



# Refresher Competencies Assessment Tool

Registrant /Applicant Name \_\_\_\_\_  
*(Please print)*

CMTO Registration # \_\_\_\_\_  
*(If applicable)*

Tutor Name \_\_\_\_\_  
*(Please print)*

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

Commencement Date \_\_\_\_\_

Program Completion Date \_\_\_\_\_



## General Information:

The Refresher Competency Assessment Tool (RCAT) tool has been created to support the Policy for Refresher Courses which were designed to facilitate re-entry to practice for registrants / applicants who have been away from practice, and to improve public protection by emphasizing competence rather than hours completed. It is based on the Massage Therapy Competency Standards (MTCS) document, developed by the College in 2002, updated in 2005. The MTCS document amalgamates and updates all the College's educational documents that have been developed over the years and presents a broad-based set of competency standards for massage therapy practice in Ontario. This document is also used by colleges and schools to ensure that their Massage Therapy programs meet the College's Competency Standards of Practice.

*NOTE: Effective January 2015, the assessment will be to the Canadian Inter-Jurisdictional Competency Standard.*

The objective of this Refresher Competencies Assessment Tool is twofold:

- a. To help registrants /applicants identify the competencies they need to develop in order to apply for the General Certificate (GC), and avoid having to repeat areas of study and practice the registrant /applicant does not need to refresh.
- b. To help tutors identify areas for development, to create a customized refresher program for the registrant /applicant, and to determine their overall competence upon completion of the Refresher Program.

In creating the Refresher Competencies Assessment Tool, the assisting tutors have identified only the “must-have” or critical competencies that will be evaluated by tutors for clinical practice. (The core competency numbers and bracketed letters at the end of each enabling competency refer to their placement in the MTCS document.) The MTCS document is available on the College website and should be reviewed with the College approved tutor.

The competencies have been divided into three categories: Health Sciences, Professional Development, and Clinical Science – the latter contains the highest number of enabling competencies. The practical component of the program will vary depending upon your time away from practice: the General Refresher Practicum will require a minimum of ten (10) hours, while the Enhanced Practicum will require a minimum of 16 hours. For more information on the Refresher Course Policy, please access the College website.

In addition, all registrants /applicants will be required to successfully complete the online Standards and Regulations e-Workshop before applying for the General Certificate.



## **Instructions:**

### **Step 1 – Self-Assessment**

Read each enabling competency and place a checkmark against any that you feel need development. Be honest, this is to help you gain the required knowledge and skills.

### **Step 2 – Program Development**

Contact a College approved tutor. Arrange a meeting to discuss your tutoring requirements. Review your self-assessment with your tutor who will integrate his/her own assessment, based on the discussion with you. Any additional learning requirements will be noted in the Tutor Assessment column. Using this information, your Tutor will develop a customized program to meet your specific development needs and will submit a proposal for training to the College for approval.

### **Step 3 – Program Completion**

Upon completion of the program, your tutor will sign off, confirming that you have the necessary knowledge and skills at the entry-to-practice level, and will also include any additional comments regarding areas for further development. The form will be sent to the Registration Department, at the College, to be placed on your file. Both you and your tutor may wish to keep a copy for your own records.

**TABLE 1 (To be completed by Registrant & Tutor):**

Core Competency	Enabling Competencies <i>Place a "✓" against the competencies that you feel need revision and/or development. Your tutor will review these with you and provide their assessment of your needs. This information will be used to develop a customized program to meet your individual development requirements.</i>	Tutor Assessment
<b>HEALTH SCIENCE</b>		
1. Practice of General Anatomy and Physiology Principles	<input type="checkbox"/> Application of General Principles of Anatomy and Physiology (a) <input type="checkbox"/> Application of Anatomical Organizational Constructs of the Human Body (b) <input type="checkbox"/> Use of the Concepts of Integumentary System (f) <input type="checkbox"/> Employment of Musculoskeletal Anatomy and Physiology Concepts (g) <input type="checkbox"/> Application of Anatomical Concepts of the Circulatory System (i) <input type="checkbox"/> Use of the Cardiovascular Physiology Principles (j) <input type="checkbox"/> Utilization of Respiratory System Principles and Methods (m) <input type="checkbox"/> Recognition of Metabolic Processes (o) <input type="checkbox"/> Employment of Exercise Physiology Concepts (r)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Practice of Neuroanatomy and Physiology Principles	<input type="checkbox"/> Application of the Organization of the Nervous System (a) <input type="checkbox"/> Use of the Anatomy of the Brain and Spinal Cord (b) <input type="checkbox"/> Employment of the Fundamental Physiology of the Sensory Nervous System (c) <input type="checkbox"/> Application of the Physiology of the Somatic Motor System (e) <input type="checkbox"/> Recognition of the Role of the Autonomic Nervous System (g) <input type="checkbox"/> Recognition of the Anatomy of the Peripheral Nervous System (h) <input type="checkbox"/> Use of the Concepts and Methods of Clinical Neurology (i)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Practice of Pathology Principles	<input type="checkbox"/> Application of the Concepts of General Pathology (a) <input type="checkbox"/> Use of the Theories of Systemic Pathology (b) <input type="checkbox"/> Employment of the Fundamental Concepts of Orthopaedic Pathology (c)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Core Competency	Enabling Competency	Tutor Assessment
4. Practice of Kinesiology Principles	<input type="checkbox"/> Application of General Principles of Kinesiology (a)	<input type="checkbox"/>
5. Consideration of the Effects of Medicine and Surgery	<input type="checkbox"/> Utilization of the General; Principles of Pharmacology (a) <input type="checkbox"/> Determination of Appropriate Surgical Considerations in Massage Therapy Practice (b)	<input type="checkbox"/> <input type="checkbox"/>
<b>PROFESSIONAL DEVELOPMENT</b>		
1. Development of Effective Communication Skills	2. Acceptance of Responsibility for Professional Communication (a) 3. Use of Conflict Resolution and Problem Solving Techniques (c)	<input type="checkbox"/> <input type="checkbox"/>
2. Adherence to Legal Requirements of the Massage Therapy Profession	<input type="checkbox"/> Participation in Quality Assurance Program (c)	<input type="checkbox"/>
3. Assessment of Research and Professional Literature and Development of Critical Thinking	<input type="checkbox"/> Interpretation of Research and Other Professional Literature (a) <input type="checkbox"/> Application of Basic Concepts of Critical Thinking (b)	<input type="checkbox"/> <input type="checkbox"/>
<b>CLINICAL SCIENCE</b>		
1. Integration of the Basic Concepts, Principles and Fundamentals of Massage Therapy into Client Care	<input type="checkbox"/> Interpretation of the History and Contemporary use of Massage Therapy (a) <input type="checkbox"/> Analysis and Application of Various Massage Theories (b)	<input type="checkbox"/> <input type="checkbox"/>

Core Competency	Enabling Competency	Tutor Assessment
2. Integration of Hydrotherapy and/or Other Physical Agents into Client Care	<input type="checkbox"/> Application of General Principles of Hydrotherapy, Cryotherapy and Heating Agents (a)	<input type="checkbox"/>
3. Integration of Therapeutic Exercises into Client Care	<input type="checkbox"/> Application of General Principles of Therapeutic Exercises (a) <input type="checkbox"/> Determination of ROM Exercises (b) <input type="checkbox"/> Determination of Resistance/Strength Exercises (c) <input type="checkbox"/> Determination of Cardiovascular Exercise (d)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Integration of Systemic Disorders, Conditions and Treatments into Client Care	<input type="checkbox"/> Application of General Principles of Systemic Disorders (a) <input type="checkbox"/> Appraisal of Connective Tissue/Fascial Systems (j) <input type="checkbox"/> Determination of Soft Tissue and Muscular Systems (k) <input type="checkbox"/> Evaluation of Dermatological Conditions (o) <input type="checkbox"/> Determination of Infectious Disease, Parasitic Disease, Poisoning, Venomous Bites and Stings and Conditions (p)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Integration of Nervous System Disorders, Conditions and Treatments into Client Care	<input type="checkbox"/> Assessment of the Nervous System (a) <input type="checkbox"/> Investigation of the Central Nervous System (b) <input type="checkbox"/> Evaluation of the Peripheral Nervous System (c)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. Integration of General Orthopaedic Disorders, Conditions and Treatments into Client Care	<input type="checkbox"/> Assessment of General Orthopaedic Conditions (a) <input type="checkbox"/> Evaluation of Skin and Connective Tissue Disorders (b) <input type="checkbox"/> Appraisal of Muscle-Tendon Disorders (c) <input type="checkbox"/> Evaluation of Joint, Cartilage, Ligament and Bursa Disorders (d) <input type="checkbox"/> Analysis of Orthopaedic Associated Disorders (f)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Core Competency	Enabling Competency	Tutor Assessment
7. Integration of Spinal Orthopaedic Disorders, Conditions and Treatments into Client Care	<input type="checkbox"/> Analysis of Cervical Spine Conditions and Disorders (a) <input type="checkbox"/> Assessment of Thoracic Spine Conditions and Disorders (b) <input type="checkbox"/> Determination of Lumbar Spine Conditions and Disorders (c) <input type="checkbox"/> Identification of Pelvic Conditions and Disorders (d) <input type="checkbox"/> Appraisal of Sacral Spinal Region (e)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Integration of Regional/Peripheral Orthopaedic Treatments into Client Care	<input type="checkbox"/> Application of General Principles of Regional/Peripheral Orthopaedics (a) <input type="checkbox"/> Assessment of the Temporal-Mandibular Joint (b) <input type="checkbox"/> Evaluation of the Shoulder (c) <input type="checkbox"/> Assessment of the Elbow (d) <input type="checkbox"/> Assessment of the Wrist and Hand (e) <input type="checkbox"/> Assessment of the Hip (f) <input type="checkbox"/> Evaluation of the Knee (g) <input type="checkbox"/> Analysis of the Ankle and Foot (h)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Integration of Athletic Injuries Principles into Client Care	<input type="checkbox"/> Application of the General Principles of Athletic Injury (a) <input type="checkbox"/> Design of Pre-and Post-Event Techniques (b) <input type="checkbox"/> Selection of Athletic Injury/Disability Management Techniques and Treatments (c)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Core Competency	Enabling Competency	Tutor Assessment
10. Integration of Manual Modalities and Techniques into Client Care	<input type="checkbox"/> Application of General Principles of Manual Modalities and Techniques (a) <input type="checkbox"/> Selection and Application of Appropriate General Soft-Tissue Modalities – Massage (b) <input type="checkbox"/> Selection and Application of Appropriate General Soft-Tissue Modalities – Stretching (c) <input type="checkbox"/> Selection and Application of Appropriate Connective Tissue Motility and Mobilization Techniques (d) <input type="checkbox"/> Determination and Application of Appropriate Joint Mobilization Techniques and Methods (e) <input type="checkbox"/> Determination and Application of Appropriate Traction and Non-Specific Mobilization (f) <input type="checkbox"/> Determination of Appropriate Neuromuscular Techniques (g) <input type="checkbox"/> Determination of Appropriate Sensory Stimulus-Response Techniques (h) <input type="checkbox"/> Integration of Lymph Drainage Techniques (i) <input type="checkbox"/> Identification of Special Considerations for Breast Massage (j) <input type="checkbox"/> Determination of Other Special Considerations (k)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Integration of Pain and Stress Management Techniques into Client Care	<input type="checkbox"/> Determination of Pain Syndrome Management Techniques and Treatments (a) <input type="checkbox"/> Selection of Stress Syndrome management techniques and Treatments (b)	<input type="checkbox"/> <input type="checkbox"/>
12. Proposal of Clinical Case Management Plans	<input type="checkbox"/> Selection of Case Management Principles and methods (a) <input type="checkbox"/> Establishment of Case History and Interviewing Processes (b) <input type="checkbox"/> Verification of Physical Assessments (c) <input type="checkbox"/> Proposal of Treatment Plans (d) <input type="checkbox"/> Generation of Appropriate reports and records (e) <input type="checkbox"/> Establishment of Appropriate Referral Criteria (f)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>





**Tutor Declaration (additional information can be attached):**

This is to certify that \_\_\_\_\_ (*name*) has completed the General/Enhanced (*please circle one*) Refresher Course, as approved by the CMTO, has demonstrated both knowledge and skill at the entry-to-practice level in the required competencies, and is now eligible to apply for the General Certificate. The following are suggestions for on-going development:

Tutor's Name \_\_\_\_\_ (*please print*) Registration # \_\_\_\_\_

Tutor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Practicum Course Outline:**

The following practicum course outline will provide tutors with guidelines for preparing a customized development plan for each registrant /applicant. The objective of the practicum is to identify how well the registrant /applicant has been able to integrate his/her knowledge and practical skill in the treatment area.

The sessions in each plan will vary in content and length, as every plan will be governed by the individual's development requirements identified in the Refresher Competency Assessment Tool. In addition, each tutor will have a preferred approach using different reference materials. Suggestions for additional reference material are listed on the College website under Examination Reference Material.

The duration of the refresher course to be completed by an individual registrant /applicant will be dependent on the number of years the registrant has *not* been practising and whether the registrant /applicant has ever consolidated his/her learning by practising after completing an approved massage therapy program. These two factors will have an affect on the individual's retention of knowledge and skills.

The College believes that the refresher course should evaluate competency rather than requiring a minimum number of hours. It therefore focuses more on the competence of the registrant and recommends only the minimum hours of practice for the two levels of refresher course.

## **Refresher Course Content:**

The refresher course will consist of the following stages:

1. Registrants will complete the Standards & Regulations Workshop. Registrants are not required to complete this stage before progressing further.
2. The registrant or applicant who is required to complete a refresher course will complete the Registration Competence Assessment Tool and submit it to the approved tutor.
3. The tutor will verify that the registrant has the required competence and will then design a program to remedy the registrant's competence in the required areas and submit the proposed training to the College for approval.
4. The practical part of the program will require the registrant to demonstrate minimum entry-to-practice competence in client assessment, treatment skills, remedial exercise and soft tissue techniques. The practical component of the program will be a minimum of ten (10) hours for the General Refresher Course and sixteen (16) hours for the Refresher Course with Enhanced Practicum.
5. At the end of the course, the tutor will be required to complete and sign the Registration Competence Assessment Tool evaluating the student's competence at the entry-to-practice level.
6. Both the student and the tutor will complete program evaluation forms and submit them to the College.

### Refresher Course Requirements:

Years of Practice after graduation	No. of years away from practice before <u>general refresher</u> required	No. of years away from practice before <u>enhanced refresher</u> required	No. of years away from practice before <u>entire program</u> required
>2 years	>3 and < 7	>7 and <17	20 (individual review if 17-20 years)
< 2 years	>3 and <5	>5 and <15	15 years (individual review if 12-15 years)
Registrant Category	Refresher Course Requirements		
Registrants with 2 or more years of practice after graduation	<ul style="list-style-type: none"> <li>➤ After more than 3 and less than 7 years away from practice, these registrants will be required to complete a short General Refresher Course.</li> <li>➤ After 7 years or more and less than 17 years away from practice, these registrants will be required to complete a longer Refresher Course with Enhanced Practicum.</li> <li>➤ Registrants in this category will be required to complete the <u>entire program</u> if they do not practise for 17 years.</li> <li>➤ Registrants who have not practised for 12 to 17 years will be reviewed by the Committee on an individual basis and <u>may</u> be required to retake the entire program.</li> </ul>		
Registrants with less than 2 years of practice after graduation	<ul style="list-style-type: none"> <li>➤ After more than 3 and less than 5 years away from practice, these registrants will be required to complete a short General Refresher Course.</li> <li>➤ After 5 years or more and less than 12 years away from practice, these registrants will be required to complete a longer Refresher Course with Enhanced Practicum.</li> <li>➤ Registrants in this category who have not practised for 12 to 15 years will be reviewed by the Committee and <u>may</u> be required to take the entire program or the Refresher Course with Enhanced Practicum.</li> <li>➤ Registrants who have not practised for 15 years or more will be reviewed by the Committee on an individual basis and may be required to retake the entire program.</li> </ul>		

**Practicum Course Outline:**

General Practicum – 10 Topics ( Minimum 10 hours)		Enhanced Practicum – 16 Topics (Minimum 16 hours)	
<i>For each session the following should be discussed: Anatomy involved; Assessment protocol; Treatment Protocol for each region; Remedial Exercise and Hydrotherapy for each region.</i>			
1. General Treatment Principles	<ul style="list-style-type: none"> <li>• Sprains/Strains</li> <li>• Tendinitis/Tenosynovitis</li> <li>• Acute/Sub Acute/Chronic</li> </ul>	1. General Treatment Principles	<ul style="list-style-type: none"> <li>• Sprains/Strains</li> <li>• Tendinitis/Tenosynovitis</li> <li>• Acute / Sub Acute / Chronic</li> <li>• Trigger Point Therapy protocol</li> </ul>
2. Remedial Exercise Definition	<ul style="list-style-type: none"> <li>• Stretching – PROM/ AROM etc.</li> <li>• Strengthening – (Isometric, Isotonic, etc.)</li> <li>• Proprioceptive Neuromuscular Facilitation (PNF)</li> </ul>	2. General Treatment Principles	<ul style="list-style-type: none"> <li>• Muscle Cramps / Spasms</li> <li>• Nerve Compression</li> <li>• Peripheral Joint Mobilization</li> <li>• Friction Therapy protocol</li> </ul>
3. Principles of Pain Management, Stress Management and Relaxation	<ul style="list-style-type: none"> <li>• Use case study approach to treatment planning</li> </ul>	3. Principles of Pain Management, Stress Management and Relaxation	<ul style="list-style-type: none"> <li>• Use case study approach to treatment planning</li> </ul>

General Practicum – 10 Topics ( Minimum 10 hours)		Enhanced Practicum – 16 Topics (Minimum 16 hours)	
<i>For each session the following should be discussed: Anatomy involved; Assessment protocol; Treatment Protocol for each region; Remedial Exercise and Hydrotherapy for each region.</i>			
4. Shoulder Treatments / Elbow / Wrist	In sessions 4 - 9, randomly select the assessment and treatment of any chosen condition(s). Treat according to whether or not the student is a candidate for the OSCE or re-entering into practice.	4. Remedial Exercise Definition	<ul style="list-style-type: none"> <li>• Stretching – PROM/ AROM etc.</li> <li>• Strengthening – (Isometric, Isotonic etc.)</li> </ul>
5. Postural Conditions		5. Remedial Principles	<ul style="list-style-type: none"> <li>• Peripheral Joint Mobilization</li> <li>• Proprioceptive Neuromuscular Facilitation (PNF)</li> </ul>
6. Cervical Spine Conditions		6. Shoulder Treatments/Elbow/ Wrist	In sessions 6-15, selection of assessment and treatment of any chosen condition(s). Treat according to whether or not the student is a candidate for the OSCE or re-entering into practice
7. Hip/Knee/Ankle		7. Cervical Spine Conditions	
8. Neurological Conditions (PNS-CNS)		8. Postural Conditions	
9. Respiratory/Arthritic Conditions		9. Hip	
10.Sensitive Area Massage		10.Low Back	
		11.Knee/Ankle	
		12.Arthritides	
		13.Neurological – CNS	
	14.Neurological – PNS		
	15.Respiratory Conditions		
	16.Sensitive Area Massage	<ul style="list-style-type: none"> <li>• Breasts, inner thigh, buttocks, abdominal, intraoral</li> </ul>	



## Post Refresher Course Evaluation

Your Name \_\_\_\_\_ Registration # \_\_\_\_\_  
*(If applicable)*

*In order to provide the highest quality programs and tools to our registrants / applicants, we ask that you complete the following evaluation within one week of finishing the Refresher Course. Please review the questions below, place a checkmark “✓” in the appropriate column, and provide any additional comments in the space provided.*

	Not At All	Some Extent	Moderate Extent	Mostly	Great Extent
1. The assessment tool helped identify the competencies that needed development. <i>(Comments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It was easy to use and understand. <i>(Comments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It was helpful in creating an effective customized course. <i>(Comments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The tool helped track progress throughout the course. <i>(Comments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Using this process prevented repeating areas of study and practice that did not need to be refreshed. <i>(Comments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please send your completed evaluation form to the College of Massage Therapists, 1867 Yonge Street, Suite 810, Toronto, Ontario, M4S 1Y5, and Attention: Registration Department. Thank you for taking the time to provide valuable feedback.*