

# the College STANDARD

March 2005 • Volume 12 Issue 1



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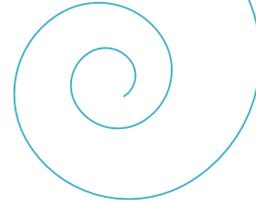
Client-centred care  
and massage therapy

Examination fees



# 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, MT, President  
District 6, Voice Mail #133

Alpa Patel, MT, Vice President  
District 2, Voice Mail #139

Jane Mederak, Executive Member  
Public Member  
Voice Mail #134

### *Council Members*

Qodrat Azima, Public Member  
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Lynn Beyak, Public Member  
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Douglas Cressman, MT  
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William Davies, Public Member  
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Emily Farrell, MT  
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Wendy Hunter, MT  
District 4, Voice Mail #136

Jane Mederak, Public Member  
Voice Mail #134

Vanessa Young, MT  
District 5, Voice Mail #135

## *Contributors This Issue*

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The College Standard is published quarterly 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 a forum for discussion of related issues and professional practice. The views expressed in the articles are those of the author and do not necessarily represent the official position of the College.

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 enter my fourth year as President of the College, I am very pleased by the accomplishments we have made, and continue to make, to improve service to the public and our members.*

**W**ith a new year come both new and exciting opportunities and challenges for the College. It is also a time to reflect on the accomplishments of the previous year. This message will give you an overview of some of the College's achievements for 2004 and give you some insight to what is on the horizon for 2005.

In addition to the College's mandatory roles of complaints, discipline, and registration, the Quality Assurance Committee has worked diligently at revising and developing the Standards of Practice to reflect the growth and maturation in the profession. The process has not yet been completed, but it is expected that the Committee will complete the drafting of the new Standards this year for Council approval and distribution to the members. The Quality Assurance Committee has adopted a process of continuous improvement to the peer assessment procedures after developing evaluation tools to analyze member and peer assessor feedback. The College is committed to its online registration process. Thirty-three percent of the members chose to register online last year, up eight percent from the previous year. We are anticipating this number to increase year by year as members begin to realize the efficiency and convenience of registering online. The online registration process saves much time for College staff at an already busy time of year, and therefore helps the College remain fiscally responsible.

The College will, for the first time this year, allow students to apply for the multiple choice examination and the Objectively Structured Clinical Evaluation online. The application will be available online at the College's website ([www.cmto.com](http://www.cmto.com)) later this year. The Council has directed the College to ensure registration of new members and renewals are handled promptly and efficiently, in accordance with the legislation and Regulations. Later this year the College will, for the first time, also allow new members to apply for initial registration online. In keeping with our strategic direction, with vast changes and demands in technology and with students who are computer savvy, the College is proud to be creative and innovative in offering online services in its regulatory role.

The examination process is changing in 2005. The College adopted the new Massage Therapy Competency document three years ago, making it necessary for a change in the examination process. In addition, it is our mandate – under the Council's Strategic Plan – to continually improve and enhance the examination process. The Multiple Choice Question (MCQ) examination



component remains as a computer-adaptive examination which the candidates can take at any accepted testing centre in Ontario. The Objectively Structured Clinical Evaluation (OSCE) component will be held six times per year at Princess Margaret Hospital in Toronto. The enhanced examination will include eleven stations with an additional three rest stations. Each station is ten minutes in duration. A video station will also be included. The video station is a written station that consists of a ten-minute video the candidates will watch. Upon completion of the video, the candidates will be given fifteen minutes to chart their responses based on the client interview/assessment that occurred during the video. The new OSCE for 2005 will be a combination of what occurred in the past with the four station set-up, as well as new scenario types to better evaluate the expected competencies of the candidate as per the new *Massage Therapy Competency* document. The primary role of the College is public protection. The improved examination process enhances the role of public protection for the College by stringently and fairly evaluating candidate competency at an entrance level for massage therapists. The College has a vision of encouraging, supporting and promoting excellence in the teaching, research and practice of massage therapy. The examinations are a means by which the College ensures excellence in the practice of massage therapy by new registrants.

With the new and enhanced examination format comes a price. The College has heard clearly from its members that the examinations must be conducted on a cost-recovery basis. We also heard from the members that their registration fees should not go towards the examination costs. The cost of the examination process has increased.



After deliberation at its last Council meeting, the Council approved the fees of \$225 for the MCQ and \$700 for the OSCE for a total examination fee of \$925. The Council supported the fees because the examination has improved to become a fairer, objective, transparent and highly credible process for the candidates, as well as keeping with the mandate to offer the exams on a cost-recovery basis. The examination is, in essence, the front door to public protection that Council so carefully considered in making its decision. The 2005 examination is the end result of a vision of excellence and leadership for the profession which the College embarked on several years ago.

In recent months, two public Council members saw their terms come to an end with the College. I would like to thank public Council members Lynda Murta and Keith Flowers for their many contributions over the past six years. I welcome the new public members Qodrat Azima and William Davies to the Council.

I look forward to my fourth term as President of the College, and as always, welcome your feedback and comments along the way.

A handwritten signature in blue ink, appearing to read 'Rick Overeem'. The signature is stylized and fluid, with a long horizontal stroke extending to the right.

Rick Overeem, B.A., MT  
President

# from the REGISTRAR



**T**he *Regulated Health Professions Act 1991* (RHPA) Sec. 7, created the Health Professions Regulatory Advisory Council (HPRAC), composed of appointed members of the public, whose role it is to advise the Minister of Health and Long-Term Care on the following areas: regulation of professions, deregulation of professions, suggested amendments to the Act or health professions Acts or regulations, matters related to Colleges' quality assurance programs, and any other matter the Minister refers to it. In addition, HPRAC monitors the Colleges' patient relations programs and advises the Minister on their effectiveness.

Minister Smitherman recently asked HPRAC for advice on a number of issues respecting the regulation of health professions under the RHPA and sought their recommendations on certain referrals. In the course of providing responses to the Minister, HPRAC will engage in public consultation, which will permit stakeholders the opportunity to make comment on the referrals.

In response to a request from HPRAC, the College has indicated that it will be making comment on some of the key referrals as follows:

1. Recommendations and additions to advice given by HPRAC previously as part of the "5 year review" of the RHPA,
2. Recommendations and additions to advice given by HPRAC previously on the Colleges' quality assurance programs,
3. Recommendations and additions to advice given by HPRAC previously on the Colleges' complaints and discipline procedures,
4. Whether pharmacy technicians/assistants should be regulated under the RHPA,
5. Whether homeopaths should be regulated under the RHPA,
6. Whether kinesiologists should be regulated under the RHPA,
7. Whether psychotherapy should be a controlled act under the RHPA,
8. Whether psychotherapists should be regulated under the RHPA,
9. Review of the work of personal support workers and whether any of this should be regulated under the RHPA, and
10. Whether new Colleges could engage in a shared business model for better fiscal responsibility.

A number of these referrals directly affect this College and massage therapists, so the Council will be carefully reviewing and providing considered responses to HPRAC on the issues.

To assist HPRAC in their task we have already forwarded to them the original analysis and comments we made on the earlier report "Adjusting the Balance". For those of you who are interested, this report is available on line at [www.hprac.org](http://www.hprac.org). Of particular interest to members is Chapter 11, which provides a summary of HPRAC's earlier recommendations to the Minister.

Self-regulation is a privilege granted to massage therapists under the RHPA and should never be taken lightly. With self-regulation comes professional obligations and responsibilities as specified under the Act and Regulations. Every member of the profession must continue to honour those obligations and responsibilities and to provide the best possible massage therapy care to clients.

Remember that "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".

A handwritten signature in blue ink that reads "D Worrad".

Deborah Worrad, CAE  
Registrar

# the bulletin BOARD



## *Annual Council Elections*

Elections to Council were held on January 11, 2005 for District 6.

The candidates in District 6 were Rick Overeem MT (the incumbent), Scott Reeve MT and W. Peter Roach. Rick Overeem was re-elected.

In District 1, Doug Cressman MT (the incumbent) was acclaimed.

## *New Committee Structure*

### • **Executive Committee**

- . Rick Overeem – President
- . Alpa Patel – Vice President
- . Jane Mederak – Executive Member

### • **Appeals Committee**

- . Alpa Patel – Chair
- . Emily Farrell
- . Qodrat Azima
- . Bill Davies
- . Sandra D'Ippolito (volunteer)

### • **Client Relations Committee**

- . Lynn Dobson – Chair
- . Doug Cressman
- . Lynn Beyak
- . Parisa Moallemian (volunteer)

### • **Complaints Committee**

- . Wendy Hunter – Chair
- . Qodrat Azima
- . Lynn Beyak
- . Doug Cressman
- . Jason Dubois (volunteer)
- . Catherine Moran (volunteer)

### • **Discipline Committee**

- . Emily Farrell – Chair
- . Vanessa Young
- . Bill Davies
- . Lynn Dobson
- . Sylvia Jong (volunteer)
- . David Janveau (volunteer)
- . Andrea Young (volunteer)
- . Samantha Douglas (volunteer)

### • **Fitness to Practise Committee**

- . Lynn Dobson – Chair
- . Wendy Hunter
- . Parisa Moallemian (volunteer)

### • **Quality Assurance**

- . Vanessa Young – Chair
- . Lynn Dobson
- . Wendy Hunter
- . Qodrat Azima
- . Zoran Jelcic (volunteer)

### • **Registration**

- . Doug Cressman – Chair
- . Bill Davies
- . Jane Mederak
- . Emily Farrell
- . Sheryl Stanley (volunteer)

# the bulletin BOARD continued

## *Council Highlights – February 18, 2005*

At its meeting on February 18th, the Council welcomed its new public appointment, Mr. William I. Davies to his first Council meeting. Mr. Davies replaces Mr. Keith Flowers whose term ended in January.

Additionally, the Council elected its Executive Committee for 2005. Mr. Rick Overeem MT, District 6, was re-elected as President, Alpa Patel, MT, District 2 was elected Vice-President and Jane Mederak, Public Appointee was elected as the Executive Member. Council members were also appointed to the various College committees. For a list of the committee appointments, please see the website under "Committees" in the "About Us" section on the main menu (<http://www.cmta.com/about/commit.htm>).

After much debate, the Council made the decision to increase the fees for the College's OSCE and MCQ components of the Certification Examinations. The fees are now \$700 for the OSCE and \$225 for the MCQ.

Council approved the revocation of sections 10(2) and 11 of the Registration Regulation, Ontario Regulation 864/93 as amended. The section was moved into By-law No. 8 "The Register and Member Information" in 2004. By-law No. 8 sets out what information, such as primary business address, the College must keep on the Register and lengthens the time a member has to notify the College about an address change from 14 to 30 days. Council approved the revocation because it currently is in conflict with By-law No. 8. The Registration Regulation will now go to the government for revocation.

Council approved a new fee for the "Making Ethical Decisions and Maintaining Professional Boundaries Workshop". Although the workshop is free for members, those members who are directed by a decision of a statutory committee of the College to take the course shall pay a fee of \$300. This is to emphasize the seriousness of the course to those who must take it, and to offset some of the associated expenses so that members will be able to continue to take the course free of charge.

Council added more modalities to the Schedules of Complementary and Out of Scope Modalities. Low Intensity Later Therapy (LILT) was added to the Electrical Therapy Techniques in Schedule A of the Policy on Complementary Modalities. Trigenics and Lyopassage were added to Schedule A of the Policy on Modalities Considered Outside Scope. Please refer to the Updates to Schedules of Policy on Complementary Modalities and Modalities Considered Out of Scope in the Bulletin Board section for more information or "By-laws" under Standards and Regulations on the website (<http://www.cmta.com/regulations/bylaw.htm>).

Council adopted in principle an amendment to By-law 10 – Insurance, section 4. The wording of the amendment is highlighted as follows:

4. All members holding a general certificate of registration must hold, or otherwise be covered by, a policy of professional liability insurance that meets the following requirements:

- 1) The policy must provide a minimum of \$2,000,000 in coverage annually for professional liability.
- 2) The policy must be written in **either an occurrence form or claims basis**.

The by-law will be circulated shortly to members for the mandatory 60 day period in which to make comment.

If you require more information on the differences between the two types of insurance, please contact your insurer.

## *Proposed Amendment to By-law No. 10 – Professional Liability Insurance*

The deadline in which to make comment on the proposed amendment to By-Law No. 10, Professional Liability Insurance, **has been extended until May 15, 2005**. Comments may be submitted in writing to the College, by fax or mail or by e-mail via the Member Feedback link at: <http://www.cmta.com/member/MemberFeedback.htm>



### *What are my reporting obligations as a Massage Therapist?*

The Client Relations Committee has developed information to provide guidance to massage therapists in regards to determining their reporting obligations as a health care professional. The information is available on the College's website under the Client Relations Program (<http://www.cmta.com/ClientRelation/Mandatory.htm>). Members are encouraged to review this useful information to assist within their every day practice.

### *New Council Member*

#### **William Davies, Public Member**

William Davies was born in England and educated in Liverpool and Leicester. In 1941 he volunteered for flying duties with the RAF and after two tours of duty in Heavy Bomber Operations, was awarded the Distinguished Flying Cross. After further serving with the RAF in various capacities in East Asia, William was honourably discharged in 1947. He emigrated to Canada in 1948 and from 1959 until 1988 worked in the real estate industry in Toronto.

William is a co-founder of the Toronto branch of the Air Crew Association as well as a member of the Royal Canadian Legion and the Pathfinder Association. A former marathoner, William currently enjoys walking 60 km per week and studying European history.

William has had the opportunity to work with several committees, including the Ethics Committee for the Toronto Real Estate Board and the Board of Referees of the Employment Insurance Appeals Tribunal, and looks forward to serving with the College.



### *New Standards of Practice*

The Quality Assurance Committee has been working on reviewing and revising the Standards of Practice. The intent is to have them available for all massage therapists at some point this year. In reviewing the current Standards and various College policies, the Committee determined that the format of the Standards of Practice should also be updated. The new format will have three distinct sections: Communication/Public Health Standards, Technique Standards, and Advanced Technique Standards.

The Communication / Public Health Standards will cover various aspects of client care including hygiene, record keeping, consent, draping, and various pre/post treatment protocols. Most of this content can be found in the current Standards of Practice, but we hope this new format will make it easier for massage therapists to reference.

The Technique Standards cover the common massage techniques used by massage therapists. These include effleurage, frictions, breast massage, joint mobilization, and deep fascial work. Most of these Standards have kept the same content as the current Standards, but some have been updated, clarified or added in accordance with current practice.

The final section of the new Standards of Practice is the Advanced Techniques Standards. These are brand new Standards that reflect modalities requiring additional training, but are an accepted part of a massage therapist's scope of practice. While these Standards will not be relevant for all massage therapists, the College feels that it is important to set some Standards around these techniques.

When the new Standards are released to the membership, please take some time to review the format and content.

# the bulletin BOARD continued

## Registration Regulation Amendments

Recently the College circulated sections 10 (2) and 11 of Ontario Regulation 864/93 as amended, that it was proposing to revoke, to the College's members for the mandatory 60 day consultation.

The wording of section 10.(2) is as follows:

*10.(2) Every member shall submit to the College, on renewal of a certificate of registration, an information return containing the following information:*

- 1. The member's principal place of practice.*
- 2. The member's principal place of residence.*
- 3. The addresses and telephone numbers of all locations in which the member practices the profession, and the business names of the practices, if any.*
- 4. The address to which the member wishes correspondence from the College to be sent.*
- 5. The statistical information required by regulation.*
- 6. Proof of professional liability insurance in at least the minimum amount required under the College by-laws.*
- 7. A declaration of compliance with the terms and conditions of the certificate in the form provided.*
- 8. A declaration of compliance with the provisions of paragraph 2 of subsection 7 (1), and with sections 30 through 39 of O.Reg. 544/94 in the form provided.*

Paragraph 11 of the Registration Regulation requires a member to notify the Registrar of changes in contact or name information. Paragraph 11. states:

*11. A member must notify the Registrar within fourteen days of any change of name, location of practice or principal practice, business name of practice, business telephone number or principal residence by registered mail, including an original copy of proof of any change of name. O. Reg. 864/93, s. 11.*

Some of the comments made by members expressed a concern that by revoking that section of the Registration Regulation, the College would no longer be collecting important information from massage therapists, impairing its ability to do its job as a Regulator. Massage Therapists and other stakeholders can be assured that this information will still be collected. In 1998 the *Red Tape Reduction Act* permitted the Colleges to move some items from Regulation to By-law. In 2004, the College moved the items currently in Paragraph 10. (2) and 11 of Ontario Regulation 864/93 as amended, to By-law No. 8, "The Register and Member Information" and increased the time required to notify the College of an address change from 14 days to 30 days. As a result, sections 10(2) and 11 of the Registration Regulation needed to be revoked in order to prevent conflict between the Regulation and By-law 8. Council approved the revocation at the Council Meeting on February 18, 2005 and the sections of the Registration Regulation will be submitted to government for revocation.



## *Updates to Schedules of Complementary and Out of Scope Modalities*

At the Council meeting of February 18, 2005, the following updates were made to the Schedules of Complementary and Out of Scope Modalities attached to the Policy on Complementary Modalities and Policy on Modalities Considered Outside of Scope:

### CHANGES TO THE SCHEDULE OF COMPLEMENTARY MODALITIES:

Low Intensity Later Therapy (LILT) was added to the Electrical Therapy Techniques

### CHANGES TO SCHEDULE OF OUTSIDE OF SCOPE MODALITIES:

Trigenics was added to the list

### ADDITIONAL MODALITIES REVIEWED:

Activities of Normal Living Inventory (ANLI) assessments

The scope of practice of massage therapy includes assessments. Receipts for ANLI assessments shall not have massage therapy as the description of the service provided. The receipt should state that the service provided was assessment. ANLI assessments shall be considered direct client care for purposes of renewal of registration.

### POLARITY THERAPY

At the request of a member, the decision to put polarity therapy on the Schedule of Modalities Considered Outside Scope was reconsidered. The request was to move polarity therapy to the complementary modality list. After an in depth review of the modality, it remains on the Schedule of Modalities Considered Outside Scope.

### REIKI

Reiki practitioners doing first-degree Reiki do have direct contact with the client. Second-degree Reiki practitioners, however, send energy over a distance and do not have direct contact with clients. It was determined that massage therapists performing Reiki involving touching the client are performing a complementary modality but that energy-based techniques delivered at a distance are outside the scope of massage therapy. It would therefore be fraudulent for a member to provide Reiki treatments delivered at a distance and to then bill the treatment as massage therapy.

### LYPOSSAGE

Lypossage is a trademarked system consisting of modalities that are within the scope of practice for massage therapists. The College will not endorse systems or trademarked in-scope modalities. Members are directed to refer to the policy on advertising which states that an advertisement may not contain "claims or guarantees about treatment that cannot be verified" since the effectiveness of Lypossage is not supported by independent scientific evidence or the generally accepted practice of the profession.

### REMINDER:

Massage therapists may not perform modalities listed on Schedule A of the Policy on Modalities Considered Outside Scope.

Massage therapists may perform modalities listed on Schedule A of the Policy on Complementary Modalities if they are incorporated in the client's treatment plan. Please see the full policies on Complementary Modalities and Outside of Scope Modalities for further information.

## *Revised Schedule A of Policy on Complementary Modalities*

Below is the revised list of modalities in Schedule A:

- |   |  |
|---|--|
| 1. Alexander Technique                      | 7. Kinesiology   |
| 2. Aromatherapy                             | 8. Meditation  |
| 3. Feldenkrais                              | 9. Pilates   |
| 4. Electrical therapy techniques including: | 10. Reiki – first degree reiki only (involves touching the client; second degree reiki is delivered at a distance and is outside the scope of practice for massage therapists) |
| a. IFC                                      |  |
| b. TENS                                     |  |
| c. Therapeutic Ultrasound                   |  |
| d. Pulsed High Frequency                    |  |
| e. Low Intensity Laser Therapy              | 11. Therapeutic Touch  |
| 5. Guided Imagery                           | 12. Touch for Health   |
| 6. Inhalation Therapy                       | 13. Trager   |
|   | 14. Yoga   |

Adopted September 22, 2003  
Revised February 18, 2005

# the bulletin

## BOARD continued

### *Revised Schedule A of Policy on Modalities Considered Outside Scope*

The following is the revised list in Schedule A:

#### Schedule of Modalities Considered Outside the Scope of Practice of Massage Therapy

- |                           |   |
|---------------------------|---|
| 1. Aboriginal Healing     | 18. Personal Training   |
| 2. Allergy Testing        | 19. Polarity  |
| 3. Ayurvedic Medicine     | 20. Psychotherapy   |
| 4. Bach Flower Therapy    | 21. Raindrop Therapy  |
| 5. Biodynamics            | 22. Reiki – second degree (reiki treatment delivered without touching the client) |
| 6. Biofeedback            |   |
| 7. Chakra Balancing       |   |
| 8. Colour Therapy         |   |
| 9. Crystal/Gem Therapy    |   |
| 10. Herbology             | 23. Religious/Spiritual Healing   |
| 11. Homeopathy            | 24. Sound Therapy   |
| 12. Iridology             | 25. Traditional Chinese Herbal Medicine   |
| 13. Lypossage             | 26. Trigenics   |
| 14. Metaphysical Healing  | 27. Watsu   |
| 15. Nutrition Counselling | 28. Zero Balancing  |
| 16. Orthotics             |   |
| 17. Osteopathy            |   |

Adopted September 22, 2003  
Revised February 18, 2005

### *Online Registration Renewals*

At the end of December 2004 the College had 7300 members. This year, 2178, or one third of the members who have renewed their registration, have done it online. This is an increase of almost 600 since last year when 25% of our members renewed online.

The College would like to express its appreciation to everyone who renewed online and hopes that you will continue to do so.

#### **Fact or Fiction?**

- Q.** As of December 2004, how many members did the College have?  
a) 1200 b) 6100 c) 7200 d) 5820
- A.** The College had approximately 7200 members as of December 2004.
- Q.** Does the College have jurisdiction over massage therapy educational facilities?
- A.** No. The Ministry of Training, Colleges and Universities regulates the massage therapy schools. The College only has authority over its members.
- Q.** Does the College have the authority to limit the number of massage therapy schools in Ontario and to limit the number of people who can be registered?
- A.** No. The Ministry of Training Colleges and Universities licenses the schools. There is no moratorium on the number of schools that can be licensed. It is the responsibility of the College to ensure that all those who are qualified and meet the requirements for registration be registered with the College.

# amendment to Policy on certificate of REGISTRATION

The Executive Committee recently reviewed investigations pursuant to section 75 of the *Regulated Health Professions Act, 1991* to do with members practicing while holding an Inactive Certificate of Registration. Members are reminded that in accordance with the Registration Regulations, they shall not practice while holding an Inactive Certificate of Registration. Similarly, they may not practice while their Registration is suspended.

The concern is that to issue receipts while suspended or holding an Inactive Certificate of Registration is fraudulent and professional misconduct. Members could be the subject of an investigation and disciplined by the College. Ultimately, they could be charged with fraud, and required to reimburse all fees received from insurers while practicing.

The date for suspension of members for non-payment of the 2005 Registration renewal fees is approaching. The Executive Committee is concerned that members who are suspended for non-payment of fees may also continue to practice. This conduct is not acceptable to the College. As a result, the Policy on Certificate of Registration has been amended to make it clear that members shall not practice while holding an Inactive

Certificate or while suspended, and that their Certificates of Registration shall not be displayed in a place of business.

The wording of the policy is as follows:

## Certificate of Registration

### INTRODUCTION

Wall certificates and photo identification cards are issued by the College of Massage Therapists of Ontario ("the College") to College members to provide them with proof of their registration with the College. For this reason, these documents must be handled in a safe and secure manner by both the member and the College to prevent their unauthorized use by individuals not registered with the College.

### POLICY

1. Only one wall certificate and photo ID card will be issued to each registrant and they remain the property of the College.
2. The wall certificate and photo ID card may not be transferred, photocopied, or duplicated in any manner.
3. A massage therapist may not rent or sell the certificate of registration or the corresponding registration number to anyone for any purpose. The registration number is to be used to verify the work performed only by the massage therapist to whom it is assigned.
4. The wall certificate and photo ID card must be returned to the College when a member's registration is suspended or is revoked. Failing to return a wall certificate and photo ID card to the College when requested constitutes professional misconduct pursuant to Section 26, paragraph 23 of the professional Misconduct Regulations, Ontario Regulation 544/94 as amended.

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# examination FEES



*The College has been evaluating the entrance to practice competence of massage therapy graduates using the Objectively Structured Clinical Evaluation (OSCE) and multiple choice (MCQ) examination formats for many years.*

**T**he College works closely with its psychometric firm, Schroeder Measurement Technology (SMT) to develop the examinations according to international standards for competency evaluation.

The College has taken every precaution to ensure that the certification examination is fair, transparent, objective and defensible. The certification exams are based on:

- the Job Analysis Survey (JAS)
- the Standards of Practice
- the Massage Therapy Competency Standards (MTCS) document, and
- the *Regulated Health Professions, Act, 1991* and the *Massage Therapy Act, 1991*

The JAS is a survey conducted on a monthly basis utilizing groups of massage therapists who have been in practice for various lengths of time. From the results of the JAS, the College is able to determine the blueprints for the examinations, enabling the development of the examination specifications. All the criteria within an examination

are referenced to the JAS specifications, the Standards of Practice and the MTCS document. OSCE stations are predetermined and cannot be modified, edited, or changed in any way during an administration of the examination.

There is nothing subjective about the College's certification examinations. Examiners are rigorously trained on each criteria point within each station so that each examiner is standardized in the interpretation of each criteria point. The College maintains a highly trained group of Subject Matter Experts (SMEs) who are vital to the development of the certification examination. SMEs are responsible, under the direction of the Examination Officer, to ensure the examiners are appropriately trained for their role within the examination. Moving to an 11 station OSCE will ensure that entrance to practice competencies, as articulated in the Massage Therapy Competency Standards document which replaced the old "core curriculum" in 2002, are thoroughly evaluated.

Moving to an 11 station OSCE will result in greater costs to the College, requiring the examination fees to be increased. Some years ago Council directed that the certification examinations operate on a cost recovery basis, thus the reason for the fee increase.



As required by the *Regulated Health Professions Act, 1991*, any proposed amendments to the College's By-laws must be circulated to the members for a 60 day review period. The College circulated to the members the proposed fees to be charged and received a number of comments and concerns from members. Several themes emerged from the comments which the College would like to address.

The College is not increasing the examination fees to keep qualified individuals from taking the examination. On the contrary, the vision of the College adopted by Council in 1999 states that the College envisions a future where **all qualified** massage therapists are registered and proud to be associated with the College. It is the College's role to make sure that the examinations are accessible, objective and fair. The fees for comparable OSCE examinations from other professional regulatory agencies were reviewed and the College's proposed fees are still, by comparison, at the lower end of the range. Another theme that emerged from the responses was whether there was another method of evaluation that could be used. There are other methods, but the OSCE is regarded as a leading method for evaluating competencies related to manual skills. Again in its vision statements, the College sees a future in which the public, the government, and other healthcare professionals have a high level of awareness of, and confidence in, the competence of massage therapists and the profession of massage therapy. To achieve this vision, the College is taking a leading role in the development of an objective

and defensible method of competency evaluation which has

become a model for massage therapy regulators in other jurisdictions such as Newfoundland and Labrador. A profession that lacks proper competency examinations will lose credibility with its stakeholders.

A third theme that emerged was concern about the physical space and location of the examination. The College tried for years to move the certification examination from a hotel setting, which Council felt did not properly convey to the candidates the seriousness of the exam and its clinical nature. It was finally able to achieve this goal in 2004, when arrangements were made with Princess Margaret Hospital to hold the OSCE there. The OSCE is held in a functioning clinic within the hospital. This means that it must be run either in the evenings or on weekends when the clinic is closed. Ultimately this places limitations on the set up of the OSCE, but Council is of the opinion that the benefits far outweigh the costs.

The College still has a long way to go to achieve the vision of the Council as articulated in 1999. Since then, new issues have emerged which are challenging the massage therapy profession. It is vitally important that the public continue to trust and rely on the professionalism and competence of massage therapists. A properly developed and managed OSCE is the first step towards maintaining and increasing that trust.



# who constitutes a CLIENT?

*The Client Relations Committee undertook an initiative to develop a uniform understanding, in the form of a guideline, for the profession in relation to who constitutes a “client”?*

**T**he College’s Position Statement entitled “Post Termination Relationships” indicates:

A person must **contract** with a Massage Therapist to receive therapeutic services. “Contract” would suggest there has been a request for care by an individual and acceptance to provide that care by a Massage Therapist.

A **client encounter** must occur and would involve 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 (as required under provisions of the *Massage Therapy Act* and the Standards of Practice and College Policies).

The guideline establishes the requirement of two criteria before a person is deemed to be a client. A person must “contract” with a massage therapist for therapeutic services, and a “client encounter” must occur involving completion of a health history form, conducting an assessment to establish a treatment plan, maintaining the client record, and charging a fee for the service rendered.

To obtain greater clarity about this issue, the Committee consulted with the membership. To enable discussion the Client Relations Committee placed an article in the March 2004 *College Standard*, which included five scenarios devised to demonstrate the complexities that may exist within the practice of massage therapy that often make defining who may constitute a client unclear.

The Client Relations Committee wishes to thank those members that provided their assistance with this initiative. The feedback provided was most valuable.

The Client Relations Committee hopes that the following commentaries will assist members with their own critical thinking processes and help guide their professional judgment. The commentaries are the interpretations of the Client Relations Committee.

## Scenario 1

The therapist has scheduled an appointment with a new person. The person presents at the appointed time, and for whatever reason, the therapist is personally uncomfortable treating this person.

- a) Is this person a client by virtue of arriving for the original appointment?
- b) Is this person a client if they completed a health history form and the therapist has completed an assessment but has not provided treatment?

## COMMENTARY

- a) According to the guideline for defining a client the person may have requested massage therapy services by attending for the scheduled appointment and that the massage therapist responded to the request for care by arranging the appointment. However, there was no client encounter as a treatment did not occur. This person would therefore not be considered to be a client.
- b) In this situation there has been a client encounter as the massage therapist has completed an assessment and accordingly the person would be defined as a client. Additionally, the person’s completion of a health history form would now establish the massage therapist as the custodian of the health information concerning the individual and in so doing the therapist is bound by provisions of the *Personal Health Information Protection Act, 2004* (PHIPA) as well as Part III Records of Ontario Regulation 544/94 as amended, the Standards of Practice and College policies and position statements dealing with client records in relation to keeping the personal health information of the client private, confidential and secure. By reason of these governing authorities relating to client health information the person may be deemed to be a client.

## Scenario 2

A person has received a gift certificate for massage therapy. The person has not yet presented the gift certificate for treatment.

- a) Is the purchaser of the gift certificate a client of the massage therapist?
- b) At what point is the recipient of the gift certificate a client?

### COMMENTARY

- a) The purchase of the gift certificate means there has been a contract to provide massage therapy by the massage therapist but because there has been no client encounter the person is not a client.
- b) Once the person attends for and receives the massage therapy treatment with the gift certificate there would be a client encounter and accordingly the person would be defined as a client.

## Scenario 3

A therapist walks up, unannounced, behind an acquaintance, friend or business associate, and surprises that person with a friendly, therapeutically intended squeeze on the shoulders and upper back.

- a) Is a person not a client by virtue of failing to have an opportunity to give consent?
- b) Is this person a client by virtue of the therapist initiating treatment?
- c) The person's shirt was covering a severe and recent burn. The therapist's gesture resulted in immediate and searing pain. Since professional misconduct can only be alleged if the therapist is in the course of practicing the profession, is there a basis for complaint in this situation? Is the person a client?

### COMMENTARY

- a) While to some extent it could be argued that there has been a client encounter there is no suggestion that there has been a contract for massage therapy services. Accordingly, the person involved is not a client.
- b) This situation does not suggest there has been a request for care by a person and therefore the person is not a client.
- c) This situation would not suggest the person involved is a client as once again there has not been a contract for massage therapy services.

- \* Although situations (b) and (c) may not suggest the person involved is a client, the massage therapist may not be absolved from liability for any injury or concerns they may have with the therapist's conduct. As a health professional the massage therapist must be cognizant of consent issues and ensure that professional boundaries are maintained at all times. The law of negligence also establishes a duty for all people to take reasonable care to avoid acts or omissions, that could reasonably be seen to likely cause injury. That standard of care may be increased when the provider of care is a health professional with additional skills and knowledge above the average person.

## Scenario 4

A person purchased a gift certificate for a package deal, which includes a number of different services including massage therapy from a spa.

- a) Is this person a client of the massage therapist or the spa?

### COMMENTARY

- a) Under the guidelines for defining a client, it is noted that there may be a contract to provide massage therapy services in this situation, as there is the appearance of a request for care from a person and acceptance to provide that care by the massage therapist. However, there has not been a client encounter and the person may not be a client of the massage therapist.
- \* There may be special circumstances in relation to this situation depending on the type of business association the massage therapist has with the spa. In the event a person presents for a massage therapy treatment but for some reason the service is not provided, the person may take issue with the massage therapist for failing to honour a gift certificate. If the person complained to the College regarding the massage therapist's failure to honour the gift certificate it could be construed that the person was a client of the massage therapist by reason of a gift certificate issued for massage therapy.

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# Client-Centred care and MASSAGE THERAPY

By Vanessa Young, MT

In "Prescription for Excellence: How Innovation is Saving Canada's Health Care System" Dr. Michael Rachlis states: "A substantial body of evidence indicates that patients who take an active part in their care have better outcomes than those who don't. Seeing the situation from a patient's perspective is the key to quality of care. As a bonus, a physician who is an attentive listener is also less likely to be sued."

When was the last time you had a massage? It can be a good learning experience to remember what being a massage therapy client feels like. When you arrived for your appointment, was the massage therapist on time, or was she twenty minutes late, putting you behind in your very busy schedule? Did she talk all through the treatment, and you needed your massage to be as quiet as possible because that is how you unwind best, but you didn't want to hurt her feelings by speaking up? Did she use deep tissue techniques on you without asking your permission? Did she forget to ask you for any feedback during the massage? Did you then have to pay for the massage treatment out of your own pocket? Did you leave feeling worse than when you arrived? Or was the experience wonderful? Your massage therapist was punctual, she asked you what areas you wanted massaged, and she listened when you said the techniques she was using were too uncomfortable for you. She respected your need for quiet by not initiating any unnecessary conversation. It was one hour of bliss that was well worth the fee charged, and you left feeling so much better than when you arrived. This is what can happen when a massage therapist practices or fails to practice client-centred care.



## What is Client-Centred Care in Massage Therapy?

Our code of ethics as massage therapists in Ontario is based on four principles that guide the standards of practice: respect for persons, responsible caring, integrity in relationships and responsibility to society. These principles essentially describe the philosophy of client-centred care. Respect for persons means that we recognize and protect the rights of our clients to treatment consistent with their values, opinions, needs and cultural beliefs. We empower our clients by providing them with accurate and appropriate information so they can make informed choices in treatment. Responsible caring means that we are committed to serving our clients' best interests rather than our own. This can mean that we refer a client on to another health care professional if we find that we cannot help them, or if massage therapy is not appropriate for them. We have a duty to protect the vulnerability of our clients from exploitation and harm. Integrity in relationships means that we have the courage to be honest with ourselves, our clients and our colleagues, and to dedicate ourselves to the path of life-long learning. Responsibility to society means that we continually strive to practice honourably as massage therapists, and we contribute positively to the greater circle by promoting the wellbeing of all persons.

From time to time, try reading your code of ethics. It is a simple exercise that can help remind you of what our core values as health care professionals are. You may find that your understanding of these values will deepen over time. When dealing with an ethical dilemma in your practice, going back to the principle of client-centred care in the code of ethics will help ground you so that seeing the best solution for the problem may be easier. The Ethics and Boundaries workshops offered by the College, free of charge to members, are another way to help you to understand and apply the principles of client-centred care. Many massage therapists have found the workshops to be invaluable in helping them to grow as professionals.

## The Standards of Practice Are Client-Centred Care

When was the last time you read our standards of practice? Client-centred care is embedded in each and every standard. For instance, do you remember that we are obligated to practice Standard 4 – that is, asking the client what their goals for treatment are, and where they would like to focus the treatment on, at every massage? It is easy to forget this standard when you have been treating the same client for a long time, or to assume you know what the client wants.

Do you remember to regularly observe the client's physical reactions, and inquire as to their comfort? Do you ask for feedback from your clients? Do you inform your clients that some techniques like frictions may be painful before you perform them? Do you stop or modify treatment immediately if a client experiences an unexpected increase in pain? Do you remember to explain a modality, like craniosacral, before you use it on a client, and do you discontinue it if the client doesn't find it helpful?

The principle of informed consent is integral to our commitment to client-centred care. Sometimes this may mean educating a client about what informed consent is. They may have no knowledge that they are even entitled to it. We need to be sensitive to clients from other cultures, or those clients for which English is a second language. We need to remember that it is much harder to be assertive when you are undressed and lying on a massage table.

Reading the Standards of Practice is easy and inexpensive professional development. You may be surprised at what you have forgotten.

## Client-Centred Care is in the Details

Client-centred care begins with the environment you practice in. Does your treatment room provide enough privacy for your clients? Can you hear conversations in the room from the hall outside, or in an adjoining room? This is especially important when working in multi-discipline clinics, or in a spa environment. Can you accommodate clients who want massage in silence? Do you have a variety of music selections, and do you let clients choose music they would like during massage?

Have you had a massage on your own massage table lately? You may be surprised to discover that your table needs reupholstering, or that the pillows you use need replacing. Are the sheets you use clean and fresh, and is your treatment room warm enough in winter, and cool enough in the heat of summer? These are all aspects of client-centred care.

## Communication is the key

Communication may be the most important tool in client-centred care. Good communication begins with the first contact with a client – usually over the phone. Does the client need to see their family doctor first, to make sure massage is appropriate and safe for them? Do they need to get a prescription for massage therapy for their insurance coverage? Let the client know what to expect at the first appointment – including the amount of time you may spend going over the case history, assessment and informed consent process. If they have booked a one-hour appointment, will they receive a one-hour massage?

Information such as your privacy policy and your cancellation policy should be posted in an area where they can be easily read. Client-centred care is also letting your clients know that they should not come for massage therapy if they have a cold, the flu, or any illness.

Practice good communication with your clients by never making assumptions about them. Keep asking for their feedback, even if you have been seeing them for a long time. Listen to their feedback, and act on it where appropriate. Remember to reassess the treatment plan occasionally to make sure your client's goals are being met. If they are not getting better with your treatments, encourage them to try another massage therapist, physiotherapist, or other health care practitioner. You may lose their business in the short term, but win their respect and loyalty in the long term.

Vanessa Young has been a massage therapist for over twenty years. Her career continues to bring her joy and satisfaction along with challenge and learning. She was elected to Council for District 5 in 2003. She has served on Discipline, Appeals, Registration, Quality Assurance and Client Relations Committees.

The mandate of the Client Relations Committee is to inspire the evolution of the client/therapist relationship by instilling in the public the confidence to request, and in the profession, the desire to provide client-centred care. The Committee is hopeful this article, and other initiatives of the Committee, will assist members with developing a true client-centred practice.

The Committee would like to hear from the members in relation to their personal experience and challenges presented with providing client-centred care.

Kindly submit your comments to the Client Relations Committee c/o Pauline Walters by mail fax or e-mail by May 30, 2005.

MAIL: College of Massage Therapists of Ontario  
810-1867 Yonge Street, Toronto, ON M4S 1Y5.

FAX: 416-489-2625 or E-MAIL: pauline.walters@cmto.com

Amendment to Policy on Certificate of Registration  
continued from page 13

5. If a member holds an Inactive Certificate of Registration, he/she may not display it in a place of business.
6. If a retiring member wishes to keep the certificate and/or ID card, the member must notify the College in writing of this request when the wall certificate and photo ID are returned. The College will print RETIRED on both documents and will also add to the certificate the dates the member was registered and will seal this information on the certificate.
7. It is the responsibility of the massage therapist to protect his/her wall certificate, photo ID card and registration number from fraudulent use by others.
8. Only one wall certificate will be issued. It is to be posted in the member's primary place of employment. If a massage therapist practices in more than one location, the photo ID card must be used to verify registration to the public and employers.
9. Massage therapists are responsible for taking the wall certificate with them upon leaving their place of primary employment.

Adopted: June 19, 1995  
Amended: November 19, 1999  
Amended: September 20, 2004  
Amended: March 7, 2005

Who constitutes a client?  
continued from page 17

### Scenario 5

A massage therapist is giving a public information session/seminar.

- a) During a break in the seminar, a person asks the massage therapist to "look at" their shoulder. After a brief interview, the therapist applies a manipulation he/she thinks might be helpful, but in fact causes the person's shoulder to dislocate. Is this person a client?
- b) The therapist decides to demonstrate a particular technique on a child. The child later complains that the therapist's touch was perceived to have crossed the line into sexual abuse. Is this child a client?

### COMMENTARY

a) and b) Under the guidelines, it is noted that there may have been a contract for massage therapy services as well as a client encounter involved in both situations, however the College's position statement entitled "Conducting Public Education Classes" would not define a person who participated in the demonstration or education class as a client as there is no expectation to obtain their health history, conduct an assessment, create a treatment plan, or maintain a client record.

Massage therapists should refer to the position statement for further direction.

As evidenced by these examples of many scenarios that a massage therapist may encounter during their careers, there may be circumstances within a member's practice setting that often complicates defining a person as a client. The Client Relations Committee is hopeful this information will assist members within their everyday practice.

# 2004 Certification examination RESULTS

College of Massage Therapists of Ontario

2004 Certification OSCE and MCQ Stats



School	Candidates OSCE	OSCE # Pass	OSCE % Pass	Candidates MCQ	MCQ # Pass	MCQ % Pass	Eligible for Registration
AL	31	26	84%	29	26	90%	27
CB	27	12	44%	18	11	61%	11
CCHST	14	9	64%	36	26	72%	24
CCNY	149	89	60%	103	87	84%	64
CDIB	24	12	50%	19	14	74%	11
CDIH	16	6	38%	11	5	45%	5
CDIO	30	20	67%	28	21	75%	20
CDIS	1	1	100%	0	0	0%	0
CDIT	3	0	0%	1	1	100%	4
CDITB	9	5	56%	5	3	60%	2
CE	64	41	64%	50	46	92%	40
COBK	92	51	55%	68	57	84%	47
CT	149	78	52%	116	94	81%	81
DL	90	43	48%	63	48	76%	35
EL	47	37	79%	43	39	91%	34
ELE	9	4	44%	8	3	38%	4
FL	78	54	69%	68	57	84%	57
IA	27	21	78%	23	17	74%	16
KC	79	59	75%	86	72	84%	64
KI	38	20	53%	37	28	76%	15
LC	18	18	100%	19	18	95%	18
NS	32	13	41%	29	23	79%	17
SA	21	9	43%	11	9	82%	8
SC	136	110	81%	132	121	92%	115
<b>TOTAL</b>	<b>1184</b>	<b>738</b>		<b>1003</b>	<b>826</b>		<b>719</b>

## Key:

AL Algonquin College of Applied Arts and Technology  
 CT Canadian Therapeutic College  
 COBK CCMH OBC – Kitchener  
 CCHST CCMH OBC – Windsor  
 CDIB CDI – Barrie  
 CDIH CDI – Hamilton  
 CDIO CDI – Ottawa  
 CDIS CDI – Sudbury  
 CDITB CDI – Thunder Bay  
 CDIT CDI – Toronto  
 CCHST Cdn. College of Health Science & Technology – Windsor  
 CCNY Cdn. College of Massage & Hydrotherapy

CE Centennial College of Applied Arts & Technology  
 CB College Boreal  
 DL D'Arcy Lane Institute  
 ELE Elegance School of Esthetics  
 EL Elmcrest College of Applied Sciences  
 IA International Academy of Massage Inc.  
 KC Kikkawa College  
 KI Kine Concept – Ottawa  
 LC Lambton College  
 NS Non-Standard Applicants  
 SA Sault College of Applied Arts & Technology  
 FL Sir Sandford Fleming College

# new members

## 2004

Abad, Lourdes	Bolton, Laura	Cleaveley, Rebecca	Drobyshev, Yurii	Gaal, Ryan	Hollander, Elaine	Juurlink, Kyle
Abela, Jennifer	Botbyl, Denise	Cleveland, Taliesin	Drover, Danielle	Gagné, Melanie	Holm, Philip	Kadlec, Jennifer
Adams, Marsha	Boudreau, Natalie	Clynick, Stephen	Duggan, Jennifer	Galanos, Tina	Hong, Longxiu	Kapetanovic, Naris
Adderley, Kimberley	Bourque, Angie	Cole, Erin	Duiker, Theresa	Ganzon, Christopher	Hopkins, Bhajkumari	Kapoor, Shobhna
Albuerne, Melissa	Bradshaw, Jessica	Consiglio, Assunta	Dunlop, Allison	Garcia, Maria	Hoskins, Megan	Karges, Leah
Alevras, Andy	Brea, Vanessa	Cook, Michael	Dunn, Melissa	Garrick, James	Howard, Anastasia	Kaustov, Felix
Alexander, Kelly	Bredahl, Loren	Cooper, Jennifer	Dwinnell, Tracy	Gheorghe, Alina	Howarth, Lysianne	Kay, Rahel
Alguire, Emily	Brennan, Jennifer	Cooper, Julia	Eastbrook, Shannon	Giancola, Daniela	Hoyt, Matthew	Kemper, Melanie
Allen, Sarah	Brewster, Bryon	Corbett, Anne	Egger, Janice	Gibbs, Laurie	Hrabok, Katherine	Kerik, Megan
Allen, Leslie	Brigger, Jenni	Corbin, Lisa	Ehmke, Kris	Giese, Michael	Hughes, Rachel	Kilburn, Patrick
Alleyn, Julie	Bristow, Jennifer	Corcoran, Christa	Eisbrenner, Jason	Gill, Lyndsay	Hunter, Valerie	Kim, James
Allison, Cathy	Brooks, Mark	Correa, Leonardo	Eisner, Krista	Gillies, Erica	Hutchinson, Natasha	King, Rhonda
Alter, Jarred	Brown, Caroline	Coutts, Amanda	Ekert, Tim	Girard, Joane	Hutton, Lelia	King, Alison
Anthony-Prevost, Danyka	Brown, Jessica	Crilly, Mary Jane	Ekserci, Garo	Glada, Melanie	Hutton, Jaclyn	Kipershtein, Matvey
Atchison, Darlene	Brown, Christine	Crist, Karen	Ellingson, B.	Glean, Robert	Iaccino, Nicole	Kippen, Ashley
Atkins, Rhonda	Brual, Glenn	Cross, Amy	Elliott, Stephanie	Glover, Suzanne	Innis, Charles	Kirkby, Dawn
Ballantyne, Tracey	Bruce, Jenny	Croteau, Catherine	Elliott, Brian	Godley, Marie	Irvine, Tanya	Knoll, Tamara
Baraniak, Jacek	Bérubé, Sylvie	Culleton, Michelle	Ellis, Cathleen	Golab, Jocelyn	Jacobs, Lucas	Knott, Beverley
Barbato, Carolina	Bucknall, Kirstin	Cummings, Jayne	Emanuele, Claudio	Goodson, Jennifer	James, Pamela	Knowles, Becky
Barnet, John	Burgess, Terri Candice	Cummings, Lana	England, Julia	Goodwill, Sean	Jamieson, Emily	Koert, Wendy
Barrett, Linda	Burgess, Andrea	Cunningham, Amanda	Englezos, Andrian	Goodyear, Kristopher	Janik, Eva	Koh, Sai Poh
Barrett, Stacey	Burke, Emily	Curtis, Jennifer	Ethier, Nicole	Gorbounov, Mikhail	Jansen, Daniel	Kolder, Roman
Basmanov, Dmitri	Burnham, Alison	Da Silva, Elizabeth	Evershed, Sydney	Gordon, Barrie-leah	Jayarathne, Sandra	Komjathy, Abigail
Bath, Gurinder	Côté, Elaine	Dale, Lindsay	Fabrizio, Jennifer	Gould, Jennifer	Jeffrey, Katie	Konoval, Nicole
Bauman, Anthony	Caley, Brenda	Dame, Windy	Falls, Melissa	Gouveia, Michelle	Jellow, R. Stephen	Kos, Debbie
Baxter, Dayna	Campbell, Holly	Danuta, Dabek	Farrar, Michelle	Govan, Victoria	Jin, Ling	Kosiw, Kathleen
Beauchamp, Rachelle	Campbell, Heather	Danylyshen, Cynthia	Farrell, J. Carmen	Graham, Kathryn	Johnson, Melissa	Koval, Anzhela
Beausoleil, Emily	Cannarozzi, Enza	Dass-Chadee, Mary-Anne	Feltham, Amanda	Grant-Moran, Robyn	Johnston, Glen	Koval, Galina
Beckstead, Rhonda	Carano, Marina	David, Lisa	Fenech, John	Gravel, Rose-Anne	Johnston, Heather	Kramer, Laura
Beers, Hope	Cardinali, Lisa	Dawson, Melissa	Fequet, Elizabeth	Gregory, Alyssa	Jolic, Jasna	Krtek, Gabrielle
Behrens Zoror, Rachelle	Carrall, Nicola	Day, Peter	Fera, Jessica	Grisé, Sherrie	Joly, Karina	Krummenacher, Melissa
Belanger, Amanda	Carson, Krista	Dayton, Alyssa	Ferlito, Angie	Guay, Cynthia	Jonathan, Cathy	Kukhorenko, Denis
Beliveau, Penny	Carter, Carl	De Lisser, Sharon	Ferraro, Krista	Guilmette, Véronique	Jones, Erin	Kumprey, Sara
Bell, Jordan	Cave, Devon	DeBeaucamp, Noel	Ferreira, Jennifer-Lee	Gummer, Sharon	Juchau, Joanna	Kutterer, Genevieve
Bell, Stuart	Caves, Thomas	Deboer, Angela	Ferynsky, Viktor	Guy, Cara	Judd, Nicole	Labencki, Traci
Belluomini, Elizabeth	Chambers, Emilie	DeCairo, Andre	Filler, Cindy	Hadley, Melissa		
Bennett, Kim	Chan, Lotus	Del Gobbo, Sandra	Finucane, Heather	Halloran, Patricia		
Bergeron, Stephanie	Chaput, Yvonne	Deline, DonnaLee	Fitzgerald, Frank	Hammill, Cathy		
Bergonti, Tania	Charette, Sarah	Delisle, Nathalie	Floy, Jacqueline	Hargrove, Kimberly		
Bergquist, Crystal	Charlong, Donald	DePooter, Kelcy	Fletcher, Kelly	Harness, Craig		
Bhagat, Jasvinder	Charrington, Raquel	Devine, Janice	Fleury, Elizabeth	Harrell, Amber		
Bianchi, Sylvia	Chatterjee Guha, Shaona	Devine, Nicole	Flint, Christopher	Haveman, Leah		
Billett, Nicole	Chen, Hongbin	DeWolf, Kristi	Forsdike, Melinda	Hawkins, Catherine		
Bitti, Catherine	Chen, Xiaojui	Dhavernas, Alexandre	Foubert, Cynthia	Hayes, Treena		
Blackburn, Amber	Cherniy, Iryna	Di Bernardo, Anthony	Fox, Jane	Hebert, Denise		
Blackmore, Sandra	Cherubin, Assunta	Dimoglou, Anthie	Francis, Richard	Hedge, Kimberly		
Blackwell, Shannon	Chesney, Christienne	DiSimone, Nicholas	Franco, Anneleah	Henderson, Jennifer		
Blagonic, Anton	Cheung, Alexander	Djuketic, Jelena	Frank, Leslie-Jane	Henderson, Janice		
Blaiz, Barbara	Chow, Norman	Doel, Ryan	Fraser, Keri	Hertzum-Larsen, Kirsten		
Blakely, Melissa	Chung, Gary	Doran, Katie	Freeman, Charity	Hickey, Amy		
Blaskievich, Carolyn	Clancy, Dermot	Doubnevskaia, Nina	Freydank-Edelstein, Gabriele	Hill, Richard		
Boguslavsky, Michael	Clark, Shane	Douglas, Amber	Fripps, Sandra	Hilton, Danielle		
Bold, Kimberly	Clark, Jeremy	Dow, Craig	Froelich, Bill	Hogan, Jennifer		
Bolotayeva, Liliya	Clarke, Sulcisca	Downing, Angela		Hogan, Jennifer		





Labonte, Amber  
 Labonté, Angèle  
 LaBute, Kristy  
 Lacroix, Tammy  
 Lafantaisie, Zoë  
 Lafontaine, Christine  
 Laforest, Amanda  
 Lagrotta, Jaime  
 Laker, Lili  
 Lancaster, Devon  
 Lane, Lisa  
 Lang, Nikola  
 Langer, Ted  
 Laronga, Tina  
 Larouche, Nadine  
 Laskowski, Karol  
 Lavoie, Nicole  
 Lazenby, Julia  
 Le, Vu  
 Lea, Donna  
 Leavens, Adam  
 Leclair, Natalie  
 Lee, Ki-Hun  
 Lee, Jesse  
 Lehovitch, Kelly  
 Lemick, Laura  
 Leonard, Denise  
 Lester, Melissa  
 Lewis, Stephan  
 Lillis, Deborah  
 Liolios-Cairns, Georgia  
 Lipisy, Viktoriya  
 Lippa, Tammy  
 Liu, Yimin  
 Liu, Weidong  
 Lloyd, Jennifer  
 Lo, Philip  
 Lopez, Margaret  
 Lovell, Kovia  
 Low, Soon Ai  
 Lowery, Kristy  
 Lucarelli, Gabriel  
 Lukac, Barbara  
 Lukezic, Tara  
 MacDonald, Jennifer  
 MacDonald, Shona  
 MacDougall, Jolene  
 MacKenzie, Angela  
 MacKinnon, Amber  
 Macneil, Erica  
 MacPhee Lay, Andrea  
 Macpherson, Tina  
 MacRae, Jaime  
 Madden, Sue

Madsen, Sharon  
 Major, Elizabeth  
 Makidis, Eugenia  
 Malan, Melissa  
 Manojlovic, Sava  
 Manzo, Sarah  
 Mardi, Elham  
 Markovic, Melissa  
 Marriott, Kenneth  
 Marshall, Cherie  
 Marte, Kortney  
 Martelle, Sher  
 Martin, Josh  
 Martins, Adrian  
 Marzban, Fereydoun  
 Marzouca, Nadia  
 Massicotte, Nicolas  
 Massink, Jeroen  
 Mastalerz, Rosemary  
 Masunaga, Sanji  
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## *2005 OSCE Dates*

DATE	DEADLINE FOR APPLICATIONS
April 2 & 3, 2005	March 18, 2005
May 7 & 8, 2005	March 21, 2005
June 25 & 26, 2005	May 9, 2005
July 23 & 24, 2005	June 6, 2005

## *Council Meetings*

Monday, May 16, 2005 (and AGM)  
Friday, September 9, 2005  
Monday, December 5, 2005

## *Deadline Date for Making Comment Regarding Proposed Amendments to By-law No. 10 – Professional Liability Insurance:*

May 15, 2005

## *Making Ethical Decisions and Maintaining Boundaries in Professional Relationships Workshops:*

District 6 – Sarnia – May 15 & 16, 2005  
District 1 – Sault. Ste. Marie – June 26 & 27, 2005

## *Victoria Day*

The College Office will be closed on  
Monday, May 23, 2005

## *Canada Day*

The College Office will be closed on Friday, July 1, 2005



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