

the College STANDARD

Autumn/Winter • Volume 14 – Issue 2



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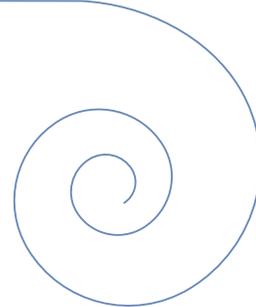
Online registration renewals

Upcoming elections



the College STANDARD

The College of Massage Therapists of Ontario is dedicated to excellence in protecting the public, serving its members, and promoting the highest possible quality of the practice of massage therapy in a safe and ethical manner.



Council

Executive Committee

Rick Overeem, RMT, President
District 6, Voice Mail #169

Wendy Hunter, RMT,
Vice President
District 4, Voice Mail #166

James Lee, Executive Member
Public Member, Voice Mail #168

Council Members

Denise Aumont, RMT
District 1, Voice Mail #160

Lauren Carnegie, RMT
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Babar Chaudhry, Public Member
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Lynn Dobson, Public Member
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Ian Dolmage, RMT
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Romilla Gupta, Public Member
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Dylan Swan, RMT
District 5, Voice Mail #170

Contributors This Issue

Rick Overeem, RMT; Deborah Worrall, BA, CAE, C. Dir., Registrar and Executive Director; Corinne Flitton, Deputy Registrar; Marjory Embree, Registration Manager; Shona Hunter, Quality Assurance Manager

The College Standard is published twice per year by the College of Massage Therapists of Ontario to inform its membership about issues related to the profession as well as the activities and decisions of the College. The Standard also provides information for discussion of related issues and professional practice.

Letters to the editor and submissions on topics of interest to the profession are welcome. To be considered for publication all letters must be signed and provide the writer's daytime telephone number. Any unsolicited material cannot be returned unless it is accompanied by a self-addressed, stamped envelope. No part of this publication may be reproduced without permission from the College of Massage Therapists of Ontario.

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from the PRESIDENT



As I sit down to write my final President's message, I reflect upon my many experiences as President and Council member of the College. I cannot help but think back on the many changes I have been privileged to be involved with, while acting as President of this great organization. My message will focus on these changes.

I cannot believe that it has been almost nine years since I was elected to Council. Of those nine years, Council elected me to the Executive Committee for seven years, and specifically to the position of President for the last six years. Where has the time gone? According to the *Regulated Health Professions Act, 1991* a member may serve on Council for a maximum of three terms, each term consisting of three years. Hence, this is my last term and my last President's message. My experience has been a rewarding one, filled with a sense of professional accomplishment in giving back to the profession and helping to shape its future. I hope that all massage therapists will have this sort of experience at least once in their careers and I challenge all of you to become involved in your profession. There are many opportunities for involvement.

I could never have imagined the many changes the College has undergone since I became actively involved with the College. Since all the changes are too numerous to mention, I will focus on some of the major changes that have occurred in the last six to nine years that have had an impact not only on myself but also the College, the profession and each of you as well. If change never occurs, we run the risk of the profession becoming complacent and stagnant. According to the Oxford Dictionary, change is defined as: "make or become different. **2** exchange for another. **3** move from one to (another). **4** (change over) move from one system or situation to another." The magnitude of the change that continues to occur at the College and in this profession is enormous. So much is happening in a very short time frame.

In 2002, the College adopted the new Massage Therapy Competency Standards document, replacing an outdated 2200-hour curriculum document. The Massage Therapy Competency Standards document is an evolving document, which will change as the profession and the regulatory environment evolve. Another change was the proclamation of provincial Regulation of massage therapy in Newfoundland and Labrador in 2004. Today, the College is working closely with the other regulated province, British Columbia, and the federal government to re-negotiate the Mutual Recognition Agreement (MRA), (an agreement to facilitate the movement of massage therapists between regulated provinces within Canada), to reflect changes in massage therapy competencies in each jurisdiction. Currently, it is the wish of the federal government to have national competencies and hence, a national exam, for massage therapists. I had the privilege to negotiate the first Mutual Recognition Agreement (MRA) in 2001, and currently I am the chief negotiator for a new and exciting MRA, which may be recognized across Canada. What an incredible change!

When I started as a Council member in 1999, the College had 4,596 members. Today, the College has 8,600 members. What incredible growth in the size of the massage therapy profession in a relatively short period of time. This growth has required the College to change with regard to its resources, including staffing and facilities, as well as in relation to Regulation, By-law and policy needs to reflect the concerns of the public and the increasing need for guidance by the members. The standards for massage therapy have been clarified and defined during my tenure and now the Council itself is about to undergo change to reflect the growth and changing needs in Regulation. Council is considering the addition of an academic position in addition to an overall increase in the number of positions on Council. This past summer, the government also proclaimed the *Health System Improvements Act, 2007*. The Act will require the Council to change its Committee structure and make adjustments to the way it has been regulating the profession. Refer to the message from the Registrar in this edition for more details.

Embracing and working with change is a requirement for any organization if it is to survive in a healthy and proactive way. The College Council has periodically been involved in strategic planning, setting the direction for the future. The College's current strategic plan has become outdated and needing a new direction. Hence, the Executive Committee, Council and administration of the College have been busy developing a new strategic plan over the last several months. The College initially set out to develop a strategic plan for its own organization, but quickly realized that this new

strategic plan needed to evolve into a plan for the profession as a whole. For the first time, the College invited the professional association to become a vital part of the development of the new strategic plan.

The College's relationship with the Ontario Massage Therapist Association (OMTA) has improved dramatically over the last several years. The College and the OMTA

are becoming better partners, working together for the profession. The profession has demanded a positive change in the working relationship between these two organizations, and the degree of change is reflected in the fact that the two organizations have been working together on the new strategic plan. We as a profession should be extremely proud of our movement towards the creation of a united front in the massage therapy profession in Ontario. I urge all massage therapists in Ontario to support this change by joining the OMTA.

This is just a quick snapshot of all of the changes I've experienced at the College. Looking ahead, the first major change at the College in the New Year will be that of welcoming new members from Districts 1 and 6 to Council and the election by Council of a new President.

In closing, I would like to take this opportunity to thank the many members whom I have met and worked so closely with over the past nine years. This profession exists due to great people – people who care and people who are so proud of this profession. I would like to thank all Council members, both past and present, with whom I have worked over the years. Their dedication and expertise in helping to create the vision for the College has been phenomenal. I would also like to thank the staff of the College. Their continued commitment to the College and its mandate is remarkable. Lastly, I encourage you, as a member of this profession, to embrace change for yourselves as we move forward. Embrace change and become an active and involved participant in this profession. Just as I have been part of such progressive thinking and change, so too can you.

Wishing everyone all the best for a joyous and peaceful holiday season,



Rick Overeem, RMT
President



from the REGISTRAR



Bill 171, Health System Improvements Act, 2007 receives Royal Assent

In the previous edition of the College Standard, you received information on Bill 171, *Health System Improvements Act*, which received Royal Assent on June 4, 2007 initiating the most significant amendments to the *Regulated Health Professions Act* (RHPA) since 1993.

Four new professions have been brought into the RHPA through this Act: Homeopathy, Kinesiology, Psychotherapy and Naturopathy, which has been previously regulated under the *Drugless Practitioners Act*. It will take time for the Transitional Councils for these professions to be appointed and complete their work of creating regulations, policies, standards and guidelines, which will be needed to ensure effective regulation.

Other statutes were amended by the Act, including the *Health Insurance Act*, the *Ambulance Act*, the *Health Protection and Promotion Act*, the *Public Hospitals Act*, the *Personal Health Information and Protection Act* and the *Drug and Pharmacies Act*, to identify a few.

Notable also is the creation of the Agency for Health Protection and Promotion, which is intended to provide research, technical and scientific advice focused on creating a centre for public health excellence.

The Legislation

Some parts of the new Act came into effect immediately, while other provisions will not be in effect until 2009.

Immediate changes include an increase in fines for making a false submission to obtain a certificate of registration (up to \$25,000 for the first offence and up to \$50,000 for a subsequent offence), for making a false submission to obtain certificates of authorization (up to \$50,000 for the first offence and up to \$200,000 for a subsequent offence) and for persons knowingly assisting an individual to commit either of these offences.

Disclosure of confidential information may now be done in unique circumstances, particularly in situations where such disclosure is necessary for eliminating or reducing the risk of serious bodily harm to a person or group of persons.

Later provisions for which the College has an implementation timeframe to 2009 will have a significant impact. There is new mandatory reporting, including requiring



facility operators to report reasonable grounds to believe a practitioner who practices at the facility is incompetent or incapacitated. The term “facility” is not defined and it must be determined whether or not private offices or multidisciplinary clinics are included, as are public hospitals and long-term care facilities.

Members will be required to report any court findings related to committing an offence – a “self report” on any kind of offence, not just those under the Criminal Code. Colleges will be determining whether the offence was relevant to the practice of the profession. Since these reports are on any “finding” and not just “conviction,” a report must be made even if a conditional or absolute discharge was received.

Another self-reporting requirement is any finding of professional negligence or malpractice. The circumstances of the matter will be reviewed in these cases before any possible regulatory action is taken by the College.

The public Register has been expanded to include additional information to assist the public in making informed choices regarding their health care providers. Colleges will be required to have the entire public portion of the

Register available on the web site, giving the public access to members’ business contact information, current terms, conditions, limitations, suspensions, or revocations on the members’ certificates. Any pending referrals to discipline and findings, as well as members’ history of professional negligence or malpractice, must also be listed on the Register. The provision of the Register on the web site has major technical and financial implications for the College.

The College has had a portion of the Register online for some time to assist the public in locating massage therapists. This will now be expanded to include all elements of the public portion of the Register and work on this project has been ongoing for the past few months.

The College will continue to provide information on the changes during the implementation phase.

Deborah Worrad, CAE, C. Dir.



the bulletin BOARD



Council Highlights – May 25, 2007

Departing Public Member – Qodrat Azima

The Council of the College wishes to thank Qodrat Azima, who served on Council as a public member from October 19, 2004 to October 20, 2007. As a former petrochemical engineer, Qodrat was well regarded by fellow council members for his attention to financial management and reporting and for reminding Council of its responsibility for upholding the public interest. The Council wishes Qodrat all the best in his future endeavours.

Health System Improvements Act, 2007

Please refer to the Public Information page of the Ministry of Health and Long-term Care (MOHLTC) website – http://www.health.gov.on.ca/english/public/legislation/hsib/hsib_mn.html – for short backgrounders and resources related to Bill 171, as discussed in the Registrar’s message.

Please ensure that you read the following pages on the MOHLTC website:

http://www.health.gov.on.ca/english/public/legislation/hsib/pdf/hsib_third_reading_rhpa_code_fs_02_20070605.pdf and

http://www.health.gov.on.ca/english/public/legislation/hsib/pdf/hsib_third_reading_rhpa_professions_fs_02_20070605.pdf

A clean, current version of the *RHPA* can be found at www.e-laws.gov.on.ca.

More information regarding the College’s implementation of the amendments in Bill 171, *Health System Improvements Act, 2007* will be provided when it becomes available.

Council Welcomes New Members

Council welcomed its newest member, Babar Chaudhry, Public Member to its meeting in May.

Conflict of Interest Regulation

The Client Relations Committee presented a proposal to Council to make amendments to the first version of the draft Conflict of Interest Regulation which had been circulated to the members. Council discussed the members’ concerns and determined that there were situations where it was appropriate for a massage therapist to treat a family member for a fee. The Committee proposed to make the following changes:

Section 1, “related person” is to include “6. spouse/partner of member” in the list.

Section 3. (2) (c) v) which states “treats a member of their direct family for a fee” is to be deleted.

Council passed a motion to accept the amendments to the Conflict of Interest Regulation and to submit it to the government for consideration.

For the full text of the amended Regulation, please see page 19 in this newsletter.

Ethical Decision-Making Model Guideline for the Conflict of Interest Regulation

Once Council determined that there were situations where it may be appropriate for a massage therapist to treat a family member for a fee, Council wanted





to ensure that members fully considered the implications of doing so before making a decision. Council has referred the draft Conflict of Interest Regulation to the Client Relations Committee for development of an ethical decision-making model which will go along with the Conflict of Interest Regulation to act as a guideline. The Guideline will be circulated to the membership once the Regulation is passed by the government.

By-law No. 7, sec. 4 – Prorating of Fees

The Registration Committee submitted a proposal to Council in December 2006 to amend By-law No. 7, s. 4b – prorating of initial registration fees. Council accepted the Registration Committee’s recommendations and directed that the By-law amendment be circulated to the membership.

After considering the members’ comments, Council passed a motion to accept the amendment of By-law No. 7, sec. 4.

To view the amended wording of By-law No. 7 – Fees, please go to page 21.

Regulation Amendment – Expiry of Certificates

The *Massage Therapy Act, 1991* does not include a Regulation allowing for the expiry of certificates or the resignation/retirement of members. According to a strict interpretation of the Regulations, the only way to leave membership in the College is via suspension and then revocation of the certificate.

The Registration Committee presented an amendment to the Registration Regulation to Council that would allow members to resign and would allow for the expiry of a certificate of registration.

Council passed a motion to accept the proposed “Expiration of Certificates of Registration and Retirement Regulation Amendment.” It has been circulated to stakeholders for the 60-day period for comment.

OMTA Consultation Paper – The Future of the Massage Therapy Profession in Ontario

The Ontario Massage Therapist Association (OMTA) asked the Council to provide comment on its consultation paper, *The Future of the Massage Therapy Profession in Ontario*.

Council identified the following as some of the issues that are facing the profession:

- Lack of diversity within the profession in relation to both massage therapists and the client populations they serve
- Technology
- Respect for the profession and credibility for massage therapists

The OMTA will take the information provided by the College and consider it for inclusion in its visioning and strategic planning process.

Proposed By-law No. 8 Amendment – Members’ Business Website Addresses

Council received a proposal to amend By-law No. 8, section 5 to include the business web address as part of the register which would be available to the public.

Council passed a motion to accept the proposed By-law No. 8 amendment. The By-law has been circulated to stakeholders for comment for 60 days as required by the *RHPA*. The complete wording of the proposed amendment is provided on page 21.



Amendment to the Registration Regulation – Designation

At the December 2006 Council meeting, Council adopted a position statement that all members should use the designation RMT and that MT should no longer be used. Council also approved a motion for the College to begin the process to amend the Registration Regulations to specify the use of RMT as the only acceptable designation for the protected title of Massage Therapist.

It was proposed that the Registration Regulation be amended to add the following:

15. A member who uses an abbreviation indicating that the member is registered or is recognized as a massage therapist shall use the abbreviation “RMT” in English or “M. Aut.” in French.

Council approved this proposal and it has been circulated to stakeholders and the membership for the 60-day period to provide comment.

Amendment to the Position Statement on Post-Termination Relationships

The Client Relations Committee presented a proposal to Council to amend the language in the Post-Termination Relationships Position Statement. The definition of a client in the Post-Termination Relationship Position Statement is limited and the wording should be changed so that the definition of a client does not hinge on whether or

not a contract exists between a massage therapist and a client. In other words, once a client receives treatment from a massage therapist, they become a client of the massage therapist.



Council passed a motion to accept the wording of the proposed amendment to the Position Statement on Post-Termination Relationships.

To view the amendments, please see page 23.

To view the amended Position Statement on Post-Termination Relationships in its entirety, please go to <http://www.cmta.com/regulations/terminat.htm> on the College’s website.

Council Highlights – August 27, 2007

Fluency Testing Requirement for Registration

Council passed a motion that the College will no longer accept the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE) as the method to demonstrate fluency in English for those applicants who were trained in massage therapy in a language other than English. Instead, the College will accept a Benchmark score of 8 on the Canadian Language Benchmarks (CLB). This change is effective immediately.

Public Register By-law Amendment

The Registration Committee brought four new items to be added to the public Register to Council: e-mail addresses, secondary business addresses, date of birth and the dates of most recent suspension and reinstatement.

Members will now have the option during the annual renewal of Registration to give their consent to the College to make their e-mail address available on the public register. This consent can be withdrawn at any time.

Council is proposing the following amendments to By-law No. 8, "The Register":

- Secondary business address information including business name, address, telephone number and business web address will now be placed on the portion of the Register that is available to the public.
- Members will be required to provide their date of birth to the College, but it will not be available to the public.
- The start and finish dates of both suspensions and revocations and the reasons for the suspensions and revocations will be available on the public register.
- The proposed amendments will be circulated to stakeholders for the required 60-day period for comments.

The complete wording of the proposed amendments begins on page 21.

Academic Member on Council

Council discussed the possibility of adding an additional seat on Council for an academic member who would be elected by their peers, but has deferred making any decision on the matter until additional research can be completed.

Changes to Council Composition

Council discussed and considered its overall size and composition and has decided to canvass the government to increase the number of seats, due to increasing difficulty in meeting its statutory obligations to hold hearings. Council is proposing to increase the number of professional seats to 7-9 from the current 6 and the public seats to 7-8, from the current 5, for a maximum of 17 seats.

Election 2008

Nomination forms were sent out to members in Districts 1 and 6 for the annual election on January 11, 2008. Only one nomination was received in each district by the deadline, so the College is pleased to announce that Darren Stevens, RMT was acclaimed in District 1 and W. Peter Roach, RMT was acclaimed in District 6. Their terms on Council will commence on January 23, 2008 for a period of three years.

The College also wishes to thank Rick Overeem, RMT (District 6) for his 3 terms (9 years) on Council and particularly on the Executive Committee as President of the College. Rick was instrumental in shepherding some high level projects through Council and he will be missed by Council and staff alike. Also, a thank you to Denise Aumont, RMT (District 1) for her term on Council. In spite of her busy schedule, Denise committed herself to the Council bringing both a Northern and a French language perspective to Council. The College would also like to thank volunteers Samantha Douglas, RMT, Patti Fitzmaurice, RMT, Dave Janveau, RMT, Parisa Moallemian, RMT, Catherine Moran, RMT, Karen Redgers, RMT and Andrea Young, RMT for their work on the College's Committees. In particular the College would like to recognize Dave Janveau for his work on the Discipline Committee and on pre-hearings.

Annual ID cards

Some members are under the impression that the College's ID cards are photocopied. In fact, all of the personal information on the ID card and receipt, including the photograph, is printed from our membership database.

All of the photographs were scanned into the database from the pictures members sent in when they registered. Some of the photographs we have are colour and not high contrast, so they do not print well.

If you would like your picture replaced in our database, please send us a high quality photograph, ideally taken by a professional photographer, and send it to us before the renewal deadline. The photograph should be a 3 cm x 3 cm (citizenship size), high contrast, black and white photograph. Please ensure that the photograph is the right size so we will not have to return it to you. Please note that we cannot accept photos electronically at this time.

In Memorium

The CMTO extends its sympathies to family, friends and colleagues of the following members who have passed away since April 30, 2007:

Sandra Boniface
Diane Girodat
Catherine Horner
Helen Keeler
Anne Lebeuf
Elisaveta Nenkova
Margo Summers



online registration RENEWALS



This year, the College has not mailed individual registration renewal forms to members. We mailed a notification letter to all members at the beginning of November, explaining that members will now renew their registration online or print a form from the Downloads section of the web site (no password required).

All General and Inactive Certificate holders must renew their registration for 2008 by midnight on December 31, 2007. Renewals done online or mailed after that date will be charged a **late fee of \$100.00**.

If you do not have access to the Internet, please call the College to request that a form be mailed to you.

Information on how to solve problems you have with online renewal can be found in the [Members/Registration Renewal page](#) on the College web site.

Please take note of the following **common online problems**:

1. You will not be able to log into the renewal part of the site if we do not have your e-mail address in our database. If you have changed your e-mail address and have not notified the College, we urge you to e-mail your new e-mail address as soon as possible.
2. If you share an e-mail address with a spouse or other therapists at your practice location, you will be unable to use the reset password function since the system links your password to a unique e-mail address. E-mail a new e-mail address to the College.

3. Members cannot change their certificate type online.

- ✓ If you are changing from an Inactive to a General Certificate, you must send in a paper form.
- ✓ If you are changing from a General to an Inactive Certificate, contact the College by telephone (extension 130), by fax (416-489-2625) or send an e-mail.
- ✓ Staff will reset your record and will notify you by e-mail or telephone when you can renew online.

If you have any problems with the online renewals, please leave a message at extension 130 with your name and registration number and a brief description of the problem you encountered. You may also send an e-mail to renewal@cmto.com. College staff will respond to you as quickly as possible.

Please note that by mid-December the staff are extremely busy, so waiting until the last minute to contact us means that you may not receive a response before the deadline – midnight on December 31, 2007. **IMPORTANT NOTICE – The College Office is closed to the public from December 22ND to Tuesday, January 1, 2008 to process registration renewals. The Office will reopen on Wednesday January 2 at 9 AM.**

when the use of

pressure

CAUSES HARM

CEU Article



CEU Questions:

1. What percentage of complaints received by the College related to physical injury?
2. What are the potential risks of harm in massage therapy treatments?
3. How can you reduce the risk of harm for your clients?
4. What are the requirements for obtaining consent?

Over the last four years, the Complaints Committee has seen an increase in the number of complaints relating to allegations of injury following deep tissue treatment. On average, 14% of the complaints received by the College over the last four years have included allegations of physical injury resulting from deep tissue treatments. This number is significant given the fact that by obtaining feedback on the use of pressure, as required by the Standards of Practice, most injuries would be eliminated. Many of the complainants involved allege that members, when providing deep tissue work, often ignore verbal and non-verbal communications in relation to their inability to tolerate the amount of pressure used during deep tissue work. The end result for many complainants has been excessive bruising and tenderness, time off work, curtailing of daily activities, as well as on some occasions the requirement of further medical intervention to alleviate the pain and discomfort.

Of concern to the Complaints Committee is what appears to be a lack of regard for the Standards of Practice as it relates to monitoring a client's reaction to treatment, the process of obtaining informed consent by clearly explaining to the client the benefits as well as the risks involved with the proposed treatment, and a disregard for ensuring that treatments are provided within the client's pain tolerance. Of even greater concern for the Committee has been the attitude of some members who suggest that 'bruising is an *expected outcome*' of deep tissue work.

Certain massage therapy techniques are inherently more painful than others, and different clients can tolerate different amounts of pressure. Is painful massage ever acceptable? Is massage more effective with aggressive treatment? RMTs have to carefully consider the techniques they use and their application to diverse clients. Questioning the rationale behind treatment techniques and modalities and critically evaluating the short- and long-term effects of a massage therapy plan will better serve individual clients and the massage therapy profession.

Assessment – The How and Why of Massage Therapy Treatment

The task of the Communication/Public Health Standard 8: “Determine the Client’s Condition by Conducting Assessment/Re-assessment” is to determine the client’s condition by using history and observation to formulate a clinical impression and to conduct, if required, a differential assessment and/or re-assessment to confirm the clinical impression (CMTO Standards of Practice). Conducting a thorough assessment and scheduling and performing re-assessments is the foundation of effective and safe massage therapy treatment. Assessing the incoming status of a client provides a baseline from which to document effects of treatment. The initial assessment provides the RMT with valuable clinical information pertaining to any contraindications or cautions to massage therapy for an individual.

In the review article, “Advising Patients Who Seek Complementary and Alternative Medical Therapies for Cancer,” Wendy A. Weiger et al suggest that massage therapists must take care to “avoid further injury to tissues damaged by surgery or radiation therapy” and that “caution must be used in patients who are prone to bleeding” because of the potential of these patients to develop hematomas as a result of massage (896). Although Weiger’s article is generally supportive of massage therapy for cancer patients, the point that massage therapy treatment is not without risk of harm is well taken.

In the article, “Hepatic Hematoma after Deep Tissue Massage,” James F. Trotter reports that a woman with no history of serious illness, liver disorder or bleeding disorder and no use of medications developed a large hepatic hematoma after a deep tissue abdominal massage. Although the patient fully recovered with medical intervention, she suffered adverse effects from the massage treatment including anemia and significant weight loss stemming from nausea (2019).

Another article, “The Safety of Massage Therapy,” by E. Ernst, reviews literature to determine the potential for harm that massage therapy poses. Ernst cites many examples of harm caused by professionals and non-professionals. In one case, a man developed posterior interosseous syndrome after a deep tissue massage treatment. The injury occurred after the therapist applied direct and sustained pressure to the forearm of the client with the therapist’s elbow. Ernst explains that the therapist caused neuropraxia by “compressing the posterior interosseous nerve against the interosseous membrane” (1102). A complete understanding – and periodic review – of anatomy is essential if the public is to be treated safely and effectively.

The issues raised in these articles are relevant, not only because they are part of the body of research on massage therapy, but because they were conducted by researchers interested in understanding what harm could occur from a therapy that the public is seeking. Of course, the level of risk of harm is affected by the competency of the massage therapist and by the honesty of the client in providing health information during the initial assessment and subsequent treatments.

It is important to note, however, that some members of the public (including some medical practitioners) view massage therapy as unequivocally safe. A letter in the *Canadian Medical Association Journal* by Ronald Bayne, Emeritus Professor of Medicine at McMaster University, discusses the value of massage therapy in treating patients afflicted with fibromyalgia. Bayne states that “treatment by massage is extremely painful; patients find it difficult not to shrink away from the pressure. Yet because the relief is so dramatic, they withstand the pain for the few minutes necessary...” (1661).

Is extreme pain during a massage treatment acceptable? How do we define and measure the perception of pain?

Informed Consent

The College Policy “Consent for Treatment” states that consent is informed if information about the treatment is given and responses to additional requests for information are given. The policy further states that it is the College’s expectation that massage therapists will obtain consent for any client interaction, specifically assessment and treatment.

The Communication/Public Health Standard 7, “Consent,” explains that the client must be informed of any risks, benefits, possible complications and any contraindications of the assessment/reassessment and/or treatment. It further explains that the client must be informed that the massage therapist will check in periodically to determine the client’s level of comfort. Following College policy and standards of practice ensures that the risk of causing harm to a client during the practice of massage therapy is minimized.

RMTs must use the skills they learned and develop them further in order to understand how to formulate an appropriate approach to treating the public. Having an informed dialogue with clients about any adverse reactions is also important so that the treatment approach can be altered or stopped. Being aware of a client’s ability to speak up during treatment is also necessary. Non-verbal cues are important signs the RMT can use to supplement the verbal responses they receive from pain and comfort-level questions.

Assessment, informed consent, and critical evaluation of treatment modalities and approaches are important elements RMTs must integrate into their everyday practices. More research into massage therapy efficacy and safety is being conducted, and RMTs have the unique opportunity to be involved in the development of evidence-based, critical practice. RMTs can get informed about current research, review anatomy and treatment protocols, critically evaluate their clinical practice, and above all, communicate with their clients.



Educating clients and other health professionals involves talking about the risks of massage therapy. Acknowledging this risk is the first step to understanding the importance of maintaining a client-centred professional practice. Explaining to clients that you are aware of the potential risks to treatment shows them that you are capable of offering safe care. Respecting a client’s right to alter or stop treatment is not only a standard of practice but is a cornerstone in providing ethical care. RMTs in Ontario are among the best trained massage therapists in the world. Understanding, acknowledging and managing the risk of harm massage therapy presents enforces the notion to the public that RMTs are the most appropriate professionals to provide them with massage therapy services. Upholding the standards of practice and practising with intention will ensure that the profession grows and develops into a therapy of choice for the public and other health care professionals.

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Celebrating our Longstanding MEMBERS

The College would like to recognize those members who have been members in the profession for 25 years or longer. As the profession continues to develop and grow, it is important to acknowledge that the strides the massage therapy profession has made in Ontario could not have occurred without the hard work, vision, commitment and faith of many of the people whose names appear here.

Years Reg.	Member type	Full Name
25	GC	Mary Elizabeth Checkley, RMT
25	GC	Darby Crosby, RMT
25	IN	Pamela Joan Davidson, RMT
25	GC	Raffaella David De Pinto, RMT
25	GC	Daniel G. Heaney, RMT
25	GC	James George Jorgenson, RMT
25	GC	Angela Kondrak, RMT
25	GC	Margaret L. Mann, RMT
25	GC	Marlene May-Dallman, RMT
25	GC	Marjan Mario Mekis, RMT
25	GC	David J. Melanson, RMT
25	GC	Lesley G. Park, RMT
25	IN	Michael B. Powell, RMT
25	GC	Fiona S. Rattray, RMT
25	GC	Michele Salehi, RMT
25	GC	Thomas E.P. Sweetman, RMT
25	GC	Barbara Young, RMT
25	GC	Christopher Young, RMT
26	GC	Valerie Anderson, RMT
26	GC	Patricia Berton, RMT
26	GC	E. Margaret Colborne, RMT
26	GC	Jane Epp, RMT
26	IN	Corinne Flitton, RMT
26	GC	Nick Furgieule, RMT
26	IN	Mary Catherine Getliffe, RMT
26	GC	Tanya N. Harris, RMT
26	GC	Miriam D. Jacobson, RMT
26	GC	Maureen Kennedy, RMT
26	GC	Terri Knuutila, RMT
26	GC	Christiane Kosynski, RMT
26	GC	Monika Lorentzen, RMT
26	GC	Virginia Lowe, RMT
26	GC	Carol Lynne Martin, RMT
26	GC	Lynne B. Martin, RMT
26	GC	John F. McCarthy, RMT
26	GC	Barbara S. Sadecki, RMT
26	GC	Claudia V. Salzmann, RMT
26	GC	Pauli Schell, RMT
26	IN	Glen M. Timms, RMT
26	GC	Maria Del Carmen Toscano, RMT
26	IN	Ardy Verhaegen, RMT
26	GC	Vanessa Young, RMT
27	IN	Susan Aaron, RMT
27	GC	Jan Archer, RMT
27	GC	Robina L. Bathie, RMT
27	GC	Warren Biller, RMT
27	GC	Rosemary Brown-Tucker, RMT
27	GC	Mariel Camilleri Saringer, RMT
27	GC	Yonina Chernick, RMT
27	GC	Janet E. Croken, RMT
27	GC	Elise Curry, RMT
27	GC	Aranka K. De Szegheo, RMT
27	GC	Arlene Doyle, RMT
27	GC	Patricia J. Dryden, RMT
27	GC	Noriko Ebata, RMT
27	IN	Michael Hoyland-Young, MT
27	GC	Diane Ireland, RMT
27	GC	Heather James, RMT
27	GC	Kazunobu Kamiya, RMT
27	GC	Rita Litnovetsky, RMT
27	GC	Sandra L. Peppard, RMT
27	IN	Barbara Rady, RMT
27	GC	Catherine Wilkinson, RMT
27	IN	Peter Wind, RMT
27	GC	Dolores Wootton, RMT
28	IN	Helen Croza, RMT
28	GC	Julie Taisa Donec, RMT
28	GC	Eileen Eng-Khalsa, RMT
28	IN	Robert H. Harris, RMT
28	GC	Laurence Grant Hyschuk, RMT
28	IN	Sylvia S. Jong, RMT
28	GC	Junji Kanai, RMT
28	GC	Izabella Kossobudzki, RMT
28	GC	Sarah F. Martin, RMT
28	IN	Lorna Jean Powell, RMT

Years Reg.	Member type	Full Name
28	GC	Suzanne Proulx, RMT
28	GC	Coleen A. Quinn, RMT
28	GC	Ann Ruebottom, RMT
28	GC	Ken Saito, RMT
28	GC	Nancy Jane Sinclair, RMT
28	IN	Alfred Walker, RMT,ST,MTC
28	GC	Cecil Yap, RMT
29	GC	Susan Braun, RMT
29	GC	Eric Cunningham, RMT
29	GC	Joan A. Featherston, RMT
29	IN	Pamela Hodgson, RMT
29	GC	Vic Louis N. Imperio, RMT
29	IN	Larry Craig Litman, RMT
29	GC	Linda Novick, RMT
29	IN	Christyna M. Podwysocki, RMT
29	GC	Marcel Potvin, RMT
29	IN	Constance C. Rennett, RMT
29	IN	Mary E. Shields, RMT
29	GC	David Slabotsky, RMT
29	GC	Deborah Rose Wood, RMT
30	IN	Salem Alaton, RMT
30	GC	Neil Anderson, RMT
30	GC	Zoe A. Chilco, RMT
30	GC	Andrew Constand, RMT
30	GC	Linda Yee Cuan, RMT
30	GC	Margit Dehnicke-Templeton, RMT
30	GC	Lisette Hardy, RMT
30	GC	Robert F. Harris, RMT
30	GC	Roy Hew, RMT
30	GC	Mary Ann Janzen, RMT
30	IN	Wm. Neil Kennedy, RMT
30	GC	Siri Bandhu Khalsa, RMT
30	GC	Richard C. Lacroix, RMT
30	GC	Richard J. Mader, RMT
30	GC	Alix McLaughlin, RMT
30	GC	Arthur J. Poirier, RMT
30	GC	Karen Redgers, RMT
30	GC	Ingrid Ruhrmann, RMT
30	GC	Simon Spinks, RMT
30	IN	Lynn J. Wind, RMT
30	GC	Dana Windt, RMT
31	IN	Susannah Arsenault, RMT
31	IN	Anne S. Cavers-Sanders, RMT
31	GC	Jacalyn A. Coulter, RMT
31	GC	Afina C. Hoeijenbos, RMT
31	IN	Christopher Anthony Hurst, RMT
31	GC	Kristi Magraw, RMT
31	GC	Tzila Schneid, RMT
31	GC	Don Wilkinson, RMT

Years Reg.	Member type	Full Name
32	GC	Grace K. Chan, RMT
32	GC	Sue Cornelius-Kirkpatrick, RMT
32	IN	Abel H. Hamed, RMT
32	IN	Caroline Hinds, RMT
32	GC	Mitsuki Kikkawa, RMT
32	GC	Anthony Laviola, RMT
32	GC	Susan M. Lucas, RMT
32	GC	Cynthia Meyer, RMT
32	IN	Bradley Ruddy, RMT
32	GC	Natverlal J. Solanki, RMT
33	IN	Janet R. Fine, RMT
33	GC	Richard J. Todhunter, RMT
33	GC	Mary Judy Torrens, RMT
34	GC	Susan Glass, RMT
34	IN	Cheryl Proctor, RMT ND
34	GC	Ravi-Inder Soligo, RMT
35	GC	Violet Juhasz, RMT
35	IN	Keiko Omori, RMT
36	GC	Drina Nizic, RMT
36	GC	Tetsuro Saito, RMT
37	GC	Milan Procka, RMT
38	GC	H. Ed Caldwell, RMT
38	IN	Jennifer O'Rourke, RMT
38	GC	Ronald Weston, RMT
39	GC	Barbara Adamiak, RMT
39	GC	Clive Belnavis, RMT
39	GC	Marje Kabin, RMT
40	GC	Lyle Leffler, RMT
41	GC	Anne Roebuck, RMT
44	GC	Kenneth Charles Campbell, RMT
45	GC	Barbara Martens, RMT
48	GC	Guenther Froese, RMT

We hope that you will take the time to seek out and talk to the members on this list to gain a sense of the history and progression of the profession over the past 25 years. The College would be happy to receive any memoirs or anecdotes from these members about the profession in the past, including where they worked, what their massage therapy education was like, how they came to enter the profession and what regulation was like. Please contact Corinne Flitton, Deputy Registrar at corinne.flitton@cmto.com or ext. 112, if you have any material you would like to share.

2007 Massage Therapy Research Fund Grants Awarded

The Holistic Health Research Foundation of Canada has announced its 2007 grant awards in connection with the annual Massage Therapy Research Fund (MTRF). Five pilot projects have been funded, with grants totaling \$48,000:

- St. Joseph's Healthcare, Hamilton – Dr. Raimond Wong, Trish Dryden, RMT, Dr. Steven Sagar, Dr. Mike Noseworthy et al: Influence of Therapeutic Massage on the Physiology and Metabolism of Muscle and the Central Nervous System: Evaluation by Magnetic Resonance Spectroscopy and Functional Magnetic Resonance Imaging in Healthy Subjects and Subjects with Subacute Low Back Pain
- Dalhousie University – Dr. Robert Gilbert, Dr. Kathleen Jacques, RMT, Shaun Black et al: Use of Massage Therapy to Reduce Anxiety and Improve Sleep in Patients Participating in an Inpatient Withdrawal Management (Detox) Program: A Randomized Controlled Pilot Study
- University of British Columbia – Dr. Patricia Janssen, Dr. Farah Shroff, and Paula Jaspas, RMT: Massage Therapy and Labour Outcomes
- Queen's University – Victoria Wiltshire and Dr. Michael Tschakovsky: Massage and Post Exercise Muscle Lactate Removal
- McGill University Health Centre Research Institute – Dr. Andréa Maria Laizner, Marco Bonnano and Lyse Lussier, RMT: A Co-Vision Experience Adapted for Massage Therapists Supporting People Diagnosed with Cancer

The Massage Therapy Research Fund was established in partnership with the College of Massage Therapists of Ontario and is supported by the Massage Therapists' Association of British Columbia, the Canadian Massage Therapist Alliance, and through other association and individual donations.

The 2008 MTRF competition will be announced in March. For more information about the MTRF or the Holistic Health Research Foundation of Canada, please visit www.massagetherapyresearch.ca and www.HolisticHealthResearch.ca.



Regulations, and **Policies,** STANDARDS

Adopted – New Regulation – Conflict of Interest

Please note that Regulation has now been submitted to government for approval. In force on date of adoption by government.

COLLEGE OF MASSAGE THERAPISTS OF ONTARIO PROPOSED CONFLICT OF INTEREST REGULATION

1. In this Regulation,

“benefit” means any incentive of more than nominal value and includes a rebate, credit, gift, payment; or referral fee;

“massage therapy service” includes a service related or ancillary to the practice of massage therapy;

“massage therapy partnership” means a partnership of members or massage therapy professional corporations, or both, which engages in the practice of massage therapy and “partner” has a corresponding meaning;

“massage therapy professional corporation” means a health professional corporation which holds, or held at the relevant time, a certificate of authorization issued by the College;

“member” includes a former member;

“related corporation” means a corporation wholly or substantially owned or controlled, whether directly or indirectly, by the member or a related person of the member and includes a massage therapy professional corporation in which the member is a shareholder;

“related person” means any person who has one or the following relationships to the member or to the spouse of the member, whether based on blood, marriage, common-law or adoption, namely:

1. child or spouse of a child
2. grandchild or spouse of a grandchild
3. parent or spouse of a parent
4. grandparent or spouse of grandparent
5. sibling or spouse of a sibling
6. spouse/partner of a member

and in respect of the definition of related person,

“child” means a child born within or outside marriage and includes an adopted child and a person whom a parent has demonstrated a settled intention to treat as a child of his or her family;

“parent” means a person who has demonstrated a settled intention to treat a child as a member of his or her family whether or not that person is a natural parent of the child; and

“spouse” means a person to whom the person is married or with whom the person is living in a conjugal relationship outside marriage.

2. (1) For the purpose of this Regulation, each act of a massage therapy professional corporation shall be deemed to be the act of each member who, at the time the act occurred, was a director or officer of that corporation,

(2) Where this Regulation imposes an obligation, and unless otherwise specifically indicated, the obligation shall be equally applicable to members and to massage therapy professional corporations.

- (3) Where this Regulation imposes an obligation on a massage therapy professional corporation, the obligation shall be deemed to be that of each member who, at the time the obligation came into existence, was a director or officer of the massage therapy professional corporation.
 - (4) The act of a massage therapy partnership shall be deemed to be the act of each partner of that massage therapy partnership.
3. (1) A member shall not engage in the practice of massage therapy where the member has a conflict of interest.
- (2) Subject to section 4, a member has a conflict of interest where
- (a) a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the member's professional skill or judgment in respect of the treatment or referral of a client was influenced or would likely have been influenced by the member's personal financial interest or the financial interest of a related person or a related corporation;
 - (b) the member or a related corporation enters into an arrangement or agreement which a reasonable person knowing the relevant facts would conclude or perceive would likely have the effect of influencing the exercise of a member's professional judgment or influencing or impeding a member's ability to engage in the practice of massage therapy in an ethical manner or in accordance with the standards of practice of the profession;
 - (c) the member or a related person or a related corporation
 - i) accepts or receives a benefit by reason of the referral of a client to any other person;
 - ii) offers, makes or confers a benefit to a person by reason of the referral of a client to the member or a massage therapy professional corporation;
 - iii) offers, makes or confers a benefit to a client other than an adjustment in the fee or amount that would otherwise be charged by the member or a massage therapy corporation with regard to that client;
 - iv) accepts or receives a benefit from a vendor or supplier of massage therapy appliances, materials, supplies, equipment or from a person acting on a vendor or supplier's behalf;
4. (1) No conflict of interest may arise under clause 3(2)(a) if the member
- (a) discloses his or her financial interest to the client in advance of providing the massage therapy service that, without disclosure, would have caused there to be a conflict of interest; and
 - (b) provides that massage therapy service to the client in accordance with the standards of practice of the profession.
- (2) No conflict of interest shall arise under clause 3(2)(c)
- (a) solely as a result of the referral by a member to a related person or a related corporation where
 - i) no direct benefit is received by the member; and
 - ii) the nature of the relationship between the member and the related person or related corporation is fully disclosed to the client at the time of the referral by the member; or
 - (b) solely as a result of the referral to a member from a related person or related corporation where
 - i) no direct benefit is conferred by the member; and
 - ii) the nature of the relationship between the member and the related person or related corporation is fully disclosed to the client prior to the member performing any massage therapy services.

- (2) A member is not required to disclose his or her financial interest in a massage therapy professional corporation in which he or she is a shareholder in order to obtain the benefit of subsections (1) or (2) provided that the fact that the member engages in the practice of massage therapy in a massage therapy professional corporation was made known to the client.

Adopted – New Policy – Returning Exam Candidates (in force on date of adoption)

BACKGROUND

In accordance with the College's Examination Regulation, candidates who fail examinations three times must return to school and obtain a new diploma prior to applying to the College a second time. Some candidates were not successful in only one examination having passed the other.

This policy clarifies the status of the earlier examination in which a candidate obtained a pass.

POLICY

Any candidate who failed one or more of the College's certification examinations, returned to school and obtained another diploma then reapplied for examinations, will be treated as a new applicant.

These candidates must take and obtain a successful result on both the multiple choice (MCQ) examination and the Objectively Structured Clinical Evaluation (OSCE) examination regardless of their previous history on the examinations.

Adopted: May 25, 2007

Amended By-law No. 7, sec. 4 – Prorating of Fees

Amendments In force on date of amendment.

To view By-law No. 7, "Fees" in its entirety, please go to <http://www.cmto.com/pdfs/bylaw7.pdf> on the College's website.

4. The fee to issue a general certificate of registration shall be:

- a) **\$425.00 for 12 months; or,**
- b) **for new members in their first year of eligibility for registration, a percentage of the \$425 fee for 12 months that corresponds to the number of months remaining in the calendar year, from the date of eligibility for issuance.**

Proposed Amendments By-law No. 8 – Public Register

s. 5 (h)(i)(j)

s. 6 c)

s. 9 o)

(Proposed amendments in bold)

THE COLLEGE OF MASSAGE THERAPISTS OF ONTARIO BY-LAW NO. 8

The Register and Member Information

INTERPRETATION

1. In this By-law,
 - a) "Act" means the *Massage Therapy Act, 1991*, S.O. 1991, c. 27, and the regulations made thereunder, and includes the Code which is deemed by the *RHPA* s. 4 to be part of the Act;
 - b) "Appointed Council member" means a person appointed to Council by the Lieutenant Governor in Council;
 - c) "By-laws" means all by-laws of the College;
 - d) "Code" means the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 ;
 - e) "College" means the College of Massage Therapists of Ontario;
 - f) "Council" means the governing body of the College that shall manage and administer its affairs, the members which are either elected or appointed in accordance with the Act and the By-laws;
 - g) "Council member" means an elected or appointed member of the Council;
 - h) "Elected Council Member" means a member of the College elected to Council in accordance with the Act and the By-laws;
 - i) "Registrar" means the Registrar of the College or, in case of the absence or inability of the Registrar, the Deputy Registrar;
 - j) "RHPA" means the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, and the Regulations made thereunder, and includes the Code.

GENERAL

2. The Registrar shall maintain the Register

CONTENTS OF REGISTER REQUIRED BY THE CODE

3. The Register shall contain:

- a) each member's name, address of principal place of practice, and business telephone number;
- b) each member's class of registration and specialist status;
- c) the terms, conditions and limitations imposed on each certificate of registration;
- d) a notation of every revocation and suspension of a certificate of registration;
- e) the result of every disciplinary and incapacity proceeding;
- f) where findings of the Discipline Committee are appealed, a notation that they are under appeal, which shall be removed when the matter is disposed of;
- g) information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies shall be included.

4. A person may obtain, from the office of the Registrar, the information described in clause 3(a) to (c), (d) relating to a suspension that is in effect, and the results of disciplinary or incapacity proceeding completed within six years prior to the last update of the Register, in accordance with the Code s. 23(3).

CONTENTS OF THE REGISTER REQUIRED BY THIS BY-LAW

5. The Register shall contain the following information that shall be available to the public:

- a) any information provided by a member on languages in which the member can communicate with clients, including languages used to communicate with speech or hearing impaired clients;
- b) information about any other health professions in Ontario of which the member is a member;
- c) information about any other jurisdictions in which the member is registered as a massage therapist;
- d) the gender of the member;

- e) if the member has died, a notation to this effect and the date of death;
- f) the date of first registration as a massage therapist in Ontario;
- g) the certificate number assigned to the member at the time of first registration;

h) the name, business address , business telephone number and business web address of each place of practice of the member;

i) the date of the most recent suspension of a certificate, the reason for the suspension, and the date the certificate was reinstated;

j) the date of the most recent revocation of a certificate, the reason for the revocation, and the date the certificate was restored.

6. The Register shall contain the following information that shall not be available to the public:

- a) whether the member has indicated a preference to communicate with the College in French;
- b) the member's electoral district for elections to the Council;

c) the birth date of the member;

d) any information provided by the member regarding formal post-secondary education obtained by the member, including the name of the institution and year of graduation.

e) e-mail address.

ACCESS TO PUBLIC INFORMATION IN REGISTER

7. A person may obtain any information in the Register designated as available to the public from the Registrar during the normal business hours of the College.

8. The Registrar may give any public information in the Register to any person who requests it either orally, or in a printed form that shall be readily available.

INFORMATION REQUIRED OF MEMBERS

9. A member shall provide to the College *annually*, in the form prescribed by the Registrar and by the deadline prescribed by the Registrar, the following information:
- a) The member's principal place of practice;
 - b) The member's principal place of residence;
 - c) The addresses, telephone numbers, *facsimile numbers* and business web address of all locations in which the member practises the profession, and the practice names, if any;
 - d) information about any other health professions in Ontario of which the member is a member;
 - e) information about any other jurisdictions in which the member is registered as a massage therapist;
 - f) the gender of the member;
 - g) proof of professional liability insurance that meets the requirements;
 - h) a declaration of compliance with the terms and conditions of the certificate of registration in the form provided.
 - i) a conviction for a criminal offence or an offence related to the regulation of the practice of the profession.
 - j) a finding of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession or in another jurisdiction in relation to the profession or another health profession.
 - k) a proceeding for professional misconduct, incompetency or incapacity, in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another health profession.
 - l) the member's email address.
 - m) the preferred address for College correspondence.
 - n) the number of hours of direct client care provided by the member.
10. A member must notify the Registrar within thirty days of any change of name, location of principal place of practice, practice name, business telephone number, *e-mail address* or principal residence in writing, including a certified true copy of proof of any change of name.

ADMINISTRATION

- 11. This By-law shall be administered by the Registrar.
- 12. This By-law comes into force on the date enacted.

Enacted this 19TH day of November 1999

Revised this 22ND day of September 2003

Revised this 20TH day of September 2004

Position Statement on Post-Termination Relationships

In force on date of amendment

(amendments in bold)

- 1. Clarification of the type of relationship

A client is any individual who **attends upon** a Massage Therapist to receive therapeutic services. The client may be a member of the public, another regulated health profession or another massage therapist.

A client encounter **may include, in addition to treatment, some or all of the following:** the taking of a case history, the establishment of a treatment plan, the maintenance of client records, and the charging of a fee for services rendered. The providing of services on a voluntary basis or the exchanging of services with another health care provider, does not in and of itself, make the relationship personal and therefore, does not remove the obligations inherent in the therapist/client relationship."

To view the Position Statement on Post-Termination Relationships in its entirety, please go to <http://www.cmta.com/regulations/terminat.htm> on the College's website.

calendar of EVENTS

Holiday office closing

The office will be closed to the public for the Holidays on December 22, 2007. It will reopen on Wednesday, January 2, 2008. Registration renewals will be processed during this time.

Professionalism Workshop 2008 dates

Region	City	Date of Workshop
3	Barrie	January 20, 21/08
3	Peterborough	February 24, 25/08
2	Ottawa	March 16, 17/08
5	Guelph	April 20, 21/08
5	Niagara	May 11, 12/08
2	Kingston	June 15, 16/08
1	Thunder Bay	July 20, 21/08
6	London	August 17, 18/08
1	Sudbury	September 14, 15/08
6	Sarnia	October 19, 20/08
4	Scarborough	November 16, 17/08
4	Toronto	December 7, 8/08

The staff and Council of the College of Massage Therapists of Ontario wish you good health, peace and happiness throughout the coming Holiday season and New Year!

College of Massage Therapists of Ontario
1867 Yonge Street, Suite 810
Toronto, ON
M4S 1Y5

