptoms of this injury are due to small tears of the extensor muscles' common tendon through which synovial fluid, the fluid that lubricates joints is lost, making any movement at the elbow painful. Sometimes the degree of the tendon damage requires surgery to repair.

When surgery is not required, massage therapists can treat tennis elbow using counter torque twisting, cross fiber friction, directional massage, petrissage, and trigger point therapy. Before using any of these techniques, however, the lateral epicondyle should be iced for a few minutes to reduce inflammation and pain. Once the injury has been iced and the athlete is in the supine position, therapists can attempt counter torque twisting by beginning at the wrist and working up the forearm towards the elbow. Then, therapists should cross the elbow so that they are counter torque twisting the forearm with one hand and the bicep with the other. Massage therapists should finish by conducting counter torque twisting on the bicep.

Next, they should try cross fiber friction perpendicular to the extensor tendon above and below the lateral epicondyle. (Therapists should remember to ice before and afterwards when performing cross fiber friction for tendonitis injuries.) Directional massage is a good follow-up to cross fiber friction. Therapists can begin the technique by placing the athlete's arm in its reverse anatomical position (palm face down) and holding the hand down while sinking into and engaging the extensor muscles at the wrist. Then, therapists should move one inch

applying lubricant, massage therapists will use hot stones or begin searching for trigger points, recalling the pain pattern of trigger points in the rotator cuff muscles reviewed earlier. With adhesive capsulitis, trigger points almost always exist present, so massage therapists may wish to use this technique first or entirely on its own. Finally, because there are no tears associated with adhesive capsulitis, any of the three stretches (passive, AC, and CRAC stretches) should be safe to perform. However, massage therapists should stop if athletes state they are in pain through any of the movements (whereas simply feeling uncomfortable is to be expected).

Additional treatment and prevention

For rotator cuff tears, athletes should take NSAIDs and apply ice for pain management. Kinesio tape or a full shoulder brace can help support the shoulder muscles through simple actions. For adhesive capsulitis, athletes in severe pain should seek a corticosteroid injection from their physician, which will reduce the inflammation at the glenohumeral joint. Once an athlete has recovered from either of these injuries, therapists should recommend that the athlete takes more time than usual to stretch the rotator cuff muscles to include a simple forward and backward circumduction of the affected arm.

Rotator cuff tears occur in baseball players (particularly pitchers), swimmers, tennis players, and on occasion, golfers. Adhesive capsulitis occurs more often in contact sports or sports in which players come in contact with the ground, such as football.

towards the elbow, reduce their pressure and take out any slack in the skin, then repeat the procedure until they reach the elbow. Petrissage is a good technique to help loosen tense muscles surrounding the elbow and should be performed liberally on the upper forearm and bicep.

Lastly, therapists should search for trigger points among the various forearm extensor muscles and treat them if present. (If none are present, therapists may wish to check the biceps' brachioradialis, the triceps brachii, and supraspinatus, as trigger points in these muscles also refer pain to the lateral epicondyle.)

Additional treatment and prevention

As with many sports injuries, R.I.C.E. and NSAIDs are the standard course of action here. Acupuncture and Kinesio tape has been shown to be effective for reducing the pain associated with tennis elbow. Wearing an elbow brace can prevent tennis elbow from reoccurring by changing the direction of the forces on the forearm extensor's tendon. Affected athletes should also consider examining their performance techniques and equipment as deficiencies in either of these areas, such as using a racquet with too small a grip, may be causing the injury.

Per its name, tennis player and racquet sport athletes suffer this injury far more often than any other particular athlete.

The diversity of sporting activities means that there are many more sports injuries massage therapists may encounter when working with athletes. Although there is no standard protocol for treating any particular injury, the techniques listed in this course will give massage therapists the knowledge necessary to begin treating whatever injuries an athlete may have. Naturally, though, the best medicine is preventative medicine and these techniques may help an athlete from becoming injured in the first place. Massage therapists should ensure every athlete they meet knows about the potential benefits of massage therapy.

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MASSAGE THERAPY FOR SPORTS INJURIES

Final Examination Questions

Select the best answer for each question and mark your answers on the Final Examination Answer Sheet found on page 68, or for faster service complete your test online at **EliteLearning.com/Book**

26. Statistically, ____ out of every ten professional athletes will suffer an injury that requires professional treatment.
 - a. One.
 - b. Two.
 - c. Four.
 - d. Six.
27. When should deep tissue massage be avoided?
 - a. When an athlete is taking medication that prevents blood from clotting.
 - b. When an athlete has plantar fasciitis.
 - c. When an athlete has restrictions in deep layers of muscle.
 - d. When an athlete wants a full body massage.
28. What temperature should hot stones be to be effective?
 - a. 100-120 degrees.
 - b. 120-150 degrees.
 - c. 150-180 degrees.
 - d. 180-200 degrees.
29. What may occur during the application of myofascial release?
 - a. The athlete may get a headache.
 - b. The fascia may become more tense.
 - c. The fascia will become cold to the touch.
 - d. The fascia will become warm to the touch.
30. Which injury is particular to young athletes that have not yet completed puberty?
 - a. Contusions.
 - b. Hernias.
 - c. Myositis ossificans.
 - d. Broken bones.
31. What position should an athlete be in to treat Achilles tendonitis?
 - a. In the prone position with the foot hanging off the table.
 - b. In the supine position with the foot hanging off the table.
 - c. In a side-lying position with the foot hanging off the table.
 - d. In a side-lying position with a pillow or bolster under the ankle.
32. How long should a massage therapist wait before using massage therapy to help rehabilitate a broken clavicle?
 - a. One day for adults.
 - b. One week for adults.
 - c. One month for youths.
 - d. One month for adults.
33. Which stretch is the best stretch for the scalene muscles?
 - a. PNF stretch.
 - b. CRAC stretch.
 - c. AC stretch.
 - d. Passive stretch.
34. When does delayed onset muscle soreness usually occur?
 - a. Soon after a sudden and forceful change in direction.
 - b. Immediately after forceful repetitive motions.
 - c. When athletes change their training program or dramatically increases their training intensity.
 - d. Before a sports competition.
35. What muscle is often overlooked as a source of lower back pain?
 - a. Lower trapezius.
 - b. Latissimus dors.
 - c. Tensor fasciae latae.
 - d. Psoas major.

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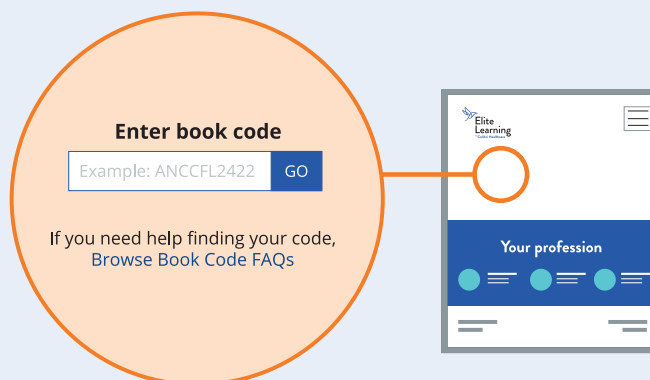
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