

Glossary

Abuse: a violation of the power inherent the therapeutic relationship. Abuse occurs when an RMT utilizes the therapeutic relationship to meet their own personal interests or needs. An RMT who abuses a client acts outside of professional boundaries.

Abuse may be financial, physical, sexual and verbal, emotional or psychological:

- Financial abuse: Financial abuse exploits the power differential between the RMT and client and often results in a monetary or equivalent gain for the RMT. Examples of financial abuse can include accepting gifts, borrowing money, becoming a trustee of a client's account, accessing a client bank account, seeking financial benefits or other services.
- Physical abuse: An act which may cause pain or harm to another. Slapping, hitting, pushing and use of force during a treatment are examples of behaviours that can be viewed as physical abuse.
- Sexual abuse: The *Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA)* defines sexual abuse as follows: "sexual abuse" of a client by a registrant means (a) sexual intercourse or other forms of physical sexual relations between the registrant and the client, (b) touching, of a sexual nature, of the client by the registrant, or (c) behaviour or remarks of a sexual nature by the registrant towards the client. "Sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.
- Verbal, emotional or psychological abuse: Language (including that used in online communication) that can reasonably be seen to demean, humiliate or insult the client. Verbal abuse may harm the client emotionally, culturally or spiritually. Given that RMTs work with clients of many cultures and beliefs, it is important to recognize that personal remarks about a client's appearance, behaviour, language, beliefs, religious practices, etc. may be distressing. Behaviours such as sarcasm, teasing, swearing or threatening are examples of behaviours that may be considered verbal or emotional abuse. Psychological abuse includes the destruction of a client's self-esteem and/or sense of safety, often associated with differences in power and control within the RMT/client relationship. It includes threats of harm or abandonment, humiliation, deprivation of contact, isolation and other psychologically abusive tactics and behaviours. A variety of terms are used interchangeably with psychological abuse, including emotional abuse, verbal abuse, mental cruelty and psychological aggression.

Active listening: focusing and concentrating on a speaker and their message, demonstrating that you are making every effort to comprehend, and responding thoughtfully.

Acupuncture: pricking the skin or tissues with needles (solid, filiform needles) for the purpose of treating and preventing physical dysfunction and pain of the soft tissues and joints within the **Scope of Practice of Massage Therapy**, which does not include the use of hollow needles. Only RMTs who are authorized by CMTO are granted an exception to this **controlled act** under the *Regulated Health Professions Act, 1991 (RHPA)* (performing a procedure on tissue below the dermis).

Boundary/boundaries: an individual's personal physical and psychological space. Each person makes determinations of whether touch, questions and remarks feel appropriate, unobtrusive and comforting based on their own needs, preferences and experiences.

Professional boundaries: the professional role and the limits of the professional role. In a particular circumstance, professional boundaries can be defined by asking: "Is this part of the role of an RMT?" Professional boundaries ensure the RMT works in the client's best interest. See *Standard of Practice: Professional Boundaries*.

Boundary crossing: a disrespect of a client's physical, psychological, emotional or financial boundaries.

Boundary violation: a serious boundary crossing and abuse of power which places the client at risk of psychological, financial, physical and/or sexual harm.

Capable: the *Health Care Consent Act, 1996 (HCCA)* provides that a person is capable (or has capacity) with respect to a treatment, if the person is able to understand the information that is relevant to making a decision about the treatment and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. See **Substitute decision-maker**.

Circle of care: commonly used to describe the ability of certain **health information custodians** (HIC) to assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing healthcare or assisting in providing healthcare.

HICs may only assume an individual's implied consent to collect, use or disclose personal health information if all of the following six requirements are satisfied:

1. The HIC must fall within a category of HIC that are entitled to rely on assumed implied consent, such as being a healthcare professional.
2. The personal health information to be collected, used or disclosed by the HIC must have been received from the client, their **substitute decision-maker**, or another HIC.
3. The HIC must have received the information for the purpose of the provision of healthcare to the individual.
4. The purpose of the collection, use or disclosure by the HIC must be for the purpose of the provision of healthcare to the individual.
5. The disclosure of personal health information by the HIC must be to another HIC.
6. The HIC that receives the information must not be aware that the individual has expressly withheld or withdrawn their consent to the collection, use or disclosure.

Cleaned and disinfected linens: linens and covers (including but not limited to sheets, pillow covers, blankets and face cradle covers) must be washed with detergent. The highest temperature possible must be used when washing and drying.

Client(s): the recipient of Massage Therapy treatment. In legislation, this person is referred to as a patient.

According to the *Regulated Health Professions Act, 1991 (RHPA)*, a client will meet the definition of "client" if they are a client within the ordinary meaning of the word and will continue to be a "client" for one year after they cease to be the RMT's client.

A person is also a client if there is a direct interaction between the RMT and the person and any of the following criteria are met:

- The RMT charged them or received payment from them (or a third party on their behalf) for healthcare service;
- The RMT has contributed to a health record or file for them; or
- The client consented to healthcare service by the RMT.

All aspects of client decision-making may be supported by a **substitute decision-maker** if the client is not **capable**.

Client-centred Care: RMTs are expected to function in a client-centred manner, including:

- Ensuring that clients and client wellbeing are at the centre of decisions they make
- Giving each client their complete attention and allowing sufficient time to fully address their needs;
- Respecting client uniqueness and taking into account their views, preferences and concerns; and
- Actively involving clients in decision-making, and ensuring that they are fully informed about and consent to the services they provide.

Confidentiality: the moral, ethical, legal, professional and employment obligation to protect information entrusted to RMTs; the duty to ensure that information is kept secret to the extent possible.

Conflict of interest: occurs when an RMT's personal or financial interest conflicts or appears to conflict with the exercise of their professional judgment or duty to act in the best interest of the client. A conflict of interest can be potential, real or perceived. If circumstances exist where a reasonable person would conclude that the RMT's professional judgment may be compromised, then a conflict of interest exists.

Consent, see **Informed Consent**.

Controlled act: a list of activities defined under the *Regulated Health Professions Act, 1991 (RHPA)* that only registrants/members of specific Colleges are authorized to perform due to potential risk of harm to the client.

Discharge: formally discontinuing care of a client. When discharging a client, RMTs transfer client records at the client's request, make a reasonable attempt to arrange alternative services for the client (such as guiding the client to CMTO's public register), and document the process.

Dual registration: RMTs who are also a registrant/member of another regulatory college.

Dual relationship: occurs when an RMT has some other type of relationship with a client in addition to the professional therapeutic relationship. The multiple relationships can become blurred or merged, making it difficult for the RMT to maintain clear boundaries and clinical objectivity, despite best intentions. An RMT may only have a dual relationship in exceptional circumstances (see list below). A dual relationship is never permissible with a person with whom the RMT is in a sexual or romantic relationship, including their spouse, as this is considered sexual abuse under the *Regulated Health Professions Act, 1991 (RHPA)*.

Exceptional circumstances may include:

- There is no other similar or viable healthcare professional available (for example, in small or remote communities);
- There is a demonstrated financial hardship on the part of the client;
- The client's level of distrust and/or discomfort is such that it would be impossible for them to seek services from a healthcare professional whom they do not know; or
- There exists a real barrier to the client accessing other healthcare services.

Fair and equitable: the principle that all people must be treated in a non-discriminatory manner and have the same opportunity to receive Massage Therapy. This includes applying policies and practices in a way that respects individuals' unique needs.

Financial record: the particulars of the services provided, the fee charged for the services provided, and a copy or record of the receipt issued for payment of the services provided.

Healthcare professionals: those providing healthcare, regulated and unregulated, that the RMT may interact with in the provision of care to clients.

Health record: includes the following:

1. The client's name and address.
2. The date, time and duration of each of the client's visits to the RMT.
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 RMT and particulars of every clinical finding and assessment made by the RMT.
6. Every written report received by the RMT with respect to examinations, tests, consultations or treatments performed by any other person.
7. Particulars of all advice given by the RMT.
8. Particulars of every referral of the client by the RMT to another health professional.
9. Particulars of every fee or other amount charged by the RMT.
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 RMT and the name of the RMT who applied the treatment.

Health Information Custodian (HIC): a person or organization described in section 3 of the *Personal Health Information Protection Act, 2004 (PHIPA)*, who has custody or control of personal health information as a result of their work, duties or powers. This can include, but is not limited to, RMTs, other healthcare professionals, independent health facilities, hospitals, psychiatric facilities, pharmacies, laboratories, nursing homes and long-term care facilities, or ambulance services.

Identifying information: refers to information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.¹⁰

Incapable, see **Capable.**

Infection Prevention and Control (IPAC): evidence-informed practices and procedures that prevent or reduce the risk of transmission of infectious disease or illness.

Informed consent (consent): prior to conducting an assessment, providing treatment or modifying a **treatment plan**, the RMT must obtain the client's consent. Consent must include a discussion with the client about the following six elements:

- a. The nature of the treatment;
- b. The expected benefits;
- c. Risks and side effects;
- d. Alternative courses of action;
- e. Likely consequences of not having treatment; and
- f. Their right to ask questions about the information provided and that assessment or treatment will be stopped or modified at any time at their request.

Mandatory report/reporting: the obligation under the *Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA)* for RMTs, employers and facility operators to file written reports to CMTO and other regulatory organizations in certain circumstances. For more information, see CMTO's *Mandatory Reporting* web page.

Massage Therapist (MT), see **Registered Massage Therapist.**

Other benefit: an advantage or profit, whether direct or indirect, and may include rebates, credits, discounts, loans (where the repayment terms do not reflect fair market value) or the receipt of goods or services at no charge or less than fair market value or any gift.

Patient: the term used in legislation to describe what CMTO refers to as client. See **Client.**

Personal health information: refers to **identifying information** about an individual in oral or recorded form, if the information:

1. Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
2. Relates to the provision of healthcare to the individual, including the identification of a person as a provider of healthcare to the individual;
3. Is a plan of service within the meaning of the *Home Care and Community Services Act, 1994* for the individual;
4. Relates to payments or eligibility for healthcare, or eligibility for coverage for healthcare, in respect to the individual;
5. Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
6. Is the individual's health number; or
7. Identifies an individual's **substitute decision-maker.**

¹⁰ *Personal Health Information Protection Act, 2004 (PHIPA)*. Retrieved from: <https://www.ontario.ca/laws/statute/04p03>

Personal protective equipment (PPE): one **Infection Prevention and Control (IPAC)** measure consisting of physical barriers and garments placed on the body to protect individuals from exposure to infection or other hazards. PPE may include (but is not limited) to gowns, gloves, masks, face shields and goggles/eye protection.

Physical/personal privacy: the right of any individual to be protected from visual exposure or other **boundary crossings or violations** of their personal and/or physical space. See **Boundaries** and **Privacy (personal health)**.

Plain language: using clear and straightforward expression so that content can be immediately understood by any audience easily.

Power: the dynamic between two parties. In a therapeutic relationship, there is an inherent power imbalance between the healthcare professional (RMT) and client.

Privacy (personal health): the right of an individual to have some control over how their personal health information is collected, used and/or disclosed. It is the right of an individual to determine when, how and to what extent they share information about themselves with others. In Ontario, individuals' privacy in relation to personal health information is maintained through the [Personal Health Information Protection Act, 2004 \(PHIPA\)](#). This law establishes individuals' right to privacy by setting out how health information custodians are to collect, use and/or disclose personal health information.

Professional boundary/boundaries, see **Boundary/boundaries.**

Risk assessment: the process of identifying and analyzing risk factors or hazards that could potentially cause harm to clients, RMTs or others and the analysis of the degree of risk they represent given the situation or circumstances, often to determine appropriate ways to reduce, control or eliminate risk. For more information on risk assessment as part of routine practices, please see Public Health Ontario's [Routine Practices and Additional Precautions in All Health Care Settings](#) (Appendix B - Routine Practices and Additional Precautions).

Registered Massage Therapist (RMT/MT): someone registered with CMTO. In Ontario, only those registered with CMTO can use the protected titles Registered Massage Therapist, Massage Therapist, RMT, MT, the French equivalent and any other variation or abbreviation.

Routine practices: minimum practices to be used with all clients in all settings for **Infection Prevention and Control (IPAC)**. For more information on routine practices, please see Public Health Ontario's [Routine Practices and Additional Precautions in All Health Care Settings](#).

Safety incident: an event or circumstance which could have resulted in harm or did result in harm to a client.

Scope of Practice of Massage Therapy: RMTs may only practise within the Scope of Practice of Massage Therapy in Ontario, defined in the [Massage Therapy Act, 1991](#) as: "the practice of massage therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain".

Sensitive areas: the anatomical areas of the body identified by CMTO and for which clients may feel particularly sensitive or vulnerable when treated or touched. Assessment and/or treatment of sensitive areas must be clinically indicated and performed in accordance with the [Standard of Practice: Prevention of Sexual Abuse](#). CMTO defines sensitive areas as including the upper inner thighs; chest wall muscles; buttocks (gluteal muscles) and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care).

Sexual abuse, see **Abuse.**

Sexual nature: whether touching or conduct will be found to be of a sexual nature will depend on all of the circumstances of each case. Viewed objectively in light of all the circumstances, would the sexual nature of the conduct be apparent to a reasonable person? Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Substitute decision-maker (SDM): individuals who are authorized to give or refuse consent on behalf of persons who are not capable of making them independently. In most cases, the individual will be a family member. The SDM is expected to act in the client's best interests and to make decisions that are consistent with the client's last known wishes.

The *Health Care Consent Act, 1996 (HCCA)* sets out a hierarchy of substitute decision-makers:

- The **incapable** person's guardian of the person;
- The **incapable** person's attorney for personal care;
- The **incapable** person's representative appointed by the **Consent** and Capacity Review Board to give or refuse **consent** to the treatment;
- The **incapable** person's spouse, partner or relative in the following order:
 1. Spouse or partner;
 2. A child (if 16 years or older) or the custodial parent of the incapable person;
 3. A parent of the incapable person who has only a right of access;
 4. Brother or sister of the incapable person; or
 5. Any other relative of the incapable person.

In most cases, RMTs will speak with the client and/or family members to determine the highest-ranking SDM to make care decisions for the client.

Therapeutic relationship: the professional relationship an RMT has with their clients. It should be designed to promote, support and advance the health and best interest of the client and be grounded in trust, respect and the appropriate use of knowledge and power.

Treatment plan: organized, planned actions for each client that contains, at a minimum: treatment goal(s); type and focus of treatment(s); area(s) of the body to be treated; anticipated frequency and duration of treatment(s); anticipated client responses to treatment; and/or schedule for reassessment of the client's condition; and/or recommended remedial exercises and/or hydrotherapy.