

# the College STANDARD

March 2004 • Volume 11 Issue 1



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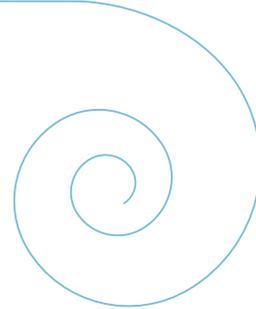
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# the College STANDARD

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

Lynda Murta, Vice President,  
Public Member  
Voice Mail #137

Keith Flowers, Executive Member  
Public Member  
Voice Mail #130

### *Council Members*

Lynn Beyak, Public Member  
Voice mail #132

Douglas Cressman, MT  
District 1, Voice Mail #131

Emily Farrell, MT  
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Wendy Hunter, MT  
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Orreilia Kay Kirby, Public Member  
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Jane Mederak, Public Member  
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Alpa Patel, MT  
District 2, Voice Mail #139

Vanessa Young, MT  
District 5, Voice Mail #135

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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



*I am pleased to have been re-elected by my fellow Council members to be President of the College for 2004 – 2005. I am taking this opportunity, on the ten year anniversary of the implementation of the Regulated Health Professions Act, 1991 (“RHPA”), to reflect on the many accomplishments of the College in that time.*

The past ten years have flown by as the College has moved through its early developmental stages to emerge as one of the leaders in the massage therapy sector in Canada. In its first five years, the College worked to implement the programmes and services mandated by the RHPA. The Standards of Practice and Code of Ethics documents were developed. The Client Relations Committee developed educational materials about the requirement of massage therapists to maintain personal boundaries and to make ethical decisions. These materials evolved into a two-day seminar, *Making Ethical Decisions and Maintaining Boundaries in Professional Relationships*, which is still popular with massage therapists today. The College put its Quality Assurance Program into place and last year alone completed 1,052 peer assessments. Many of the foundational documents of the College were created during those years and I appreciate all of the hard work by Council members and volunteers who served during that time.

In the second five years since the enactment of the RHPA, from 1999 - 2004, the College moved into a leadership role. While the profession grew from 1,900 members in 1995 to 6,700 in 2003, the College grew as well. The staff doubled in size from six to 12 and the different

functional areas of the College became more specialized. Council evolved from a working Council to a policy making Council and began to take on some of the larger issues affecting the regulation of the profession. As a result of the articulation of six strategic directions for the College by Council, a public education programme was created which included the development of a number of public service announcements for both radio and television. As part of this, a 15-minute video about the College and its mandate was also created. To enhance communications with both the public and massage therapists, the College's website was reorganized and enlarged to include a number of advanced online features such as registration renewal, a distance education course, a directory of members and a searchable database of courses eligible for Continuing Education Units.



I am proud to say that the College was the first of the health regulatory Colleges in Ontario to make online registration renewal available to its members. The College also moved from the outdated core curriculum to a new Massage Therapy Competency Standards document. The Ontario massage therapy schools have developed curriculum around these Competency Standards and the first set of graduates will be examined on these Standards in 2005. Council has worked very hard over the last several years to develop new policies that provide greater guidance to the members, while protecting the public. Policies regarding the use of acupuncture, complementary modalities, modalities outside scope and dual registration are but a few of the policies that were adopted.

In the past year, the College has moved to increase and improve its stakeholder relations. We have forged links with the other provinces that have statutory regulation of massage therapy – British Columbia, Newfoundland and Labrador, and Nova Scotia (soon to be signed) – to create the Federation of Massage Therapy Regulatory Authorities of Canada (FOMTRAC). The College has also provided its assistance and expertise, particularly in the area of Quality Assurance, to other regulatory health Colleges in Ontario and has participated with other Colleges in equal opportunity initiatives for internationally educated applicants through the Ministry of Citizenship. As well, the College has been very involved with the Ontario Regulators for Access group and has participated as a partner in a research project: Partnering on Access Solutions to Health Regulated Professions: Regulators, Community and Internationally Educated.

The College also continued to improve its use of technology. Archived copies of the College Standard and annual report are available on the College's website, as are a large number of forms and documents which

massage therapists may download and use to facilitate their access to College services and to improve client care. The most recent of those was the Guide and Checklist for PIPEDA. The public of Ontario now has greater access than ever before to information about the programmes and services of the College through the website.

I would like to take this opportunity to thank Daryl Christoff MT, District 4, for his hard work over the last three years. I would also like to welcome Wendy Hunter, MT, who is the new Council Member from District 4.

The College looks forward to many new and exciting challenges over the next ten years. These challenges, as set out in the Strategic Plan, will include continuing to work towards the creation of best practices for the profession, encouraging new research in massage therapy and beginning a new dialogue with the members about the professionalism of massage therapy and how members can become leaders and models for this profession in the future. The College has reached many of the goals it set for itself over the last ten years and will continue to be 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.



Rick Overeem, MT  
President



# from the REGISTRAR



**A**s of January 1, 2004, the *Personal Information Protection and Electronic Documents Act* (PIPEDA) came into effect in the province and all commercial operations are responsible for compliance with the legislation. The College, in conjunction with the other health regulatory Colleges, developed a Guide to PIPEDA and a Checklist for preparing your practice to meet the privacy requirements. These documents are available on the College's website ([www.cmto.com/members/privacy](http://www.cmto.com/members/privacy)) and if you have not already done so, I would urge you to download this information, proceed through the review and ensure that you are in compliance with this federal legislation.

On December 17, 2003, the government presented Bill 31, An Act to enact and amend various Acts with respect to the protection of health information, for First Reading. This Bill is currently undergoing committee review and will have further impact on how members maintain the confidentiality of their health records. Once the Bill is enacted, the College will provide you with the necessary information on this legislation as well.

At the February Council meeting, Council began discussions on conflict of interest for the membership. The government has been working on a template Regulation for the Colleges and when this is ready, the College will be required by government to submit a Conflict of Interest Regulation which clearly specifies what activities constitute a conflict of interest for massage therapists.

This is an ideal time for members to provide the College with thoughtful opinion on what constitutes a conflict of interest. Members who would be interested in participating in this process may send comments to the attention of the Registrar at [deborah.worrall@cmto.com](mailto:deborah.worrall@cmto.com). Your views will be added to the dialogue as the College develops the criteria for conflict of interest. As we move closer to a final draft on this topic, there will be a focus group held at the College for further input prior to submission of the document to Council for consideration.

By the time the College Standard is in your hands in March, the Council will have completed the 2004 Strategic Planning session. Much has been accomplished in 2003 and we are looking forward to an exciting year with a focus on professionalism in 2004. The profession continues to grow and through your efforts, the public of Ontario has access to greater choice in massage therapy. The Massage Therapy Census 2003 has been completed and we will be reporting on the outcomes in the next edition of the College Standard.

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

Deborah Worrall

# the bulletin BOARD



## *Council Elections*

Elections to Council were held on January 12, 2004 for District 3 and District 4.

The candidates in District 3 were Samantha Douglas, MT; Emily Farrell, MT (incumbent); and Christine Pearson, MT. Emily Farrell was re-elected.

In District 4, the candidates were Clive Belnavis, MT; Daryl Christoff, MT (incumbent); and Wendy Hunter, MT. Wendy Hunter was elected. Her biography appears on page 9.

## *New Committee Structure*

### • **Executive Committee**

- . Rick Overeem – President
- . Lynda Murta – Vice President
- . Keith Flowers – Executive Member

### • **Appeals Committee**

- . Jane Mederak – Chair
- . Alpa Patel
- . Lynda Murta
- . Wendy Hunter
- . Sandra d'Ippolito (vol 05)

### • **Client Relations Committee**

- . Alpa Patel – Chair
- . Orreilia Kirby
- . Keith Flowers
- . Vanessa Young
- . David Janveau (vol 05)

### • **Complaints Committee**

- . Lynda Murta – Chair
- . Lynn Beyak
- . Rick Overeem
- . Wendy Hunter
- . Jason Dubois (vol 05)
- . Sandra d'Ippolito (vol 05)

### • **Discipline Committee**

- . Emily Farrell – Chair
- . Jane Mederak
- . Orreilia Kirby
- . Alpa Patel
- . Peter White (vol 05)
- . Deborah Murphy (vol 05)
- . David Janveau (vol 05)
- . Andrea Young (vol 05)
- . Samantha Douglas (vol 05)

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

- . Rick Overeem – Chair
- . Orreilia Kirby
- . Samantha Douglas (vol 05)

### • **Quality Assurance**

- . Doug Cressman – Chair
- . Lynn Beyak
- . Keith Flowers
- . Vanessa Young
- . Sylvia Jong (vol 05)

### • **Registration**

- . Keith Flowers – Chair
- . Lynn Beyak
- . Doug Cressman
- . Emily Farrell
- . Andrea Young (vol 05)

# the bulletin

## BOARD continued

### *Council Highlights – November 28, 2003*

#### **Zero Tolerance Policy**

At its meeting on November 28, 2003, Council adopted a new Zero Tolerance Policy. The College of Massage Therapists of Ontario recognizes the seriousness and extent of injury that sexual abuse and other forms of abuse cause the client and others related to the client and therefore supports zero tolerance of any form of abuse: verbal, physical, emotional, financial or sexual, by a massage therapist.

The College accepts responsibility to protect the public interest by addressing client abuse openly, striving to provide an accessible and sensitive reporting process, and establishing deterrents through the administration of a discipline process reflecting the serious nature of the violation.

The text of the new Policy appears on page 16 of this issue of the College Standard. It is also available from the website ([www.cmtto.com](http://www.cmtto.com)) – go to Standards and Regulations/Policies/Zero Tolerance Policy.

#### **Position Statement on Incorporation**

Council also revoked the Position Statement on Incorporation as there is now legislation permitting health professionals to incorporate.

#### *Online Registration Renewals*

We would like to thank all members of the College who renewed their registration through the website.

At the end of December we had just over 6,800 members. This year, 1,538 of you – a little more than 25 per cent of members renewing their registrations – did so online. This not only saves you time and money, but saves College staff about two weeks of processing time during the busiest period of the year.

Again, we would like to express our appreciation – and we hope that you will continue to renew online.

Marjory Embree, Registration Manager

#### *CEU Guideline Clarification – Submitting Articles*

The Quality Assurance Committee has clarified its intent on one of the CEU activities listed in the CEU Guidelines – “Submitting articles for publication in massage therapy publications.”

The Committee has determined that articles may be published in other publications as long as the articles meet the following criteria:

- 1) The article is researched with sources used listed in the member’s CEU log.
- 2) The article is not promotional in nature.
- 3) The content of the article does not contain testimonials, guarantees, claims that cannot be verified, an endorsement of a product or line of products, anything that is false or misleading, any sexual innuendo or language of a sexual nature.



### Update on Global SARS and Avian Flu

The Ministry of Health and Long-Term Care is posting regular online updates for health professionals regarding the global SARS and Avian Flu situation. You can access the Ministry's website from the College website at [www.cmto.com](http://www.cmto.com) by going to the "Links" section on the menu and clicking on the link for the Ministry. There you will find the most current information and screening tools. Please be sure to visit the site weekly for updates.

### New Staff Member

#### Suzanne Johnson

The College of Massage Therapists of Ontario is pleased to announce that Suzanne Johnson has joined the College in the position of Examination Manager.

Suzanne coordinated and oversaw the temporary home of the International Medical Graduates Clearinghouse (IMG Clearinghouse), in collaboration with the Ministry of Health, The College of Physicians and Surgeons of Ontario, the Assessment Program for International Medical Graduates and the Ontario International Medical Graduates Program. Suzanne developed and maintained a database of foreign doctors from inside and outside Ontario for the Ministry of Health and through the IMG Clearinghouse, and helped foreign doctors manoeuvre through the various programmes in Ontario by assessing their credentials and directing them to the appropriate programme.

Suzanne also worked with the Director of the Clinical Skills Assessment Unit (CSAU) to develop, administer, edit and coordinate all Ontario International Medical Graduate Programme licensing and testing examinations/events and evaluations of foreign medical graduates. As well she has worked as a site coordinator and head proctor for the Canadian Chiropractic Examining Board.

### New Council Member

#### Wendy Hunter, MT District 4

Wendy Hunter has been a practising massage therapist since 1992, after graduating from Sutherland-Chan. She has been involved in health care education for the past 35 years.

Wendy's career in health care began in nursing as a diploma graduate from the Toronto East General Hospital School of Nursing and a degree graduate from the University of Windsor. After teaching nursing for five years, she fulfilled a personal dream to work in Canada's artic as an outpost nurse. After returning to the south and Centennial College, Wendy began teaching in, and later coordinated, the Ambulance and Emergency Care Program, which became the Paramedic Program.

A sabbatical in 1991 enabled Wendy to complete the majority of her diploma in Massage Therapy. This opened many new doors to a variety of professional activities that have included: creating and coordinating the Massage Therapy Program at Centennial College; chairing the Ontario Council of Massage Therapy Schools; working with the College in developing the Massage Therapy Competencies Standards document; participating with the College in identifying massage therapy competencies as part of the development of the Ontario-B.C. Mutual Recognition Agreement; contributing to the OMTA's Body Politic; writing and presenting on Competency Based Education and Evaluation for the AMTA; and participating in published clinical research.

Wendy retired from Centennial College in January 2003 and now enjoys a small home-based massage therapy practice. She anticipates new challenges ahead as the District 4 representative to College Council.

### OSCE Schedule 2004

- | • Examinations         | • Application Deadline |
|------------------------|------------------------|
| 1. May 15–16, 2004     | April 15, 2004         |
| 2. July 24–25, 2004    | June 24, 2004          |
| and                    |                        |
| August 7–8, 2004       |                        |
| 3. October 30–31, 2004 | September 30, 2004     |

# the bulletin BOARD continued

## *Research Announcement*

Trish Dryden, RMT, M.Ed., Coordinator of Massage Therapy Research and Development at Centennial College, has been appointed to the following national committees and awarded the following research grants:

### **Complementary and Alternative Medicine (CAM) in Undergraduate Medical Education (UME) Advisory Committee**

Continuing the work of the Associate Deans of the 16 medical schools in Canada and guided by University of Calgary expert in CAM research Dr. Marja Verhoef, Trish will act as an advisor to the medical schools' working groups as they collaboratively create core competencies, educational materials and resources for undergraduate medical education in CAM products and practices.

### **Hospital for Sick Children Foundation Complementary and Alternative Health Care (CAHC) Research Steering Committee**

This national committee reviews grant applications and recommends proposals for funding to the HSC Foundation for CAHC research in pediatrics. Trish is also working on a subcommittee of this group to organize a one-day Forum for CAHC Pediatric Research, to be held in Toronto in December, 2004.

### **IN-CAM Research Network ([www.incamresearch.ca](http://www.incamresearch.ca))**

Trish serves on the advisory committee for this newly launched, innovative virtual network for CAM researchers in Canada, funded by CIHR and the Natural Health Products Directorate of Health Canada.

### **Research Grants:**

Along with the HRDC-funded, two-year national pilot research grant (\$250,000) to study online learning and research literacy for CAHC professionals as principal investigator, Trish – with co-investigators Drs. Marja Verhoef, Heather Boon and Sil Mior – has recently been awarded a national grant from the Natural Health Products Directorate, Health Canada, (\$65,527), to compare research curricula across six disciplines of CAHC schools in Canada (massage therapy, chiropractic, homeopathy, herbal medicine, naturopathy and traditional Chinese medicine) and to organize a conference in June 2004 in Toronto. This conference will bring together the leaders and educators in the field to discuss how to increase research capacity in the CAHC professions and produce a report on long term strategies in this area for NHPD.



## *A Message from the Quality Assurance Manager – CEU Reporting Forms*

Over the previous collection period for CEU Reporting Forms, the College staff has had to return approximately 5 per cent of these forms to be corrected by the members. Clear instructions were provided with the CEU reporting form, as were the penalties for not completing the form correctly, yet those members who had their forms returned were often very angry and upset that the staff had not made the necessary corrections for them.

The College is responsible for obtaining and reporting accurate information from massage therapists on the programmes mandated by legislation, which is further emphasized by the federal privacy legislation, the Personal Information Protection and Electronic Documents Act (PIPEDA). This collection of information includes aspects of the Quality Assurance Program and the Continuing Education Units portion of that programme. The College takes this responsibility seriously. Once a member has signed the declaration proclaiming that the information they have provided is accurate and true, the information provided cannot be altered by anyone except the signatory of the document. This is the form of proof required by the Registrar, in accordance with the Quality Assurance Regulation, that the member has ful-

filled the requirements of the Continuing Education Units programme. The record then becomes a permanent part of the member's file at the College.

Failure to complete the documentation as required, providing false or inaccurate documentation, or failing to submit the required documentation at all, constitutes professional misconduct. The College has two options when it comes to receiving inaccurate information – to return the form to the member for correction or forward the matter to the Executive Committee for consideration of discipline. The College has chosen to give members the benefit of the doubt and returns the forms to members for correction. This is both costly and time consuming for the College and the member.

The College understand that this may seem very bureaucratic, but like filling in your tax returns and submitting MVA treatment plans, there are requirements for accuracy in your responses. Please double check the instructions prior to submitting documentation required by any legislated programme to ensure that your forms are not returned to you.

### **PIPEDA**

As of January 1, 2004, massage therapists must comply with the Personal Information Protection and Electronic Documents Act (PIPEDA). This federal Act requires massage therapists to safeguard personal information within their clinical settings by securing it from unauthorized access, disclosure, use or tampering. For more information, please refer to the article by Richard Steinecke in the July, 2003 issue of the College Standard. Archives of the College Standard can be accessed in the Media/Print section of the College website at [www.cmta.com](http://www.cmta.com).

### **College of Massage Therapists of Ontario Privacy Code**

The College's Privacy Code is now available on the main menu of the College website at [www.cmta.com](http://www.cmta.com).

# defining clients –

*Your assistance is requested by the  
Client Relations Committee.*

The mandate of the Client Relations Committee is to ensure the College's Client Relations Program includes initiatives that aim to enhance relations between members and their clients. In keeping with this directive, the Committee has determined that it is fundamental to the therapist-client relationship that the profession have a uniform understanding of who their clients are. Clarifying what is meant by the term "client" and when and how the client-therapist relationship is established is an important task for any health profession.

The question may appear self-evident but in some circumstances it becomes difficult to determine when an individual is a "client." The Client Relations Committee would like to obtain responses from the membership in regards to how the profession defines a client.

The following scenarios have been developed to demonstrate the complexities that may exist within practice settings that often make defining who may constitute a client unclear.

## **Scenario 1**

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

- Is this person a client by virtue of showing up at the original appointment?
- Is this person a client if the client has completed a health history form and the therapist has completed an assessment – but has not provided treatment?

## **Scenario 2**

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

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

- Is a person not a client by virtue of failing to have an opportunity to give consent?
- Is this person a client by virtue of the therapist initiating treatment?
- 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 practising the profession, is there a basis for complaint in this situation? Is the person a client?





#### 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?

#### Scenario 5

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

a) During a break in the seminar, a person asks the therapist to “look at” their shoulder. After the briefest interview, you apply a manipulation you think might be helpful, but in fact cause the person’s shoulder to dislocate. Is this person your client?

b) You decided to demonstrate a particular technique on a child. The child later complains that your touch was perceived to have crossed the line of sexual abuse. Is this child your client?

The Client Relations Committee would greatly appreciate receiving input from the profession in regards to the following:

- a) When is a person deemed to be a client?
- b) What role does consent play with this determination, if any?
- c) Can a massage therapist ever apply therapeutic techniques as a gesture of kindness or friendship without the recipient entering into the definition of client?

d) What are the implications of informal touch by a massage therapist?

e) When is an individual no longer a client? Is an individual no longer a client after treatment has been discontinued or terminated? Do they remain a client indefinitely?

f) If you are volunteering your massage therapy services, do the individuals you treat become your clients?

Please send your response by mail or fax to:  
Client Relations Committee  
c/o Pauline Walters,  
Investigations and Complaints Manager  
College of Massage Therapists of Ontario  
1867 Yonge Street, Suite 810  
Toronto, ON M4S 1Y5  
Fax 416-489-2625

We would appreciate receiving your response before  
**May 28, 2004.**

record keeping—

# are you COMPLYING?

CEU Article



## CEU Questions:

1. Which Standard of Practice outlines the medical history that needs to be obtained from a client?
2. Other than on a health history form, how else can a massage therapist meet the requirements of Standard 5?
3. What record keeping items are covered by Standard 49?
4. Name four items that are to be recorded in a client's ongoing notes.

By Shona Hunter, Quality Assurance Manager

As anyone who has been peer assessed knows, one of the more important aspects is a review of the member's clinical records. What are the minimum record keeping requirements? The Record Regulation of the *Massage Therapy Act* specifies 13 points that are required to be in a client's record. These are:

### O. Reg. 544/94 Section 11.

(2) The client health record must include the following:

1. The client's name and address.
2. The date, time and duration of each of the client's visits to the member.
3. The name and address of the primary care physician and any referring health professional.
4. Any relevant medical history and a history of massage therapy.
5. Particulars of every examination performed by the member and particulars of every clinical finding and assessment made by the member.
6. Every written report received by the member with respect to examinations, tests, consultations or treatments performed by any other person.
7. Particulars of all advice given by the member.
8. Particulars of every referral of the client by the member to another health professional.
9. Particulars of every fee or other amount charged by the member.
10. A copy of every written consent.
11. A copy of every needs assessment.
12. A copy of any treatment plan.
13. Particulars of the treatment applied at each of the client's visits to the member and the name of the member who applied the treatment.

**The Standards of Practice further define and expand on these requirements.**

Standard 5 – *Obtain, Update and Record the Client's Health History* – covers points 1, 3 and 4 from above and expands on the “relevant medical history” required to treat clients safely. This information can either be obtained in writing from the client in the shape of a Health History Form or can be verbally obtained by the massage therapist and recorded in the client's file. Both positive responses and negative responses should be recorded to show that the condition was inquired about. Health History Forms, or the relevant information, must be updated every year at a minimum, or after the client has been absent for a year.

Standard 39 – *Record the Treatment Provided to the Client* – further details points 2, 5, 7 and 13 from the Record Regulation. This Standard requires members to record what happened during the treatment and any recommendations that they made to the client, such as stretches, cold packs, exercises and so on. This record of the treatment provided, along with a record of

consent received from the client, must be recorded within the day of the treatment. The massage therapist who administered the treatment should initial or sign the ongoing

note to indicate that they were the one who worked on the client, and should also include the client's name or identifier in case the page gets separated from the rest of the client's file.

Standard 41 – *Establish and Update Clinical Records for Each Client Report* – covers fees for service and authorizations for contacting other health care professionals. This Standard looks at the entire record for the treatment of a client, what it contains, how it should be stored and how long it needs to be kept. Contents of a treatment plan are covered in Standard 10.

All of this paper work may seem like a chore to many therapists, but there are ways to simplify the collection and recording of the information. Using short forms in your ongoing notes can be useful and a time saver, but be sure that you maintain a glossary of terms and a list of the short forms used. Templates are another great idea. It is easier to remember to record something if there is a pre-printed reminder in front of you. Lists of regularly treated body parts and techniques used on a template can be circled or checked off, limiting the amount of writing you need to do while still maintaining the Standards.

The College has developed templates for Health History Forms, Treatment Plans and On-going Notes that may be downloaded from the College website ([www.cmta.com/downloads](http://www.cmta.com/downloads)). Members are welcome to use these forms as is, or use them as a jumping off point to tailor forms for their own practice. Client records provide therapists with an historical view of treatments provided, problems found, solutions tried, and feedback from clients. However you decide to maintain your records, remember that good record keeping will always assist you in treating your clients more effectively.



# College approves new **zero tolerance** POLICY



## Background

The College of Massage Therapists of Ontario recognizes the seriousness and extent of injury that sexual abuse and other forms of abuse cause the client and others related to the client and therefore supports zero tolerance of any form of abuse: verbal, physical, emotional, financial or sexual, by a massage therapist.

The College accepts responsibility to protect the public interest by addressing client abuse openly, striving to provide an accessible and sensitive reporting process, and establishing deterrents through the administration of a discipline process reflecting the serious nature of the violation.

This policy has been created to advise the membership that the College endorses the principle of zero tolerance for any form of abuse of a client and to ensure members understand that abuse in any form is unacceptable and will not be tolerated.

In defining abuse, it is important for the professional to be cognizant of the imbalance of power that exists in the client/professional relationship. Clients often seek professional services when they are vulnerable or in a state of pain. A member of the profession has the 'power' by virtue of their authority, knowledge, and access to privileged information and the influence they potentially hold over the client, to exploit. It is expected, therefore, that the professional will address the client's needs in a sensitive and caring manner in accordance with the Standards of Practice and the Code of Ethics for the profession.

Abuse can be defined as:

### Verbal

Verbal abuse may include rude, sarcastic, demeaning or seductive remarks. It is also important to note that the tone of verbal communications will also characterize how words are perceived. Members of the profession must be aware that age, culture, socio-economic status and particular sensitivities affect how a client may perceive communications with a member.

### Physical

Using unnecessary force in the course of providing treatment.

### Emotional

Where a member of the profession uses the position of power to intimidate or show insensitivity toward the client. Emotional abuse demeans clients in such a way as to lower their sense of personal worth.

### Financial

The inappropriate use of a client's funds, property or resources. May include such behaviours as:

Attempting to, or actually persuading, tricking, or threatening the client to part with their funds, property or possessions;

Recommending excessive treatments with no clinical indication requiring the same; and

Use of a client's money for purposes other than that intended by the client.

continued on page 19

# 2003 examination RESULTS



School	Candidates OSCE	OSCE # Pass	OSCE % Pass	Candidates Written	Written # Pass	Written % Pass	Eligible for Registration
AL	37	34	92%	36	35	97%	32
CB	14	9	64%	11	8	73%	8
CCB	8	8	100%	8	8	100%	8
CCH	6	6	100%	6	6	100%	6
CCHST	15	12	80%	10	9	90%	9
CCN	2	1	50%	2	1	50%	1
CCNY	83	73	88%	73	69	95%	65
CCO	20	18	90%	17	17	100%	16
CCS	1	0	0%	0			0
CCT	2	2	100%	1	1	100%	1
CE	52	48	92%	52	51	98%	47
COBK	34	33	97%	32	32	100%	31
COBW	2	2	100%	2	2	100%	2
CT	119	81	68%	84	73	87%	64
DL	58	50	86%	54	49	91%	45
ELE	8	6	75%	4	3	75%	3
ELM	24	21	88%	23	23	100%	20
FL	62	59	95%	60	48	80%	46
IA	27	24	89%	23	21	91%	19
KC	54	52	96%	51	46	90%	45
LC	13	13	100%	13	13	100%	13
NS	29	21	72%	21	17	81%	15
SA	14	13	93%	13	12	92%	11
SC	93	82	88%	80	76	95%	71
TOTB	4	2	50%	4	4	100%	2
<b>TOTAL</b>	<b>781</b>	<b>669</b>		<b>680</b>			<b>579</b>

## Key:

AL	Algonquin College of Applied Arts and Technology	COBW	Canadian College of Massage and Hydrotherapy – Windsor (Formerly OBC)
CB	Collège Boréal	CT	Canadian Therapeutic College
CCB	CDI Barrie	DL	D'Arcy Lane Institute
CCH	CDI Hamilton	ELE	Elegance School of Esthetics
CCHST	Canadian College of Health Science and Technology	ELM	Elmcrest College of Applied Health Sciences
CCN	Canadian College of Massage and Hydrotherapy – Newmarket Campus	FL	Sir Sandford Fleming College
CCNY	Canadian College of Massage and Hydrotherapy – North York Campus	IA	International Academy of Massage Inc.
CCO	CDI Ottawa	KC	Kikkawa College
CCS	Career Canada College – Sudbury	NS	Non Standard (outside Ont. other than BC)
CCT	CDI Thunder Bay	SA	Sault College of Applied Arts and Technology
CE	Centennial College of Applied Arts and Technology	SC	Sutherland - Chan School
COBK	Canadian College of Massage and Hydrotherapy – Kitchener (Formerly OBC)	TOTB	Toronto School of Business – Thunder Bay Campus

# Position Statement on treatment of SENSITIVE AREAS

## *Information Sharing and Consent Involving Treatment for Conditions of the Chest Wall Musculature, Breast Tissue, Inner Thigh and Gluteal Region*

### **Background**

The chest wall musculature, breast tissue, inner thigh and gluteal region are considered sensitive areas of the body generally regarded as potential targets for both misunderstandings of intent and actual sexual abuse. To address increased allegations of violation of clients' rights and sexual abuse, the College would like to ensure that sufficient information is being shared with clients regarding the nature of treatment plans and draping being proposed.

### **Position Statement**

Clients are entitled to informed choice concerning all proposed treatments and treatment plans. All clients, regardless of age or gender, who receive massage therapy are entitled to a complete explanation of the proposed treatment including: prediction of both frequency and duration of treatments, proposed draping and positioning, risks and benefits, alternatives to treatment or draping, and right of refusal throughout the care plan. In addition, it is the College's position that for proposed treatment of sensitive areas, chest wall musculature, breast tissue, inner thigh and gluteal region, a signed form acknowledging that information sharing and informed choice has occurred should be placed in the client's file. Changes to this consent should also be recorded as they occur.

### **Guidelines**

Massage therapists need to remember, and should inform their clients, that a signed consent is not valid without ongoing informed consent. Therapists should be careful to obtain and record verbal consent for all procedures, including massage to sensitive areas, each time treatment is delivered.

The client has the right to a re-assessment of the treatment plan, and when the treatment plan outcomes have been met, treatment of the sensitive area is to be discontinued.

When a condition does not respond to the proposed treatment plan, it is the responsibility of the therapist to discontinue the plan and refer the client to the appropriate care provider.

Massage therapists must conduct themselves responsibly and understand that treatment of chest wall musculature, breast tissue, inner thigh and gluteal structures that exceeds reasonable professional practice is disconcerting to the public and the College, and may be considered grounds for charges of professional misconduct.

None of the above should prevent or discourage a therapist from creating an alternative Information and Consent Form to include signed consents for all treatment plans, **but it is not the College's position at this time that this is required.**



## Sample Consent Form

I understand that by signing this form I am choosing to proceed with the treatment and /or treatment plan proposed at this time. I understand that I may change my mind, alter or refuse treatment at any time during this or any other treatment. This completed form will be kept in my client file held by \_\_\_\_\_MT.

### PLEASE READ AND SIGN

I have been informed of and have understood the reason(s) for receiving massage to my

breast tissue

Regarding massage of my breast(s), I have been informed of the clinical indicators for breast massage that relate to my situation:

\_\_\_\_\_  
(Massage Therapy Standards of Practice)

As well, I understand that the nipples and/or areolas of my breasts will not be touched during the breast massage.

chest wall muscles

inner thigh(s)

buttock(s) (gluteal muscles)

\_\_\_\_\_  
by MT

\_\_\_\_\_  
Registration #

For any of the above areas, I have been informed of the reasons, the benefits, risks and side effects, and the proposed draping (covering). In addition, I have had all of my questions regarding this treatment answered by the massage therapist.

I understand that I can alter or rescind my consent at any time during this or any treatment.

At this time, I am voluntarily giving my consent for the treatment and/or treatment plan as discussed with me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Thank you for your cooperation.

Zero Tolerance Policy  
continued from page 16

### Sexual

The RHPA defines sexual abuse to include:

- a) sexual intercourse or other forms of physical sexual relations between the member and the patient;
- b) touching of a sexual nature of the patient by a member; or
- c) behaviour or remarks of a sexual nature by the member towards the patient.

Exception:

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

### Policy

The College will investigate and act upon any complaints and information received dealing with allegations of sexual abuse and other forms of abuse of a client in an effective, timely and sensitive manner.

In relation to those members found guilty of sexual abuse of a client, the College will uphold the sanctions mandated by the RHPA. For those members found guilty of other forms of abuse of a client, the College is committed to imposing appropriate penalties to reflect the severity of the conduct of concern.

*Approved November 2003*

complaints

# case summary – ACCESS TO RECORDS



*The following summary of a decision by the Complaints Committee is provided to educate the membership about issues that might affect everyday practice.*

## **The complaint**

The complainant, a massage therapist, filed a complaint against her former employer, also a member of the profession. The complainant alleged that her former employer failed to allow her access to the records of clients she treated while practising at the member's clinic.

The complainant maintained that at the time she was leaving the clinic, both parties agreed that the member would maintain the client files but grant the complainant access. The complainant stated that after leaving the clinic she attempted on two occasions to obtain access to the records, but was denied. The complainant stated that in accordance with the College's "Record Retention" policy – "no agreement between or among Massage Therapists can supersede the individual Massage Therapist's duty to a client with respect to keeping health records" – the member had the obligation to allow the complainant access to the records. She further stated that because she was not permitted access to the records she wanted to receive copies of the files. The complainant added that her relationship with the member was untenable and she was therefore concerned that the records may not be maintained as required by the Regulations.

The complainant stated that the member's conduct was hindering her ability to comply with her professional obligations and she therefore requested the assistance of the Complaints Committee to direct the member to release the records.

## **The member's response**

In the member's response to the complaint, she stated that the complainant was granted access to the client records on an "as required" basis. She stated that the complainant had left the clinic a year and a half previously and since that time there had been no requests from clients seeking the services of the complainant. The member maintained that the complainant did not have any regular clients while practising at the clinic, as she performed only overflow and last minute bookings for clients of the clinic.

The member stated that given the passage of time since the complainant left the clinic, it was her belief that the complainant's motive in requesting the records was to attempt to solicit clients from the clinic.

The member took the position that to provide the client records to the complainant without the client's consent would constitute a serious breach of client confidentiality and would leave her vulnerable to a charge of professional misconduct and/or civil liability.

The member provided assurances to the complainant that the client health records would be maintained in a manner that was respectful to client confidentiality and in keeping with the professional standards. She further stated that if the complainant required access as part of any lawful investigation, official complaint or resumption of treatment, the client records would be provided.

## Panel's decision

The panel found that the allegations raised in this matter brought forth many complex issues surrounding ownership of client records. This has been and will continue to be a source of many disputes between members.

In these circumstances, however, the panel had no jurisdiction to direct the member to provide the complainant with the client records. The jurisdiction of the Complaints Committee is to investigate whether or not a member has committed an act or acts of professional misconduct or is incompetent. The panel cannot compel a member to do something, nor can a panel of the Complaints Committee award damages or assess injury. The panel determined after reviewing this matter that the member's conduct did not violate any Regulations, Standard of Practice or policy of the College and accordingly determined that no further action was warranted.

The commentary below sets out the legal issues relating to ownership of client records and provides further insight in regards to the panel's rationale for its determination in this case.

## Commentary

Ownership of client records is not always an absolute right of the health care professional in all practice settings.

A 1992 decision of the Supreme Court determined the following principles regarding ownership of medical records. The decision indicated:

1. Ownership of medical and clinic records lies with the clinic or health care practitioner and not with the patient;
2. A patient has the right of access, absent of exceptional circumstances, to information contained in the records;
3. Upon the formal request of a patient, the health care practitioner is obliged, absent exceptional circumstances, to provide copies of the clinical records as directed the patient.

The principles extracted from the Supreme Court case are simple to follow in cases where a massage therapist practices independently or as an employee of a facility. In situations where a massage therapist runs his or her own clinic, the client records belong to the massage therapist. If a member practises as an employee of another

member, or as an employee of a clinic owned and /or operated by someone other than the employee, "ownership" of the client records would be vested in the clinic owner and not the massage therapist who prepared the record in question.

The Supreme Court decision, however, does not contemplate situations in which health care practitioners practise in association with one another, such as in a partnership or as associates.

Where two or more massage therapists are practising together, the question of "ownership" of the client records is somewhat complicated. If members practise in partnership or informal association where they share space and expenses, each member would be the "owner" of records pertaining to their own respective clients. If however there is a sharing of clients and a formal business association involving more than "expense sharing," it may be difficult to determine who has the ultimate right to claim "ownership" of the client records. In this situation, identifying ownership may require a judicial determination.

It is therefore essential that members in this situation outline their rights and entitlements regarding retention of client records in a written agreement prior to beginning shared practice.

It is important to note that the College's Record Retention Policy does not mandate that the massage therapist who is leaving a practice location retain a copy of the client records. Rather, it states that a mutually acceptable arrangement should be made respecting access to records between the members. It is therefore possible for members to retain the original client files, photocopies of the client files or access to the client files when needed.

By ensuring a written agreement is entered into prior to commencing practice at a specific location, disputes relating to records may well be avoided.

Since the parties in this particular case did not have a written agreement that clearly articulated the conditions under which access to the client records would be granted, it was appropriate for the member to determine when and under what circumstances access to the client records would be permitted to the complainant.

# new members 2003

*The following new members joined the College between January 2003 and December 2003. There were 677 new members, bringing the total College membership to 6,783 at the end of the year.*

ABBOTT, LOUISE	BERGERON, PAUL	BURNHAM, SEAN	DART, MARILYN	ESSUE, JUDIT	GONCALVES, JOELLE	HALL, BELINDA
ADAM, MARYBETH	BERNARD, JAIME	BURRAGE, DIANA	DAVIDSON, LINDA	EWART, DAVIN	GONCALVES, MARIE	HALLIDAY, STEVEN
ADAMS, CRAIG	BERNDT, CORY	BURRELL, JULIE-ANNE	DAVIES, KIMBERLY	FABER, SARAH	GOODE, GILLIAN	HALLIDAY, THERESA
AGATON, CHRISTOPHER	BESEDNIK, KORINA	BURT, TANYSS	DE MOOR, SUZANNA	FAIRBARN, DEANA	GORDON, CRYSTAL	HAMILTON, AMY
ALBERT, SARAH	BEZRUK, NATALIYA	BUSHEY, GWEN	DEFRANCESCO, CHRISTINA	FEATHERSTONHAUGH, MAXINE	GORDON, SUSANNE	HAMMOND, HEATHER
ALLAM, JANIE	BICANIN, VESNA	BUTLER, JOANNE	DEGLAN, SONDI	FEDACESEK, ZSUZSA	GOWRIE-JAILAL, MAHALIA	HARDING, STEPHANIE
ALLAN, VONDA	BIGGAR, VERONICA	CAGULADA, HEATHER	DEMOS, BRYAN	FEDORCHUK, BOHDAN	GOYETCHE, MARY	HARE, JULIE
ALLINOTTE, JULIE	BIGL, HEIDI	CAIRNS, LAUREN	DERUITER, KATHLEEN	FEE, JOYCE	GRAHAM, CARRIE	HARPER, SARAH
ALVI, DILSHAD	BIJL, ESTHER	CALAUTIT, PHILIP	DESIARDINS, MICHELLE	FERGUSON, TANYA	GRAHAM, LINDSEY	HARRIS, KRISTIE
ANCHETA, JULIUS	BISSONNETTE, TIFFANY	CALDWELL, FIONA	DETWEILER, JOLEEN	FITZNER, JODY	GRAHAM, LINDSEY	HARRISON, MARTIN
ANDERSEN, SARAH	BJORNSON, STACEY	CALDWELL, JENNIFER	DEVIN, CATHERINE	FLANIGAN, ROBIN	GRANDE, SANDRO	HARTLEY, KRISTA
ANDERSON, HEATHER	BLAKELY, JOHANNA	CAMPBELL, SUSAN	DICK, BENJAMIN	FLYNN, SARAH	GRAVEL, BERNADETTE	HAWKINS, MARLA
ANDERSON, HELEN	BLYTHE-CAMPBELL, JEAN	CAPRAL, KIMBERLY	DICKENSON, CATHERINE	FORD, BRUCE	GRAY, DWAYNE	HAYES, RYAN
ANNISI, GIOVANNI	BOADO, RONALD	CAPUTO, FRANCESCO	DINARDO-PETTY, JENNIFER	FOSTER, LORA	GREAVER, JEN	HAYWARD, ELEANOR
ANSTEY, DEBBIE	BODEN, MARIANNE	CARDOSO, JOSEPHINE	DINHUNZIO, LISA	FRALICK, LETITIA	GREER, BEVERLY	HEARTY, PATRICIA
ANTOSIEWICZ, MICHAL	BOILEAU, SUSANNE	CARLONE, TERESA	DOHERTY, JUSTIN	FRANCAVILLA, ANJIE	GREGORY, SEAN	HENDRICKS, MELISSA
APOLLONI, MARIA	BONGERS, ANITA	CARON, LOUISE	DOMIANCZUK, BETH	FREE, JENNIFER	GRIFFIN, SONYA	HENRY-HAYDEN, MELANIE
ARGENTINI, CRISTINA	BORG, SANDRA	CARRIERE, MARC	DOMURACKI, TARA	GAGNON, GUY	GROSS, ROSANNE	HEWITSON, LEAH
ARMAS, PAMELA	BORGH, MICHAEL	CARTER, LISA	DONNELLY, KIMBERLY	GALEANO, EDWIN	GRUBER, MARIA	HEWITT, ANDREA
ARNESON, NANCY	BORISEVICH, ANNA	CASARIN, LISA	DONNELLY, KIMBERLY	GALLANT, MARNIE	GUGLICK, LAURA	HOARD, DIANE
ARNOLD-MISHRA, JANA	BORSCHESKI, DANA	CASSIDY, JONI	DOS SANTOS, MARTA	GALLANT, NADRA	GUILLEMETTE, STEPHANIE	HOBSON-WARDELL, ALLISON
ARNOLD, VICKI	BOTELHO, CHRISTINE	CASTELL, ANGELA	DOSSANTOS, DAWN	GAME, RYAN	GULA, ROBERT	HOEG, KELLY
ARTHUR, JENNIFER	BOUCHARD, ANGIE	CASWELL, SIMON	DOUGALL, JACKIE	GARCIA, AMY	HACKENSPIEL, HEIDI	HOFSCHEIER, JENNIFER
ATKINSON, HEATHER	BOUCHER, ERIC	CAVALIERE, JOHNNY	DOWEY, GREG	GARRETT, MATT	HADJIPOSTOLI, MARIA	
ATLAS, HAILIE	BOULTBEE, APRIL	CHARLEBOIS, LAURA	DOWNEY-CONKLIN, TAMRA	GARRETT, SHERRI		
ATTONI, RITA	BOURGAULT, NATASHA	CHEW, TANYA	DOWNIE, NICOLE	GAUTHIER, JENNIFER		
AURORA, ANGELA	BOYKO, TIMOTHY	CHIEM, KROEUSNA	DRAPER, ALANNA	GAZLEY, CLAUDIA		
AUSTIN, LINDSEY	BRACCIALA, JOANNE	CHOP, RUSSELL	DRONIK, MANDY	GEDGE-THRASHER, SARAH		
AVERY, RICHARD	BRAIDEN, KRISTA	CIRAULO, LUIGI	DUNCAN, REBEKAH	GEMMILL, BRONWEN		
AVOULOV, ABOKHAI	BRANDT, ROBYN	CLEMENTS, C. CALLIE	DUSOME, DENISE	GENEST, CHRISTINE		
AWAI, ANNA-MARIE	BREHAUT, ERICA	COHOLAN, KIM	DYER-MORRISON, TERRY	GENG, JUNHENG		
BAHSOUS, SEMAAN	BRESOLIN, LORETTA	COMARTIN, KRISTINE	DYER, STEPHANIE	GENTLEMAN, TESSA		
BAK, JEAN	BROOKS, VALERIE	CONWAY, MEGAN	DYER, STEPHANIE	GEORGE, SHARON		
BAKER, COLLEEN	BRUBACHER, SARAH	COOK, WENDY	DYTE, JENNIFER	GEORGE, TRACY		
BALL, BEVERLEY	BRUBACHER, TRICIA	COUGHLIN, CHRIS	EADIE, JAN	GERASSIMO, STAMATIA		
BANTON, MICHELLE	BRUDER, ANGELA	COUTTS, DANA	EATON-LOKEN, ELIZABETH	GIANCOLA, WILMA		
BARONE, LINDA	BRUDER, ANNA MARIE	COWAN, NICHOLAS	EBELT, DAWN	GILBERT, ASHLEY		
BARTLEY, ELISSA	BRUNI, DIANA	CRIPPS, KRISTIN	EDMUNDS, LESLIE	GILCHRIST, COLIN		
BASKWILL, AMANDA	BRYANS, SHEILA	CROXALL, SARAH	EIMER, PENNY	GILLIES, ASHLEY		
BATES, NICOLE	BRYDEN, AMANDA	CULBERT, KIMBERLEE	ELCHUK, ANDREA	GODDARD, JENA		
BAUMANN, ALEXANDRA	BRYUSHKOV, DMYTRO	CURVELO, STELLA	ELLIOTT, PAUL	GODIN, JULIE		
BEAUCHEMIN, SHELLEY	BUDGELL, WENDY	CUTTS, CHARLYN	ELLIS, STEPHANIE	GODWIN, VICTORIA		
BEAUSOLEIL, HOLLY	BUHAGIAR, MALINA	CYR, JOELLE	EMSLEY, RITA	GOHEEN, ELENA		
BEECRAFT, AUTUMN	BURBANO, RENE	CYR, MELANIE	ENGLAND, WAYNE	GOLDMAN, MICHELE		
BEERS, SARAH	BURKE, BRIDGET	DA SILVA, TANYA				
BENDER, KAREN	BURKE, KERRY	DALGLISH, ALANA				





HOLLEY, KERRI  
HOMER, MARY  
HOOD, ANDREA  
HOOGENDAM, DARRYL  
HOPPLER, KELLY  
HORNER, CATHERINE  
HOWALD, CHRISTIAN  
HUBENIG, DAVID  
HUCTWITH,  
CHRISTOPHER  
HUDAK, MICHELLE  
HUFF, CRYSTAL  
HULME, BRADEN  
HUM, EDWARD  
HUMMER, COURTNEY  
HUNT, ANGELA  
HUYNH, TRI HUY  
HYSLOP, KAREN  
IACOBELLI, LUISA  
IANOVSKY, ALEXANDER  
IRIBARREN, AMAYA  
IVANOV, RANGUEL  
JACKSON, HEATHER  
JAKOVljeVIC, IGOR  
JAMES, MITIKA  
JAMES, ROGER  
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JOHANN, CAROLYN  
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JONES, SARAH  
JURY, MICHAEL  
KARGUS, JULIA  
KAVADOY, TIMEA  
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KERR, VICTORIA  
KEVAL, HANIF  
KILTY, MEGHAN

KIM, SAMUEL  
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KIS, GYONGYI  
KNIGHT, TERESA  
KOHLSMITH, MELISSA  
KOREVAAR, STACEY  
KRAYCHENKO,  
OLEKSANDR  
KRI, JO-ANN  
KROETSCH, CLAIRE  
KRUPIN, ELENA  
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LACHMANIUK, OKSANA  
LADOUCEUR, KRISTIN  
LAFLAMME, JULIANNE  
LAFRAMBOISE, REGAN  
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LAGAN, MARY  
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LALONDE, MÉLISSA  
LALOR, NICOLE  
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LAPONSEE, SHERRY  
LARMOUR, JENNIFER  
LASI, KENNETH  
LAVOIE, MICHELLE  
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LEA, CHRISTINA  
LEDUC, ROXANNE  
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LITTLE, MELISSA  
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MAIR, KIRK  
MAKARENKO, SEAN  
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MANNING, BRIAR  
MANNING, EMILY

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MATHIEU, STEPHANIE  
MAXNER, DAWN  
MAXWELL, CHRISTINE  
MAYER, TARA  
MAYNE, TONIA  
MCADOREY, MAGGIE  
MCARTHUR, MICHELLE  
MCCAIG, KRISTIN  
MCCANN, RACHEL  
MCCARRON, MICHAEL  
MCCARTHY, MARY-JO  
MCCOMBER, DONALD  
MCCORMICK, LAURA  
MCCOY, CRYSTAL  
MCCRACKEN, CHRISTINE  
MCDONALD, KIM  
MCFARLANE, MATTHEW  
MCGHIE, LORRAINE  
MCGILL, JENNIFER MARY  
MCGRATH, LAURA  
MCGUINNESS, CARA  
MCGUIRE, LOREN  
MCKEGNEY, CHRISTA  
MCLAREN, SUSAN  
MCLEOD, JOHN  
MCMILLEN, LISA  
MCMULLEN, MELISSA  
MCNAIR, ANDREW  
MCNAIR, CRAIG  
MEISINGER, HEIDI  
MERCER, KENDRA  
MERRITT, CATHY  
MILLETTE, LUC  
MILLS, ANDREW  
MOFFATT, LEIGH  
MOFFI, JOANN  
MOHAN, JAININDER  
MOIR, SARAH  
MOLLOY, JOHN  
MOONEY, SCOTT  
MOORE, KEVIN  
MORGAN, HEATHER  
MORGAN, HEATHER  
MORLEY, TARYN  
MORRIS, VALERIE  
MOYLAN, KATHLEEN  
MUCCILLO, ANTONIO  
MUCKENHEIM, RONALD  
MUDDLE, BRADLEY  
MULLEN, JODI  
MURDOCH, CHANDRA  
MURDOCH, ROSEMARY  
MURRAY, BRENDA  
MYLES, SANDI  
MYRONYK, HEATHER  
NEAL, LISA

NEMETH, LISA  
NESTOR, KATHY  
NEVES, ELISABETE  
NEVES, JULIE  
NEWBY, SUZANNE  
NEWELL, SUSAN  
NICER, GRACE  
NOBLE, KIMBERLY  
NOGRADI, JULIE  
NORTHCOTE, SUE  
NOY, MONICA  
NYSSSEN, JOAN  
OCTAVIAN, STAN  
OHARA, COLLEEN  
OHARE, MARY-LYNN  
ORRICO, SABRINA  
OSTASZEWSKI, ANNA  
PAIVA, CATHY  
PANAHA, MOHAMMAD  
PANTALEO, DANIELLE  
PARMIGIANI, ALANA  
PASCETTA, ANTONIO  
PATERSON, JULIE  
PATRICK, ALEXANDRA  
PAULE, DAISY  
PAYETTE, DAWN  
PEACHEY, DEVON  
PEARSON, LISA  
PELEGRIN, TERESA  
PELLAND, DENISE  
PENN, CYNTHIA  
PENNY, ANDREA  
PERERA, SHERRYLEA  
PERMIAKOV, ELENA  
PETERSON, KATHRYN  
PETERSON, TIFFANY  
PHILLION, IVAN  
PICKARD, LAURA  
PICKLES, LAURIE  
PIDCOCK, ALISON  
PIEON, VIVIENNE  
PIMENTEL, VALERIE  
PINNEY, LYNANN  
PINTER, MICHAEL  
PITSCH, JENNIFER  
PLAIN, COURTNEY  
PLEWES, KIMBERLEY  
PONCE BAQUE, ALBA  
PONTELLO, LANA  
PORTILLO, JACKIE  
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February 17, 2004  
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September 20, 2004  
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*OSCE Exams*

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*Making Ethical Decisions and Maintaining  
Boundaries in Professional Relationships*

*District 4 – Toronto – March 28 & 29, 2004*  
*District 2 – Ottawa – April 25 & 26, 2004*  
*District 1 – Sudbury – June 6 & 7, 2004*  
*District 6 – London – October 17 & 18, 2004*  
*District 3 – Oshawa – November 7 & 8, 2004*



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