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2 **Massage Therapy Body of Knowledge**

3 **(MTBOK) Phase 1**

4 **First Draft**

5 for

6 **Review and Comment**

7

8 Authored by the MTBOK Task Force

9 Representing a Consensus of the Massage Therapy Profession

10

11 Sponsored under the joint Stewardship of the following organizations:

12 American Massage Therapy Association (AMTA)

13 Associated Bodywork and Massage Professionals (ABMP)

14 AMTA Council of Schools (COS)

15 Federation of State Massage Therapy Boards (FSMTB)

16 Massage Therapy Foundation (MTF)

17 National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)

18 September 15, 2009

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20 Comments may be submitted (by Section and page number please) via an

21 automated collection tool available

22 by clicking on the URL below.

23 http://www.surveymonkey.com/s.aspx?sm=jF3W8X_2f4JQoWbhCmPfOSpg_3d_3d

56	Section 210.11 Boundaries, Ethics and the Therapeutic Relationship
57	Section 300 Massage Therapy Terminology
58	Section 400 Appendices
59	Section 410 Appendix A Bibliography
60	Section 420 Appendix B Explanation of New Science Areas and Research
61	Section 430 Appendix C Sample Online Comment Form (Completed)

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Section 0

Release Notes and Overview

Section 10 First Draft Release Notes

Background and Overview: A considerable amount of work has been put into this draft document by members of the MTBOK Task Force who represent you, the Massage Therapy and affiliated communities. It's important to note that this document is not being developed in seclusion – we have pushed hard to get a document that is comprehensive and with plenty of substance for the community to take in, think about and provide input on.

We want your comments, input and suggestions, because it is our goal that the MTBOK becomes truly representative of the thinking of the community, and we hope you will become passionate about it. We hope to achieve a living, learning 'document' – that is one that grows with, and in some cases, ahead of our community. It will become living if you, the community embrace it, become involved with it over time, and continue to keep it relevant, responsive, growing and strong.

The MTBOK has had a good start. Phase 1 is a joint effort sponsored by 6 of the major organizations in the Massage Therapy field, who each put their individual agendas aside to work for the common good. They did this because they realize the health and vitality of the Massage Therapy profession is in all of our interests, and the creation of a Massage Therapy Body of Knowledge would help achieve that state.

To that end, they have established a joint "Stewards" board that provides the framework and resources to begin the project. At the same time, they have stayed out of the decision making, recognizing that the project needs to be viewed as by and for the profession and not swayed by individual organizational desires. The Steward Organizations have not been pre-briefed on the content in this document, and will not receive it before it goes out for public comment.

As of the release of this document, you become an important part of the process, and we really hope to see you involved. We hope you will participate throughout the project, and want you to understand that this isn't the only chance you will have to impact the content and direction of the MTBOK Phase 1. Our general schedule looks like this:

- Initiated Task Force work assembling the MTBOK on July 1, 2009
- First draft developed and out for public review on September 15, 2009
- An event designed to let the profession provide us with thoughts and input will be held in association with the AMTA National Conference in Orlando FL on

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97 September 24, 2009, but you don't have to be registered for the conference to
98 attend.

- 99 • The formal comment period on the first draft will be open for approximately one
100 month. We will continue to leave open the ability to provide comments and will
101 address all that are possible between releases.
- 102 • Second draft is scheduled for release shortly after the New Year
- 103 • The final Phase 1 product will be presented to the community and released in
104 early May, 2010.

105 **MTBOK Phase 1 vs the “Final” MTBOK:** Phase 1 of the MTBOK will not complete the
106 development of a full, living Body of Knowledge, but it will have much of the ground
107 work done, will result in a working process, and will allow for additional work to be
108 focused on the future. Specifically, Phase 1 is charged with producing 4 crucial
109 elements of a Massage Therapy Body of Knowledge:

- 110 • A Description of the Massage Therapy field;
- 111 • A Scope of Practice for Massage Therapy;
- 112 • A description of the competencies of an **entry level** Massage Therapist in terms
113 of Knowledge, Skills and Abilities; and
- 114 • Terminology as it applies to the Massage Therapy field.

115 Its clear that Phase 1 gets most of the job done, but leaves a lot of interesting work to
116 be done, and its our hope that a lot of you will participate in upcoming phases, both
117 formally and informally. In this way you can help guide the destiny of our profession.

118 **The Task Force:** The Steward organizations solicited applications for volunteer
119 positions on the task force in hopes that they would achieve a solid, knowledgeable
120 group of individuals who brought a full mix of backgrounds and skills into the project.

121 The Task Force members did not work together before nor did they have any significant
122 ties to the Steward organizations. They are however, an impressive group (see “Who
123 We Are” button on the MTBOK site – <http://www.mtbok.org>) and include educators,
124 business owners, authors, and have experience with State Massage Therapy Boards,
125 State and local legislation, examination and certification efforts, both eastern and
126 western traditions and are also, or have been Massage Therapy practitioners. It's a
127 group the profession can be proud of, and even more importantly, one that can be
128 worked with.

129 The Task Force members are all volunteers who serve until July 2010, so there will be
130 opportunity for others to participate on the task force next year.

131 **The First Draft Release Notes:**

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- 132 • It's a first draft, and by definition will change. It's being put out as early as
133 possible to provide for substantial input from the community.

- 134 • It's far from being done. Although we are proud of the work so far, it needs more
135 work, and we will be starting on that effort shortly. Over the next few weeks we
136 will focus on receiving input from you the MTBOK stakeholders (i.e. those who
137 have some interest in Massage Therapy), establishing the process to deal with
138 the comments we receive, and working out our strategy for the next release.

- 139 • As you review, keep in mind that all the sections in this document relate to the full
140 Massage Therapy field **except** Section 200 which is restricted to the
141 competencies an *entry level* Massage Therapist must possess. Although you
142 won't see competencies that address what an "advanced" or specialty Massage
143 Therapist should have, keep in mind that Section 200 proposes that these
144 competencies are the minimum that anyone doing Massage Therapy needs to
145 possess.

- 146 • Please understand that the MTBOK doesn't now, and won't ever (as far as we
147 know) have any legal authority – the jurisdictions you practice in hold that power.
148 We hope that over time the MTBOK will be a source of information that legislative
149 and regulatory bodies rely on to obtain the best information for our profession,
150 but nothing in the MTBOK supersedes any rule or regulation that Massage
151 Therapists are subject to.

- 152 • We are issuing this draft broadly and hope that it is read and acted upon by both
153 the Massage Therapy world and for all of those allied health care professions
154 that we work with and among. Please note however that we are not attempting
155 to define other professions – we recognize that there may be overlap in Scope of
156 Practice and/or Knowledge, Skills and Abilities (KSA) with other professions. In
157 areas of overlap it is not our intention to take sole ownership – there is a richness
158 in the diversity of professions and methods and hope that this process helps
159 promote a more comprehensive array of choices that clients need and deserve.

- 160 • We have tried to make it easy to provide us with comments. Our main process is
161 via an online form. See the next section to get more information on how to
162 provide us with your comments.

- 163 • Future releases of the MTBOK will include additional interlinking to help you fully
164 find the information you need. We are also looking at more interactive ways to
165 access this information in a way that lets you follow your own path through the
166 information rather than that offered by a document. Within a year we would like to
167 see the MTBOK fully on line in an interactive dynamic state. We would like to

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168 have all of the domains of Massage Therapy (Practice, Accreditation, Research,
169 Certification, Education, and Licensure) working with the MTBOK project to
170 create interactive links which would help integrate all domains.

- 171 • Finally, we hope that the MTBOK will help achieve a common understanding of
172 the profession both within and outside. We expect that a detailed body of
173 knowledge will have profound impact on the profession and hope that by having
174 a central repository the work of the related domains such as regulation,
175 education, accreditation, examination, research, practice, etc will not only be
176 facilitated but will provide an environment where the interactions of these will
177 provide newer and more effective capabilities and “glue” for the profession.

178 Section 20 How to Provide Comments and Suggestions

- 179 • Please use the automated form found at:
180 http://www.surveymonkey.com/s.aspx?sm=jF3W8X_2f4JQoWbhCmPfosPg_3d_3d
181 to submit your comments whenever possible.
- 182 • Please submit one form for each comment, and submit as many forms as you
183 need.
- 184 • Specify the line number of the text that begins the part you are commenting on or
185 where you wish to add or delete items.
- 186 • Specify the Section number you are commenting on. Please use the Section
187 numbers within Section 40 as the reference for overall or non-specific comments
- 188 • Although providing your email address is optional, it will help us if we need to get
189 in touch with you regarding your submission. Your email address will not be
190 shared outside the MTBOK project.
- 191 • A sample filled out comment submission form may be found as [Appendix C](#).

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193 Section 30 MTBOK Vision

194 The Following summary of the vision of the MTBOK is taken from the final MTBOK
195 Business Case developed by the MTBOK Steward organizations. The full document is
196 available at: <http://www.mtbok.org/resources>.

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198 **Vision**

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200 The vision for a massage therapy body of knowledge initiative is to develop and adopt
201 profession-wide a common BOK for the profession, defined as¹:

202 **A living resource of competencies, standards and values that inform and guide**
203 **the domains of practice, licensure, certification, education, accreditation and**
204 **research.**

¹ Report from the Massage Therapy Body of Knowledge Meeting, Kansas City, Missouri, November 5-7, 2008

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- 205 • **Competencies** refer to the *Knowledge, Skills and Abilities (KSAs)* that enable
206 massage therapists to perform their work in a safe and effective manner. *Knowledge*
207 is the technical information, theory and research that support the practice; *Skills* are
208 the psychomotor capabilities a massage therapist utilizes; and *Abilities* are
209 demonstrable behaviors – both innate and learned – that result in an observable
210 outcome in the treatment setting. *(KSAs will be defined for both the entry level of*
211 *practice, as well as for areas of specialized and advanced practice.)*
- 212 • **Standards** are the established and documented norms or requirements for the
213 profession. They include such components as a Scope of Practice definition, Code
214 of Ethics, Standards of Practice, Nomenclature, Taxonomy, Education Standards
215 *(including Curriculum Standards, Teacher Qualifications and Institutional*
216 *Requirements)*, and Workplace Standards *(including Ergonomic Factors, Facility*
217 *Requirements and Practitioner Capacities)*.
- 218 • **Values** are the unique attributes, qualities and principles that are embodied by
219 individual massage therapists as well as the institutions and organizations that
220 comprise the profession.

221 Section 40 Non-Section Specific Comments

222 Section 40.1 Use this Section Number for when entering General
223 Comments

224 Section 40.2 Use this Section Number when entering Comments about the
225 MTBOK Organization or Layout

226 Section 40.3 Use this Section Number when entering New Suggestions

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Section 100

Massage Therapy Description and Scope of Practice

Section 110 Description of the Massage Therapy Field

Massage therapy is a healthcare and [wellness](#) profession. The practice of massage involves a [client/patient](#)-centered session, designed to fulfill the requests and needs of the client/patient, with the therapist being free of a personal agenda. Massage fulfills the well researched human need for touch like no other healthcare or wellness profession. Many complementary and integrative practices have components of touch, but massage therapy is, at its heart, about one human touching another with informed intention, compassion, focused attention, and non-judgment.

During a session a massage therapist may incorporate a wide variety of [techniques](#) and approaches to address the varied focuses of their client/patient, which may include any or all of the following:

- Treatment of injury or conditions
- Relaxation
- Stress reduction
- Wellness
- Enhancing client/patient personal growth
- Encouraging client/patient awareness of body
- Facilitating the balance and connection of body, mind, spirit and emotion

Massage is performed in a variety of practice settings. A few examples, of the myriad of possibilities, include:

- Working with both amateur and professional athletes to lengthen and stretch muscles and help improve performance;
- In hospitals doing pre- and post-surgery massage;
- Doing injury rehabilitation, breaking up scar tissue and increasing flexibility;
- In multidisciplinary clinics with the like of acupuncturists, medical doctors, physical therapists, naturopathic physicians as part of a healthcare team providing integrated health care;
- In oncology clinics, focusing on touch and nurturing care;
In a chiropractor's office doing massage treatment that supports and helps chiropractic adjustments hold;
- In airports doing seated massage on the tired shoulders of travelers;
- In day spas or small independent offices offering clients a relaxing, stress reducing time away from the hectic pace of life to enjoy nurturing caring touch;

- 262 • With psychotherapists focusing on mind-body connections that help heal past
263 trauma;
- 264 • With clients on a self-actualization path, focusing on mind-body awareness, or
265 creating a meditative state for the whole body;
- 266 • In a stable helping the dressage horse and rider work together with ease addressing
267 the individual body issues that each may have;
- 268 • In a dog daycare helping an aging dog move with greater ease.
- 269 Massage therapy serves all beings through touch regardless of their health or wellness
270 status.

271 Section 120 Massage Therapy Scope of Practice Statement

272 Massage therapy is a healthcare and wellness profession performed in a variety of
273 employment and practice settings. The practice of massage therapy includes
274 [assessment](#), treatment planning and treatment through the manipulation of [soft tissue](#),
275 [circulatory fluids](#) and [energy](#) fields, affecting and benefiting all of the [body systems](#),
276 primarily the musculoskeletal for the following therapeutic purposes including but not
277 limited to enhancing health and well-being, emotional and physical relaxation, stress
278 reduction, postural improvement, facilitating circulation, balancing energy, [remediation](#),
279 pain relief, injury repair and prevention, and rehabilitation. Massage therapy treatment is
280 performed and accomplished by use of digits, hands, forearms, elbows, knees, and feet
281 with or without the use of emollients, liniments, hot and cold, hand held tools or other
282 mechanical or electrical apparatus that mimic the actions of the hands.

283 Section 130 What *is* Included in the Scope

284 Assuming the required or nationally recognized standard for minimum entry level
285 training in massage therapy, and specific post graduate training where necessary or
286 required, the following are included in the Scope of Practice of Massage Therapists:

- 287 • The use of touch through pressure, stroking/gliding (effleurage), kneading
288 (petrissage), percussion (tapotement), compression, holding, vibration, friction, and
289 movement and stretching (see below) by the digits, hand, forearm, elbow, foot or
290 mechanical appliances which mimic or enhance specific massage therapy hand
291 techniques.
- 292 • Work to enhance wellness and facilitate mind body connections.
- 293 • The use of active/passive range-of-motion, joint movement within the normal
294 physiologic range-of-motion, active assisted and resistive movement, stretching and
295 range-of-motion.
- 296 • Energy work which includes the treatment of the electromagnetic or energetic field
297 which surrounds, infuses and brings the body to life through the use of touch as
298 described in (1) above or through the use of non-contact techniques.

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- 299 • Client/patient assessment by health intake form, interview, observation of posture
300 and movement, palpation, range-of-motion assessment, [special tests](#), and with
301 permission, consultation with the client's other health care providers.
- 302 • The determination of whether massage therapy is indicated or contraindicated for
303 the client/patient.
- 304 • The determination of whether [referral](#) to another health care practitioner is
305 appropriate or necessary when the client's/patient's condition is determined by the
306 massage therapist to be beyond his or her scope of practice, skills and training.
- 307 • Formulation of an individualized treatment plan based on client assessment findings.
- 308 • Application of adjunct [modalities](#) which include hot and cold applications (such as
309 heat lamps, compresses, ice or hot packs, stones, etc.), hydrotherapy, topical herbal
310 (non-legend) applications (poultices, muds, packs, etc.), body wraps (for therapeutic
311 musculoskeletal, constitutional intentions) topical application of salts/sugars, tools,
312 vibrators/thumpers, aromatherapy.
- 313 • Using emollients which include oils, gels, lotions, creams, powder, rubbing alcohol,
314 liniments, antiseptics, ointments and other similar preparations.
- 315 • Documenting a client's health history, intake interview, assessment findings,
316 treatment and treatment outcomes as necessary.
- 317 • Obtaining at minimum a client's/patient's verbal [informed consent](#) prior to initiating
318 treatment.
- 319 • Guided Imagery for the intention of facilitating and supporting relaxation.
- 320 • Offering specific suggestions and recommendations of self-care and health
321 maintenance activities including but not limited to self-massage, self administered
322 hydrotherapy applications, stress-reduction and stress-management techniques,
323 effective breathing techniques, progressive relaxation exercises and meditation.
- 324 • Ethical business practices which shall include but not be limited to full disclosure of
325 fees and payment policies with the client/patient prior to providing massage therapy.
- 326 • External manipulation of soft tissue except for intraoral and intra nasal work. With
327 separate and adequate informed consent.
- 328 • Breast tissue massage. With separate and adequate [informed consent](#).
- 329 • Animal massage.

330 Section 140 What *is Not* Included in the Scope

331 **The following are NOT included in the Scope of Practice of Massage Therapists:**

- 332 • Diagnosis (western) of medical conditions or illness.
- 333 • The performing of surgery or invasive therapy.
- 334 • The [prescribing](#), dispensing, and administering of [legend](#) drugs.

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- 335 • [Genital](#), intra anal, intra vaginal manipulation or applications.
- 336 • High velocity-low amplitude, thrust force to any articulation of the human body as
337 performed in chiropractic, osteopathic or naturopathic adjustments.
- 338 • Manipulation of any body structure for the purpose of sexual arousal or gratification
339 of either the client or practitioner regardless of who initiates such illegal and
340 unethical activity.
- 341 • Bloodletting.
- 342 • Ear Candling.
- 343 • Application of ultrasound, electrotherapy, laser therapy, microwave therapy, injection
344 therapy, diathermy, electronic nerve stimulation of over thirty-five volts.
- 345 • Depilation, waxing, hair extractions, and electrolysis.

346 **The following are NOT included in the scope of practice of massage therapists,**
347 **however with additional education and training and with appropriate credentialing**
348 **and licensing these practices may enhance and complement the practice of**
349 **massage.** The list of therapies described below is not all inclusive but, rather, is meant
350 to act as a guide for those practitioners interested to either seek them out for the
351 benefits they can provide for the client, learn and add them to their own arsenal of
352 practice, or to align themselves with other health professionals who are credentialed
353 experts in these modalities for possible referral or co-management of the client:

- 354 • Acupuncture & Chinese Herbal Medicine.
- 355 • Chiropractic.
- 356 • Moxibustion.
- 357 • Western Herbalism.
- 358 • Diet & Nutritional [Counseling](#) including the recommendation of vitamins,
359 supplements and other nutraceuticals.
- 360 • Biofeedback.
- 361 • Bach Flower Remedies.
- 362 • Exercise: including Personal Fitness Training, Tai Chi Chuan, Qi Kung, Yoga
363 Instructor Training and the prescription of therapeutic strengthening exercises.
- 364 • Psychological Counseling.
- 365 • Hypnotherapy.
- 366 • Guided Imagery intended to support counseling intentions.
- 367 • Naturopathy.
- 368 • Homeopathy.
- 369 • Cosmetology for the specific practices intended to beautify and enhance the skin.

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370 • Colonic irrigation and other methods of internal hydrotherapy.

371 • Heliotherapy: the treatment of disease by use of sunlight.

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Section 200

Competency Requirements for a Massage Therapist in Terms of Knowledge, Skills and Abilities (KSA)

Section 210 Entry Level Massage Therapist KSAs

Section 210.1 Anatomy and Physiology

Knowledge, skills and abilities relating to anatomic structures and their locations along with their functions, interactions and relative medical terminology

Knowledge: Know and understand the anatomic structures and their locations along with their functions, interactions and relative medical terminologies and relate this information to the practice of massage therapy, indications, contraindications, cautions, and benefits.

Anatomic organization

- Levels of organization
 - Atomic
 - Chemical / elements
 - Molecular
 - Cellular
 - Structures and their functions
 - Types
 - Cell division
 - Tissues
 - Structure, organization and location of types of tissues
 - Epithelial
 - Muscular
 - Nervous
 - Connective
 - Membranes, their descriptions and functions
 - Organs
 - Types
 - Structures and functions
 - Organ system
 - Organism
 - Organic and inorganic compounds

408 **Anatomic structures and their functions**

- 409 • Body systems
 - 410 - Skeletal System
 - 411 - Muscular System
 - 412 - Cardiovascular System
 - 413 - Nervous System
 - 414 - Endocrine System
 - 415 - Lymphatic System
 - 416 - Respiratory System
 - 417 - Integumentary System
 - 418 - Digestive System
 - 419 - Urinary System
 - 420 - Reproductive system

421 **Metabolic Function**

- 422 • Anabolism and catabolism

423 **Homeostasis**

- 424 • Homeostatic mechanisms
 - 425 - Negative feedback
 - 426 - Positive feedback
- 427 • Hormonal and neural homeostatic regulators

428 **Body area identification**

- 429 • Body cavities
- 430 • Body sections
- 431 • Body regions

432 **Body positions and movements**

- 433 • Anatomic position
- 434 • Relative positions
- 435 • Body planes
- 436 • Axes
- 437 • Types of joint movement
- 438 • Joint structures
 - 439 - Joint locations, anatomic name, structure and classification
 - 440 - Relationships between joint structures and types of movement allowed

441

442 **Special demographics**

- 443 • Understand how the body changes and develops during normal life stages in the
- 444 following populations:

- 445 - Prenatal
- 446 - Perinatal
- 447 - Newborn
- 448 - Child
- 449 - Adult
- 450 - Elderly

451 **Human development**

- 452 • Stages of development

453 **Skills and Abilities**

- 454 • Locate and palpate accessible massage relevant anatomic structures.
- 455 • Recognize and modify massage in endangerment sites and areas of caution.
- 456 • Classify joints by type and location.
- 457 • Discuss anatomic structures, their functions and interactions using current medical
- 458 terminology.
- 459 • Read and interpret the current research/literature on anatomy and physiology as it
- 460 relates to massage and the effects of massage.

461 **Section 210.2 Kinesiology**

462 Knowledge, skills and abilities of movement as it relates to the anatomy and physiology
463 of the human body.

464
465 **Knowledge:** Understand movement, relevant anatomic structures, and physiologic
466 concepts as well as terminology.

467 **Body positions and movements**

- 468 • anatomic position
- 469 • relative positions
- 470 • body planes
- 471 • axes
- 472 • types of joint movement
- 473 - single joint movements
- 474 - complex movements

475 476 **Body mechanics of the client / patient.**

- 477
- 478 • Awareness of posture, use of body weight and movement and their affect on
- 479 application of massage therapy.
- 480 • Balance, equilibrium and stability as they relate to movement and function.

- 481 • Activities of Daily Living (ADL's) and their relation to the client / patient's quantity and
482 quality of movement and tissue tension.

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484 **Joint structure and function in relation to kinesthetic theories.**

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486 **Motion oriented physics theories and laws**

- 487 • [Law of inertia](#)
488 • [Law of acceleration](#)
489 • [Law of action reaction](#)
490 • [Forces or loads](#) in relation to mass
491 • Internal and external forces relevant to motion

492

493 **Terms of motion**

- 494 • [Elasticity](#)
495 • [Force](#)
496 • [Force of gravity](#)
497 • [Line of force](#)
498 • [Line of gravity](#)
499 • [Acceleration](#)
500 • [Distance](#)
501 • [Inertia](#)
502 • [Mass](#)
503 • [Momentum](#)
504 • [Plasticity](#)
505 • [Torque](#)

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507 **Neurologic Laws**

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509 **Components and characteristics of skeletal muscle tissue and the resulting effect 510 on movement**

- 511 • Types of skeletal muscle contractions
512 • Locations, attachments, and actions of skeletal muscles
513 • Skeletal muscle fiber direction
514 • Stretch reflexes and responses

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516 **Muscular interaction**

- 517 • Agonists
518 • Antagonists
519 • Synergists
520 • Fixators

521

522 **Range of motion (ROM)**

- 523 • Types of ROM. Active, passive, and resistive.

- 524 • Purpose and affect on structures and their function.
- 525 • Common joint classification
- 526 • Synovial joint movements
- 527 • Joint play
- 528 • Degrees of movement by joint and considerations of normal limits
- 529 • Approximation of origin to insertion by way of movement at the joint or by manual
- 530 shortening of muscle

531

532 **Stretching**

- 533 • Affects on tissue structure and function
- 534 • Purpose and uses
- 535 • End feel hard, firm, soft, vacant.
- 536 • Active
- 537 • Passive
- 538 • Active assisted
- 539 • Active resisted

540

541 **Resistive Range of Motion**

- 542 • Isometric
- 543 • Isotonic
 - 544 - Eccentric contraction
 - 545 - Concentric contraction
- 546 • Reciprocal inhibition
- 547 • Post isometric isolation
- 548 • Affects on tissue structure and function
- 549 • Purpose and uses

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551 **Posture & Movement**

- 552 • Healthy and pathologic
- 553 • Compensatory patterns
 - 554 - Muscular adaptations
 - 555 - Concept of symmetry

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557 **Biomechanics**

- 558 • Kinematic and kinetic principles as they relate to the practice of massage

559 **Skills and Abilities**

- 560 • Palpate bony attachments, muscle bellies, demonstrate primary actions, shorten,
- 561 lengthen, and apply an isometric resistive for all major muscles of the body.
- 562 • Demonstrate appropriate mechanics to facilitate development of client / patient
- 563 posture and movement in their activities of daily living. (ADL's).

- 564 • Demonstrate use of ROM principles in properly mobilizing joints for purposes of
565 assessment, treatment planning and treatment.
- 566 • Evaluate general movement compensatory patterns and develop a treatment plan to
567 address the findings.
- 568 • Evaluate posture, symmetry and gait patterns on a client / patient and apply
569 appropriate massage treatments.
- 570 • Apply basic physics neurological laws as they apply to massage therapy.
- 571 • Read and interpret the current research/literature on kinesiology as it relates to
572 massage and the effects of massage.

573 **Section 210.3 Pathology**

574 Knowledge, skills and abilities related to the physiological and psychological processes
575 resulting from injury and / or illness as they relate to Massage Therapy.

576 **Knowledge:** Understand physiologic processes resulting in/from injury and disease as
577 it relates to massage therapy.

578 **Common pathologies along with their etiology, signs / symptoms, complications,
579 and treatment as they relate to massage therapy.**

580

- 581 • Prevalent pathologies by body system
- 582 • Indications for massage therapy
- 583 • Local and absolute contraindications for massage therapy
- 584 • Cautions, adaptations, and limitations based on practitioners knowledge, skills and
585 abilities
- 586 • Proper sanitary procedures their purpose and use

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588 **Common disabilities and their specific restricting characteristics and
589 considerations in relation to massage therapy.**

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591 **Pharmacology**

- 592 • General classification and types of drugs
- 593 • Common over-the-counter and prescription drugs by type, their effects, and side
594 effects
- 595 • Herbs their effects and side effects
- 596 • Know methods of drug administration, massage considerations, and their responses .
- 597 • Know how to use PDR or NDR to look up drugs, their effects and side effects.

598

599 **Chronic versus acute onset**

- 600 • Definitions
- 601 • Massage considerations and cautions

602

603 **Dysfunctions caused by improper body mechanics**

604
605 **Inflammatory processes**

- 606 • Functions, effects on tissues/structures, effect of treatments, and contraindications
607 and adaptive measures.
608 • Effect of inflammation on threshold nerve receptors.
609 • Wound / tissue repair process
610 • Stages of healing – acute, sub-acute and maturation stages.

611
612 **Muscular pain patterns**

- 613 • Trigger point and referred pain
614 • Fascial planes/trains and their relation to trigger and meridian point pain/tenderness
615 and referred pain.

616
617 **Nociception and pain pathways; physiological processes, functions, effects on**
618 **tissues / structures, client/patient response.**

619
620 **Universal precautions for infection control and special methods for handling**
621 **biohazards.**

622
623 **Skills and Abilities**

- 624 • Conduct a client/patient health history and intake with an understanding of the
625 implications of reported pathologies on a massage treatment.
626 • Demonstrate how to adapt massage to client/patients based on pathologies
627 presented.
628 • Read and interpret the current research/literature on injury and pathology as they
629 related to massage and the effects of massage.
630 • Accommodate client/patients who have disabilities resulting from diseases or injuries.
631 • Apply universal precautions and procedures of infection control for the individual, the
632 equipment and the practice environment.

633 **Section 210.4 Massage Techniques, Physiologic and Psychological**
634 **Effects**

635 Knowledge, skills and abilities relating to massage applications and the resulting
636 physiologic and psychological effects

637 **Knowledge:** Understand massage applications and the resulting physiologic and
638 psychological effects.

639 **Massage applications**

- 640 - Types of soft tissue massage techniques and their functions / purposes
641 - Application of soft tissue massage techniques and within context

642

643 **Physiological Response**

- 644 • Anatomic structures
- 645 • Physiologic and biochemical processes
- 646 • Psychological processes
- 647 • Energy systems, meridians, and Qi
- 648 • Physiologic and pathologic processes of trauma, wound healing, and tissue repair
649 and their implications on the selection and application of a massage treatment
- 650 • Contemporary pain-control theories as they relate to the application of massage

651

652 **Client/patient positioning and draping**

- 653 • Positioning – supine, prone, side-lying and semi-recumbent.
- 654 • Use of supportive devices including bolsters, wedges, and rolls in relation to
655 client/patient.
- 656 - Position, comfort, and support
- 657 • Draping variations which maintain client/patient modesty, warmth and comfort while
658 allowing appropriate access for massage applications.

659

660 **Assessment**

- 661 • Process/methods of assessing and reassessing the status of the client/patient using
662 standard assessment techniques to determine appropriate massage treatment.

663

664 **Indications and benefits / Cautions**

- 665 • Specific applications of massage techniques and their potential benefits, desired
666 outcomes and specific precautions.
- 667 • Sequence of stroke application based on theoretical understanding, current tissue
668 condition and intended outcomes.
- 669 • Pressure and depth
- 670 • Rhythm and pacing
- 671 • Direction
- 672 • Duration
- 673 • Flow, drag, and continuity
- 674 • Use of equipment, tools, and appliances
- 675 • Positioning for ease of applications to facilitate achievement of intended outcomes.

676 **Psychophysiology**

- 677 • Chronic stress and trauma and their effects on all body systems.

678

679 **Energetic approaches**

- 680 • Describe the following energetic theoretical frameworks.

- 681 - Eastern Frameworks
- 682 - Chakras
- 683 - Body Currents
- 684 - Meridians
- 685 - Qi Points
- 686 - Western/Hybrid Frameworks
- 687 o Aura fields
- 688 o Poles (relating to polarity)
- 689 o Sound, vibration and color as energy expressions

690

691 **Muscle Energy Techniques (MET) (Definition, purpose and use)**

- 692 • Proprioceptive Neuromuscular Facilitation

693

694 **Documentation**

- 695 • Appropriate healthcare and wellness documentation for recording each session and
696 to track resulting outcomes.

697 **Skills and Abilities**

- 698 • Demonstrate use of multiple massage techniques and describe their proper use and
699 contraindications.
- 700 • Demonstrate varying rhythms / pace, depth, stroke sequence, and flow/continuity for
701 specific applications.
- 702 • Demonstrate the use of massage tools/equipment as applicable. Explain any
703 contraindications or indications for their use.
- 704 • Demonstrate the use of verbal and non-verbal communication to gain client/patient
705 feedback and explain its importance and the therapists appropriate response.
- 706 • Identify and provide supportive environment for a client/patient experiencing an
707 emotional release during a massage therapy session.
- 708 • Identify meridians, Qi points and chakras.
- 709 • Read and interpret the research / literature on touch as it relates to massage and the
710 effects of massage.
- 711 • Adjust the tempo, pace, rhythm, pressure, depth, direction and duration of the
712 massage strokes and techniques to be appropriate to the desired response and
713 current tissue condition.
- 714 • Recognize when a massage technique over stimulates the client/patient's autonomic
715 nervous system and make appropriate adjustments.

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- 716 • Regularly observe the client/patients whole body for autonomic activation while
717 working and adjust appropriately.
- 718 • Actively acknowledge the client/patient as they speak without directing, leading or
719 counseling.
- 720 • Avoid disruptive personal disclosure during application of massage.
- 721 • Demonstrate active and reflective listening with minimal disruption to the flow and
722 client/patient's experience of the massage.
- 723 • Ask open-ended explorative questions when needed to gain relevant information to
724 ensure appropriate application of massage while avoiding exploring perceived
725 underling psychological issues or being invasive to the client/patients experience.
- 726 • Apply techniques (including Muscle Energy and stretching techniques) based on
727 treatment plan as determined from evaluation of the assessment findings of the
728 client/patient.
- 729 • Demonstrate use of legally minimum documentation in relation to administration of
730 massage.
- 731 • Describe and interpret appropriate assessment procedures as they relate to the
732 selection and application of massage techniques.
- 733 • Interpret objective assessment results as a basis for developing individualized
734 massage treatment application.
- 735 • Interpret the results of an assessment and determine an appropriate massage to
736 address treatment goals.
- 737 • Describe appropriate methods of assessing progress and interpret the results.
- 738 • Obtain and interpret baseline and post treatment objective physical assessments to
739 evaluate and interpret results.
- 740 • Position and drape the client/patient for the application of massage.
- 741 • Select and apply appropriate massage techniques according to evidence-based
742 guidelines when available.
- 743 • Document subjective and objective findings, treatment goals, treatment and treatment
744 outcomes in accordance with minimum legal expectations for healthcare and
745 wellness professionals.
- 746 • Synthesize information obtained in a client/patient interview and assessment to
747 determine the indications, contraindications and precautions for the evidence-based
748 application of massage as is appropriate for common pathologies and
749 musculoskeletal issues and conditions.

750 • Formulate a progressive treatment addressing long and short-term goals (when
751 applicable) and appropriately apply the massage to obtain intended outcomes.

752 • Communicate and obtain informed consent prior to administering massage.

753 **Section 210.5 Therapeutic Modalities**

754 Knowledge, skills and abilities relating to the physiologic response to the application of
755 therapeutic modalities, proper application, indication and contraindications, and safety
756 considerations.

757 **Knowledge:** Understand the physiological response to the application of therapeutic
758 modalities, proper application, indication and contraindications, and safety
759 considerations.

760 **Physiological Response**

761 • Physiologic and pathologic processes of trauma, wound healing, and tissue repair
762 and their implications on the selection and application of therapeutic modalities as
763 used in conjunction with a massage treatment.

764 • Contemporary pain-control theories as they relate to the application of a therapeutic
765 modality.

766 • Body's physiologic responses during and following the application of therapeutic
767 modalities.

768 **Assessment**

769 • Process/methods of assessing and reassessing the status of the client/patient using
770 standard techniques and documentation strategies to determine appropriate modality
771 treatment.

772 **Application and Documentation**

773 • Appropriate medical documentation for recording progress for use with therapeutic
774 modalities.

775 • Manufacturers, institutional, state, and federal standards for the operation and safe
776 application of therapeutic modalities.

777 • Indications, contraindications, and precautions applicable to the application of
778 therapeutic modalities.

779 **Skills and Abilities**

780 • Describe and interpret appropriate measurement and assessment procedures as
781 they relate to the selection and application of therapeutic modalities.

782 • Interpret objective measurement results as a basis for developing individualized
783 therapeutic modality application and set-up (parameters).

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- 784 • Interpret the results of assessment and determine an appropriate therapeutic
785 modality program for the treatment goals.
- 786 • Determine the appropriate therapeutic modality application, progressive plan and
787 appropriate therapeutic goals and objectives based on the initial assessment and
788 regular reassessments.
- 789 • Describe appropriate methods of assessing progress when using therapeutic
790 modalities and interpret the results.
- 791 • Obtain and interpret baseline and post treatment objective physical measurements to
792 evaluate and interpret results.
- 793 • Inspect the therapeutic modalities and treatment environment to ensure compliance
794 with hygienic practices for universal precautions and for potential safety hazards.
- 795 • Position and prepare the client/patient for the application of therapeutic modalities.
- 796 • Select and apply appropriate therapeutic modalities according to evidence-based
797 guidelines.
- 798 • Document treatment goals, expectations, and treatment outcomes.
- 799 • Synthesize information obtained in a client/patient interview and assessment to
800 determine the indications, contraindications and precautions for the selection,
801 client/patient set-up, and evidence-based application of therapeutic modalities for
802 injuries in the acute, sub-acute and maturation stages of healing.
- 803 • Formulate a progressive treatment plan and appropriately apply the modalities.
- 804 • Communicate with the client/patient to establish informed consent eliciting and
805 conveying information about the client/patient's status and the recommended
806 modality(s) and potential outcomes (including potential adverse reactions).
- 807 • While maintaining client/patient confidentiality, all aspects of the treatment plan
808 should be documented using standardized record-keeping methods.
- 809 • Read and interpret the research / literature on therapeutic modalities as it relates to
810 massage and the effects of massage.

811 **Section 210.6 Body Mechanics and Self Care**

812 Knowledge, skills and abilities relating to body mechanics for self care and application
813 of techniques.

814 **Knowledge:** Understand the body mechanics for self care and application of
815 techniques.

816 **Body Mechanics of the therapist to optimize application while minimizing adverse**
817 **effects and supporting longevity in the field**

- 818 • Posture and structural alignment of bones and joints
- 819 • Use of body weight and leverage
- 820 • Application of compressive force
- 821 • Balance and balance point
- 822 • Counterpressure
- 823 • Foot positions and stances
- 824 • Movement around table to enhance flow of massage while minimizing disruptions.

825

826 **Table and chair mechanics**

- 827 • Table / chair height adjustment based on size and shape of client/patient, type of
- 828 massage applications to be administered and intended outcomes of massage.
- 829 • Mechanics involved in the use of floor mats and other massage tools.

830

831 **Self Care**

- 832 • Breathing practices
- 833 • Awareness of muscle tension, pain and fatigue
- 834 • Self massage techniques
- 835 • Stress management
- 836 • Self-administered hot and cold hydrotherapy and related therapeutic modalities.
- 837 • Boundary practices (physical, mental, emotional, spiritual, energetic).
- 838 • Practice skills advancement and diversification through continuing education.

839 **Other lifestyle choices and their effect on personal health for the therapist.**

- 840 • Nutrition
- 841 • Sleep
- 842 • Regular physical activity and its benefits
- 843 • Social and spiritual considerations

844 **Wellness model**

- 845 • Lifestyle and wellness choices

846 **Burnout**

- 847 • Recognize, prevent and manage professional burnout.

848 **Skills and Abilities**

- 849 • Demonstrate proper body mechanics during application of therapeutic techniques.
- 850 • Use proper body mechanics for injury prevention of the massage therapist and the
- 851 client/patient.
- 852 • Demonstrate the proper body mechanics during massage application.
- 853 • Correct set up and adjustment of a massage table, chair, and other massage related
- 854 equipment.

- 855 • Demonstrate proper client/patient draping techniques.
- 856 • Demonstrate correct client/patient positioning based on specific client/patient needs.
- 857 • Identify and adopt self care practices which support personal and professional goals,
858 prevent injury and burnout and enhance longevity in the field.
- 859 • Read and interpret the research / literature in touch as it relates to massage and the
860 effects of massage.

861 **Section 210.7 Assessment, Treatment Planning and Documentation**

862 Knowledge, skills and abilities relating to practices, procedures & relative terminology of
863 assessment treatment planning, and documentation.

864 **Knowledge:** Understand all aspects of assessment process, procedures & relative
865 terminology.

866 **Understand the science, application, philosophy, legal and ethical factors** 867 **involved in client/patient assessment.**

- 868 • Communication (verbal and nonverbal).
- 869 • Client/patient consultation, health history, and intake procedures / documents.
- 870 • Subjective client/patient information.
- 871 • Objective finding gained through observation and palpation.
- 872 • Postural and functional evaluation.
- 873 • Plan of treatment based on client/patient assessment, client/patient goals (long and
874 short term).

875

876 **Physical assessment**

- 877 • Performance testing
- 878 • Functional biomechanical testing
- 879 • Palpation

880

881 **Basic client/patient documentation components**

- 882 • Informed consent
- 883 • Waiver of liability
- 884 • Medical release
- 885 • Health history and current condition/status

886

887 **Basic healthcare documentation components**

888 **Treatment plan**

- 889 • Purpose
- 890 • Collection of information
- 891 • Interpretation
- 892 • Development

- 893 • Contents
- 894 • Outcomes

895
896 **HIPAA regulations that apply to Massage Therapy.**

- 897 • Client /patient confidentiality

898 **First Aid and CPR – American Red Cross or equivalent**

899 **Skills and Abilities**

- 900 • Demonstrate the ability to conduct a client/patient interview including a health history
901 form and client/patient consultation.
- 902 • Read and interpret client/patient intake and health history form.
- 903 • Determine appropriate treatments based on client/patient health history, intake form,
904 and client/patient consultations (initial and follow-up).
- 905 • Possess effective communication skills including writing listening and speaking.
- 906 • Perform assessment procedures including visual, auditory, verbal, written, and
907 physical evaluation / palpation.
- 908 • Perform basic posture and movement analysis.
- 909 • Formulate a treatment plan based on finding from a health history, intake interview
910 and assessment process.
- 911 • Generate relevant charting documentation.
- 912 • Prepare, maintain, safeguard client/patient records in accordance with federal, state
913 and municipal laws.
- 914 • Explain chosen techniques and relate the choice back to the physiological,
915 psychological, and anatomical effectiveness of the technique.
- 916 • Describe how to refer client/patient to appropriate healthcare provider when
917 client/patient's needs exceed the skills and abilities of the practitioner or are outside
918 the massage therapy scope of practice.
- 919 • Explain a treatment plan, intended outcomes, potential adverse outcomes to the
920 client/patient gaining informed consent to include framework for how to modify the
921 plan based upon feedback.
- 922 • Identify and appropriately respond to medical emergencies using applicable first aid
923 and CPR as needed.
- 924 • Observe and identify signs of autonomic (sympathetic and parasympathetic) nervous
925 system activation.

926 **Section 210.8 Research Literacy**

927 **Knowledge:** Understand the necessity and process of scientific investigation, its
928 importance to the massage profession, literature review skills, and relevant terminology.

- 929 • The origins and the development of the current body of knowledge for massage
930 therapy.
- 931 • The scientific process and its importance to evidence based medicine.
- 932 • The importance of the peer-review process and critical appraisal.
- 933 • Inquiring mind and questioning current practice.
- 934 • Evidence based medicine.
- 935 • Digital literacy skills, the effective use of search engines, and use of on- line
936 databases for literature review.
- 937 • Skills and habits that keep the therapist informed and up-to-date on current massage
938 research.
- 939 • Key components of research methodologies including quantitative and qualitative
940 research design, comparisons, control groups, independent and dependant variables,
941 levels of clinical trials, and confounding factors.
- 942 • Standard statistical analysis.
- 943 • Basic types of scientific articles and when each is used.
- 944 • Scientific misconduct, research ethics, and their importance in the peer-review
945 process.
- 946 • Human subjects and animal use review process and role of Institutional Review
947 Boards (IRB)

948 **Skills and Abilities**

- 949 • Demonstrate the ability to find and use scientific databases, search the literature on a
950 specific topic, and obtain a copy of an peer-reviewed article.
- 951 • Explain the difference between popular literature and a peer-reviewed article.
- 952 • Define key parametric and non-parametric statistical tests.
- 953 • Demonstrate how to formulate a research question.
- 954 • Explain how to create a case study.
- 955 • Read and assess current literature for strengths and weaknesses’.

- 956 • Identify underlying assumptions, limitations and strengths of a variety of research
957 methodologies including case studies.
- 958 • Communicate current research knowledge to client/patients, colleagues and the
959 public, and using scientific knowledge to support massage as a profession.
- 960 • Explain how to support, collaborate and participate in massage therapy research at
961 all its levels.

962 **Section 210.9 Overview of Massage and Bodywork History / Culture**

963 Knowledge, skills and abilities relating to origins and the development of the massage &
964 bodywork profession.

965 **Knowledge:** Understand origins and the developments of the Massage & bodywork
966 profession.

967 **Understand the history of massage & bodywork**

- 968 • Global and local developments of massage therapy and its historical applications.
969 • Integration of massage into Eastern and Western medicine and culture.
- 970 - Countries and cultures that influenced the creation and development of massage
971 therapy and related practices.
- 972 • Societal view of massage across time.
973 • Knowledge of founding individuals of massage methods.

974 **Overview of influences on contemporary massage**

- 975 • Practice setting/environmental influences.
976 • Cultural influences related to massage therapy.
977 • Social awareness and acceptance of massage therapy.
978 • Use of manual therapy techniques by other allied health professionals.
- 979 - Relationships between these different groups.
980 - Legal overlaps and potential areas of friction between professions.

981 **Skills and Abilities**

- 982 • Explain the history of massage therapy and explain how this history influences
983 today's practice.
- 984 • Describe cultural and social adaptations that have and continue to impact the
985 development, advancement and evolution of massage.

986 **Section 210.10 Business Practices, Laws and Regulations**

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987 Knowledge, skills and abilities relating to business practices, legal requirements, and
988 professionalism as related to massage therapy.

989 **Knowledge:** Understand business practices, legal requirements and professionalism.

990 **Municipal, state, and national laws and regulations**

- 991 • Importance of regulation on massage practice, quality, professional reputation and
992 growth of the profession.
- 993 • Applicable state and local license certification and registration laws and certification
994 as a profession status.
 - 995 - Understanding the difference between and expectations of legal vs. profession
996 status.
 - 997 - Responsibility to stay current with changes in laws and rules.
 - 998 - Fiduciary responsibility as a licensed/regulated profession.
 - 999 - Outlining legal differences and similarities between states.

1000 **Business practices**

- 1001 • Employment overview
 - 1002 - Types of business entities, venues, and legal requirements
 - 1003 - Responsibilities associated with being the employee and employer
 - 1004 - Key components of contracts for sole proprietors vs. employment agreements for
1005 employees and related legal differences between them
- 1006 • Marketing
 - 1007 - Basic marketing principles, advertising, networking and their application to massage
1008 therapy.
 - 1009 - Common core marketing tools – resume, cards, flyers, brochures.
- 1010 • Insurance for practitioner and practice
 - 1011 - Liability and malpractice
 - 1012 - General or premise liability
- 1013 • Insurance billing basics
 - 1014 - CMS1500 – Universal billing form.
 - 1015 - Understanding terms and expectations.
 - 1016 - Key contract considerations with being a preferred provider.
- 1017 • Financial
 - 1018 - Basic financial requirements and responsibilities as both a practitioner as an
1019 employee, a sole proprietor engaged in independent contracting or as a business
1020 owner employer.
 - 1021 - National, state and local tax requirements.
 - 1022 - Fiscal accountability and integrity.
- 1023 • Administration

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- 1024 - Responsibilities and requirements of running a massage practice
- 1025 - Recordkeeping securing and maintaining
 - 1026 ○ Client/patient records
 - 1027 ○ Financial records
 - 1028 ○ Business license practice records

1029 **Scope of practice**

- 1030 • Massage therapy regulations at the local, state and national level and how these
- 1031 affect a massage practice.
- 1032 • Awareness of violation of state, national or local laws regarding the practice of
- 1033 massage therapy.

1034 **Professional organizations**

- 1035 • Importance of professional involvement at the local, state, and national level.

1036 **Professionalism in business**

- 1037 • Awareness of business etiquette in verbal, non-verbal, written, and electronic
- 1038 communications.
- 1039 • Legal terminology as related to licensure and certification.
- 1040 • Types of business communications and related trends in communication.
- 1041 • Benefits of networking amongst peers and between professions.
- 1042 • Referrals – practices, legalities and ethics – risks and responsibilities.
- 1043 • Continuing Education
 - 1044 - Applicable legal and professional responsibilities and requirements.
 - 1045 ○ Ethics relating to marketing and level of training received through CE's.
- 1046

1047 **Skills and Abilities**

- 1048 • Write a resume and basic business letter.
- 1049 • Write a business plan and mission statement.
- 1050 • Develop practice policies that reflect boundaries and expectations.
- 1051 • Obtain proper / applicable insurance.
- 1052 • Maintain current licensure, permits, and certification where applicable.
- 1053 • Abide by laws and standards that govern the profession.
- 1054 • Uphold professional standards of practice and standards of care.
- 1055 • Demonstrate ethical and professional behavior and presentation consistent with
- 1056 standards in the massage therapy field.

- 1057 • Behave in a trustworthy and responsible manner and is truthful in all professional
- 1058 settings.
- 1059 • Demonstrate and explain marketing techniques and methods.
- 1060 • Read and interpret a contract or proposal or solicit the services of someone who can.
- 1061 • Build a support network and develop a contact list for referrals.
- 1062 • Maintain basic financial records.
- 1063 • Follow acceptable accounting, bookkeeping, and monetary practices.
- 1064 • Follow current tax laws.
- 1065 • Seek consultation/counseling/mentorship to deal with issues (business, personal or
- 1066 therapeutic) that arise during practice.
- 1067 • Discuss during the initial meeting practitioner and client/patient boundaries and
- 1068 responsibilities in the business/therapeutic relationship.
- 1069 • Continue education and expand knowledge of new and developing information and
- 1070 techniques that benefit client/patients, practice, and self.

1071 **Section 210.11 Boundaries, Ethics and the Therapeutic Relationship**

1072 Knowledge, skills, and abilities relating to professional boundaries and ethics in relation
1073 to the development and maintenance of therapeutic relationships.

1074 **Knowledge**

1075 **Therapeutic relationship**

- 1076 - Description and components
- 1077 - Therapist / client/patient interaction and communications
- 1078 - Self disclosure and confidentiality
- 1079 - Personal and professional boundaries
- 1080 - Trauma and shock
- 1081 - Dual relationships
- 1082 - [Transference / Countertransference](#)
- 1083 - Empathy
- 1084 - Compassion
- 1085 - [Body language](#)
- 1086 - Therapeutic environment
- 1087 - Self regulation
- 1088 - [Attunement](#)
- 1089 - Interpersonal central nervous systems
- 1090 - Inter-subjectivity
- 1091 - [Affective neuroscience](#)
- 1092 - Interoceptive Awareness
- 1093 - [Loving kindness](#)

1094 **Ethics**

- 1095 • Code of ethics
- 1096 • Harassment, prejudice, and discrimination in the workplace
- 1097 - Ethical and legal considerations and ramifications
- 1098 • Ethical challenge of mediating adverse impact of beliefs and biases in the
- 1099 therapeutic relationship.

1100 **Sexual misconduct**

- 1101 • Definition
- 1102 • Misconduct by the client/patient or the therapist
- 1103 • Recognition and appropriate responses
- 1104 • Ethical and legal ramifications

1105 **The mind, body and spirit connection**

- 1106 • [Healing processes](#)
- 1107 • [Therapeutic processes](#)

1108 **Skills and Abilities**

- 1109 • Respect professional boundaries of other health care providers involved in your
- 1110 client/patient's care.
- 1111 • Establish, communicate and maintain healthy professional boundaries.
- 1112 • Demonstrate ethical behaviors with client/patients, peers and other profession.
- 1113 • Establish and maintain an environment of emotional safety and trust for the
- 1114 client/patient.
- 1115 • Convey a sense of dignity and respect, in both actions and words, towards
- 1116 client/patients, colleagues, and the profession.
- 1117 • Stay mentally and emotionally present with the client/patient while working.
- 1118 • Demonstrate consistent patience in dealing with others.
- 1119 • Avoid situations that create conflicts of interest and dual relationships
- 1120 • Recognize [transference](#) and [countertransference](#) and, when needed, take
- 1121 appropriate steps to reduce its negative impact on the therapeutic relationship.
- 1122 • Be thoroughly familiar with and operate under a rigorous code of ethics.
- 1123 • Safeguard the client/patient's anonymity.
- 1124 • Practice with competence & within the individual knowledge, skills and abilities and
- 1125 legal limits of the massage profession.
- 1126 • Use only appropriate body parts to apply massage techniques and avoid of
- 1127 accidental and/ or inappropriate body part / area contact.

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- 1128 • Do not sexualize communications, initiate or engage in sexualized or sexual contact
1129 with client/patients regardless of who initiates.
- 1130 • Communicate boundaries in appropriate professional manner without blaming or
1131 shaming the client/patient.
- 1132 • Terminates a session when a client/patient violates and is unwilling to respect a
1133 therapist's professional boundaries.
- 1134 • Communicate with a fellow therapist about their alleged or perceived unethical or
1135 illegal behaviors.
- 1136 • Follow proper reporting processes relating to unethical behavior of other therapists
1137 and other health care professionals.
- 1138 • Refrain from using substances that would interfere with the ability to make ethical
1139 decisions.
- 1140 • Do not discriminate against a client/patient's race, color, religion, gender, sexual
1141 preference, national origin, age, disability, handicap, health status, physical
1142 appearance (including size and shape) marital status or veteran's status.
- 1143 • Demonstrate maintenance of boundaries while applying massage and appropriately
1144 supporting client/patients deeply experiencing and/or expressing emotion, mind and
1145 spirit.
- 1146 • Demonstrate appropriate communications during a session which address client
1147 intentions vs. the professional personal issues story.
- 1148

1149 **Section 300**

1150 **Terminology**

1151 **Acceleration** – Change of velocity over time.

1152 **Affective Neuroscience** – The academic domain describing how human brains
1153 develop and grow in relationship to one another from birth through the life span. The
1154 same developmental dynamics occurring in early attachment and bonding experiences
1155 between a caregiver and a child occur in adult relationships, especially between a client
1156 and a therapist including some sessions of massage therapy. See [Attunement](#),
1157 [Attention](#) and [Self Regulation](#).

1158 **Application** – That which is applied. In terms of massage –manual application of
1159 therapeutic intervention be it massage technique or modality/physical agent.

1160 **Assessment** – An appraisal or evaluation of a client/patient’s condition, based on
1161 health and medical history, client/patient’s account of their symptoms and functional
1162 data gathered by means of observation, palpation, range of motion, movement, and
1163 special tests as applicable, and relating to determining a person’s ability to perform
1164 everyday tasks and activities of daily living.

1165 **Attention** - two kinds:

- 1166 • **Focused Attention:** the capacity to observe and be aware of how and where the
1167 hands and body of the therapist are located while giving a massage.
- 1168 • **Unfocused Attention:** capacity to observe and be aware of the surrounding
1169 environment during a massage such as the treatment room, outer office space and
1170 weather outside the windows, etc. Sometimes called **exteroceptive awareness**.

1171
1172 Nervous systems naturally shifts attention in a rhythmic pattern within a range of
1173 possible times.. See [Attunement](#), [Tempo](#) and [Pacing](#).

1174 **Attunement** – To harmonize and create a sympathetic relationship, the capacity of the
1175 massage therapist to harmonize between his/her body-mind and the body-mind of the
1176 client. This occurs with the therapist attending to the interaction using a slow tempo and
1177 rhythmically shifting focus during a massage engaging the central nervous system,
1178 maintaining the relationship as a type of dance. See [Tempo](#).

1179 **Body Language** – The way in which posture, hand gestures, eye contact, facial
1180 expressions, vocal tones and body movements and energy expressions non-verbally
1181 convey feelings and emotions between two people, especially the client and therapist.
1182 Body language is also a nervous system activity oriented to present time rather than the
1183 past. In addition, the body mechanics of a massage therapist which is a form of body
1184 language may convey information to the client such as comfort and ease or there
1185 opposite. See [Intersubjectivity](#).

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1186 **Complementary and Integrative Medicine (CIM) Practices** – Formerly CAM
1187 (complementary and alternative medicine) practices. A term used by the National
1188 Institute of Health (NIH) to begin forming a bridge between allopathic and natural
1189 healing methods through research and dialogue. Massage therapy in general is also
1190 defined as a CIM practice.

1191 **Circulatory Fluids** – Fluids that move in a regular course within the body. Those
1192 applicable to massage include blood, lymph, cerebrospinal and interstitial.

1193 **Client** – A patient of a healthcare professional¹ or a patient of a wellness professional.

1194 **Client Centered Therapy** - A therapeutic relationship model that empowers the client to
1195 discover the meaning and cause of his or her symptom complex. The massage
1196 therapist is a body educator or guide and teaches the client about the structure and
1197 function of their body. This is in order for the client to form a deeper relationship with the
1198 intelligence of his or her own body. Each client is seen to be at a different stage of
1199 knowing and understanding the intelligence of their body and is therefore unique.
1200 Consequently the massage therapist offers no unsolicited advice, opinions, personal
1201 stories, interpretations or impressions from the massage outside of known research and
1202 scope of practice.

1203 **Compassion** - The heartfelt intention to see the pain and suffering in the client be
1204 removed or eliminated. It is present from birth as part of human nature and can be
1205 damaged from early experiences of relational shock and trauma. The felt sense of
1206 compassion is typically centered around the chest and heart as sensations of warmth
1207 and tenderness. See [Loving Kindness](#).

1208 **Counseling** – Professional guidance in resolving personal conflicts and emotional
1209 problems ²

1210 **Countertransference** - The unconscious, un-owned and un-integrated feelings and
1211 emotions of a therapist that are projected onto the client as part of the undercurrent in a
1212 therapeutic relationship. See [Transference](#), [Resonance](#), [Body Language](#),
1213 [Intersubjectivity](#) and [Interpersonal Central Nervous Systems](#).

1214 **Deep Tissue** – Tissues below the surface or superficial tissues. This term is commonly
1215 misused to describe a general category of techniques which address specific structures.
1216 The task force purposes a more accurate use of language in relation to the intention of
1217 “deep tissue work” to better describe the level of tissues being treated and more
1218 descriptive to the techniques applied regardless of the force/pressure being exerted or
1219 level of discomfort/pain experienced during and/or resulting from the application.

1220 **Diagnosis** –

1221 • **Western Medical** – Term denoting the disease or syndrome a person has or is
1222 believed to have. This is determined through use of skillful methods to establish the

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1223 cause and nature of a person's illness and involves assessment AND laboratory data,
1224 and medical special tests such as radiography, CAT and MRI scan, etc. Performed
1225 by a primary care provider.

1226 • **Eastern Medical** – Term denoting the disease or syndrome a person has or is
1227 believed to have. This is determined through the application of Traditional Chinese
1228 Medical (TCM) principles for assessing, diagnosing and evaluating the body's
1229 energetic system and involves the use of skillful methods to establish the cause and
1230 nature of a person's illness in TCM terms using methods of assessment and
1231 evaluation that include the Four Pillars of Examination: observation (including tongue
1232 diagnosis), listening, asking, and touching (including pulse and hara diagnosis).
1233 Assessments are based primarily on TCM parameters relating to the balance and
1234 circulation of the Five Essential Substances of the body: Qi (energy of the channel
1235 system), Jing (vital essence), Shen (consciousness), Xue (blood), Jin-ye (fluids).

1236 **Discipline** – A subject or field of activity or branch of instruction or training, a set of
1237 rules or regulation, relating to behavior in accordance with a code of conduct.

1238 **Distance** – Linear displacement.

1239 **Elasticity** – The property of a material or substance demonstrated by its ability to
1240 change its length, volume, or shape in response to a deforming force and return to its
1241 original form upon the removal of the force.

1242 **Emollients** – An agent that softens and soothes the surface, to which it is applied,
1243 usually the skin.

1244 **Empathy** - Objective ability to attend to what another person is feeling. This capacity is
1245 a function of what are called mirror neurons recently discovered in the brain and heart
1246 that allows one to recognize and/or feel another person's emotional state. Thus it is
1247 present from birth through the life span. This part of the brain can easily be damaged
1248 from early relational trauma. Research implies that some forms of massage therapy
1249 may have the potential to restore this neurological function.

1250 **Energy** - In western physics, energy is a physical quantity that describes the amount of
1251 work that can be performed by a force. Different forms of energy include kinetic, latent,
1252 potential, radiant, thermal, gravitational, sound, light, elastic, and electromagnetic
1253 energy.

1254 In biology, energy is an attribute of all biological systems from the biosphere to the
1255 smallest living organism. Within the body it is responsible for growth and development
1256 of a cell. Thus energy, from a western science point of view, is often said to be stored
1257 by cells as carbohydrates (including sugars) and lipids, which release energy when
1258 reacted with oxygen. In the human body, for a given amount of energy expenditure, the
1259 relative quantity of energy needed for human metabolism is called the basal metabolic
1260 rate.

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1261 In eastern medical systems such as Ayurveda (India), Tibetan Medicine and Traditional
1262 Chinese Medicine (TCM), energy is associated with the movement and activity of what
1263 is called “life force”, “prana” (India), “qi” (China), “ki” (Japan) in the body. The life force is
1264 a subtle energy that has the qualities of being a force that creates, maintains and
1265 restores the human body. It is organized into meridians or elemental orientation in TCM
1266 and focal points called Chakras in Ayurveda and Tibetan Medicine. Systems of a
1267 manual therapy have derived from these Eastern medical systems that work with the
1268 subtle energy of the life force.

1269 **Fiduciary Responsibility** – Entrusted with the responsibility to and for the benefit of
1270 another.

1271 **Force of Gravity** – An influence on a body or system, producing or tending to produce
1272 a change in movement or in shape.²

1273 **Force or Load Types** – A push, pull, tension, compression, bending, shearing, torsion,
1274 combined loading of energy.

1275 **Genitalia, Genitals** – Organs of generation; reproductive organs

- 1276 • Male genitals include two bulbourethral glands, two ejaculatory ducts, and two glands
1277 producing spermatozoa, the penis with urethra, two seminal ducts, two seminal
1278 vesicles, two spermatic cords, the scrotum and the prostate gland.
- 1279 • Female genitals include external – vulva, mons venerius, labia majora and minora,
1280 clitoris, fourchet, fossa navicularis, vestibule, vestibular bulb, Skene’s gland, glands
1281 of Bartholin, hymen and vaginal introitus; internal – two ovaries, two fallopian tubes,
1282 uterus and vagina.²

1283 **Healing Process** - The developmental capacity to discern the meaning of personal pain
1284 and suffering and transform it into a healthy outcome. Not usually time dependent. See
1285 [Therapeutic Process](#).

1286 **Holistic Health** – has two aspects:

- 1287 • The belief that health is never lost in one’s body and that the role of the massage
1288 therapist is to use skills and techniques that first are aligned with and then support
1289 the pre-existing health in the body regardless of the presence of disease or illness.
1290 Based on the Osteopathic concept that all systems of the body have the capacity to
1291 self-correct and normalize under optimal conditions.
- 1292 • The belief that health is an interconnected state between the natural wisdom of the
1293 body, the wisdom of the natural world and environment and their mutual connection
1294 to a spiritual dimension. Encompasses many diverse, complementary and integrative
1295 medical practices (CIM). Includes forms of massage therapy. See [Wellness Model](#).

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1296 **Hormonal Regulation** – Release of hormones to help maintain homeostasis. Example
1297 is the hormones (insulin and glucagon) to regulate blood sugar.³

1298 **Inertia** –The tendency of a body to remain in its state (at rest or in motion) until acted
1299 upon by an outside force.

1300 **Informed Consent** - Consent to treat gained from a client/patient to include treatment
1301 goals, techniques/applications to be administered and where on the body, intended
1302 outcome, potential adverse effects and agreement for how changes may be made once
1303 the session begins.

1304 **Interoceptive Awareness** – The conscious ability to pay attention and be aware of
1305 visceral sensation in the body, especially the heart and cardiovascular system but also
1306 all the other organ systems of the body.

1307 **Interpersonal Central Nervous Systems** – Sometimes called **neurolation** – The way
1308 in which the nervous systems of the therapist and especially the client establish safety
1309 and trust. This is done by accessing early unconscious memories and comparing them
1310 to the present experience in the therapeutic relationship. This happens in the limbic
1311 system as a processing called [resonance](#) between the brains of the client and therapist.
1312 Safety and trust are the necessary foundations of a therapeutic relationship that
1313 promotes successful health outcomes. See [Body Language](#) and [Resonance](#).

1314 **Intersubjectivity** – The way in which a part of the nervous systems and bodies of both
1315 client and therapist orient to present time in a therapeutic relationship. [Body language](#)
1316 is an expression of intersubjectivity. Research indicates that heightened awareness of
1317 body language produces better health outcomes.

1318 **Joint Play** –

- 1319 1. Motions of sliding, rolling, spinning, compressing that occur between bony surfaces
1320 within a joint when the bones move through ranges of motion.
- 1321 2. The distensibility or “give” of the joint capsule and ligaments that allows motion to
1322 occur between bony partners within a joint.¹

1323 **Law of Acceleration** – The [acceleration](#) of a body is directly proportional to the force
1324 causing it, takes place in the same direction in which the force acts, and is inversely
1325 proportional to the mass of the body.

1326 **Law of Action-Reaction** – For every action there is an equal and opposite reaction

1327 **Law of Inertia** – A body remains at rest or in constant linear velocity except when
1328 compelled by an external force to change its state. A force is required to start, stop or
1329 alter linear motion. The same law relating to rotational motion states that a body
1330 remains at rest or in constant angular velocity about an axis of rotation unless
1331 compelled by an external torque to change its state.

- 1332 **Legend Drugs** – Any restricted medication requiring prescription.
- 1333 **Line Of Force** – Direction of a muscles force
- 1334 **Line Of Gravity** – Direction of the gravitational force on a body
- 1335 **Loving Kindness** – The heartfelt intention to wish that another person be happy and
1336 know the sources of happiness. This includes behaviors that support happiness such as
1337 some forms of massage therapy. It is present from birth through the life span and can
1338 be easily damaged from early relational trauma. The felt sense of loving kindness is
1339 heat especially in the hands. See [Trauma](#) and [Shock](#).
- 1340 **Mass** – Quantity of matter in an object; influences the object’s resistance to a change.
- 1341 **Massage Therapy Equivalent Terms** – Massage, therapeutic massage, body
1342 massage, myotherapy, massotherapy, body massage, body rub, massage technology,
1343 bodywork, bodywork therapy, somatic therapy, or any deviation of those terms.
- 1344 **Massage Therapist Equivalent Terms** – Massage practitioner, massage technologist,
1345 massage technician, masseur, masseuse, massotherapist, bodyworker, bodywork
1346 therapist, somatic therapist, or any deviation of those terms.
- 1347 **Mobilization** – The process of making a fixed part movable or releasing stored
1348 substances, as in restoring motion to a joint, freeing an organ, or making available
1349 substances held in reserve in the body as glycogen or fat.
- 1350 **Modality** –
- 1351 1. A method of application or the employment of any therapeutic agent; limited usually
1352 to physical agents and devices.
- 1353 2. Any specific sensory stimulus such as taste, touch, vision, pressure or hearing.
- 1354 **Physical agent** – A form of therapy used in rehabilitation that produces a change in soft
1355 tissue through light, water, temperature, sound or electricity. These include
1356 transcutaneous electrical nerve stimulation units, ultrasound, whirlpool, hot and cold
1357 packs, and other modalities.¹
- 1358 **Momentum** – Mass times linear or angular velocity
- 1359 **Neural Regulations** – Stimulation or inhibition of neural transmissions to help maintain
1360 homeostasis. Example is activation of parasympathetic (craniosacral) outflow to slow
1361 respiration and heart rate.⁴
- 1362 **Neuromuscular re-education** – Training to develop and restore muscular tone and
1363 activity by way of activation of both nerves and muscles.
- 1364 **Non-Maleficance** – Do no harm and prevent harm from happening

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1365 **Pacing** – The ability of the massage therapist to work rhythmically during a massage by
1366 taking appropriate pauses and breaks that allows the autonomic nervous system of the
1367 client to more deeply integrate the massage and achieve homeostasis. See
1368 [Psychophysiology](#), [Shock](#), [Trauma](#) and [Tempo](#).

1369 **Patient** – One who is receiving care including those with or without demonstrable illness
1370 or injury.

1371 **Plasticity** – Property of a material demonstrated by remaining permanently deformed
1372 after the removal of a force.

1373 **Prescription** – An oral or written direction or order for dispensing and administering a
1374 healthcare intervention that includes:

- 1375 • Superscription – recipe
- 1376 • Inscription – ingredients and vehicle for delivery
- 1377 • Subscription – directions to the dispenser
- 1378 • Signature – directions to the patient with regard to the manner and dosage of
1379 application.

1380 **Psychophysiology** – The academic domain that studies the effects of overwhelming
1381 stress, trauma and shock on the body, mind and spirit. It is estimated that 80% of our
1382 clients have experienced overwhelming stress in their life. See [Shock](#), [Trauma](#), [Pacing](#)
1383 and [Tempo](#).

1384 **Recommendation** – The suggestion or endorsement of something as most worthy, a
1385 favorable reference about somebody or something, or other endorsement of desirability,
1386 the best course of action for consideration.

1387 **Referral** – The practice of sending a client/patient to another practitioner or specialist
1388 for consultation or service.

1389 **Resonance** – The way in which the brain and heart of the client communicates to the
1390 brain and heart of the therapist and vice versa. [Body language](#) is the primary form of
1391 this non-verbal communication. Each brain recreates the feeling tone of the other
1392 person based on resonance and body language. See [Intersubjectivity](#).

1393 **Remediation** – To relieve or cause a correction.

1394 **Self Regulation** – The conscious ability of the prefrontal areas of the brain to down
1395 regulate stressful and emotional states in the body while in relationship with another
1396 person (as well as when alone). This is called “top/down” regulation that occurs slowly
1397 and begins with a thought and leads to a new behavior. Massage therapy supports self
1398 regulation through a “bottom/up” process of relaxing the body which in turn influences
1399 the brain to think more clearly. The pre frontal areas of the brain get connected during
1400 infancy through the loving touch and care of a mother and are thus stimulated through

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- 1401 the loving touch of a massage therapist. Massage therapy in general promotes healthy
1402 self regulation. Also refers to the Osteopathic concept that all systems of the body are
1403 self regulating. See [Affective Neuroscience](#), [Intersubjectivity](#), [Interpersonal Central](#)
1404 [Nervous Systems](#), [Resonance](#).
- 1405 **Shock** – A life event that overwhelms one’s physical, mental and emotional resources.
1406 It usually results in a disregulated autonomic nervous system state such as
1407 hypersensitivity and/or dissociation as a way to survive. This includes excessive tone in
1408 the soft tissue system of the body. May lead to Post Traumatic Stress Disorder.
- 1409 **Soft Tissues** – Tissues that include skin, fascia, adipose, muscle, tendons, ligaments,
1410 joint capsules, cartilage, bursa, myofascial, blood, lymph, interstitial fluids, synovial
1411 fluids, cerebrospinal fluids, periostial and connective tissues.
- 1412 **Special Tests** – Assessment that involves a specific stress or change in state
1413 administered to particular structures with the intention of determining the likelihood that
1414 a specific condition is or is not present.
- 1415 **Spirit** – That part of a person that senses a connection to a higher or deeper meaning
1416 in life. Also felt to be the source of well being in some models of health.
- 1417 **Stress** – Environmental conditions that cause the autonomic nervous system to
1418 periodically work harder to maintain homeostasis in the body. Stress is a neutral term.
1419 See [Trauma](#) and [Shock](#).
- 1420 **Systems Of The Body** – The major systems include Circulatory, Digestive, Endocrine,
1421 Integumentary, Lymphatic/Immune, Muscular, Nervous, Reproductive, Respiratory,
1422 Skeletal, and Urinary.
- 1423 **Techniques** – A procedure, skill or art used in a particular task, the way in which the
1424 basics of something are treated, skill or expertise in performing details of a procedure, a
1425 systematic procedure or method by which a task is completed or the skill.
- 1426 **Tempo** – The speed with which a massage is performed. In general, nervous systems
1427 integrate massage therapy best with a slow to moderate tempo. Fast tempos may be
1428 used in certain circumstances. See [Pacing](#).
- 1429 **Therapeutic Process** – The capacity of the musculoskeletal system (and other
1430 systems) of the body to self-correct, come into balance and achieve equilibrium through
1431 the skillful normalization of tissue tone by a massage therapist Therapeutic processes
1432 are time dependent and may be noticed within one massage. Usually noticeable in
1433 other body systems after several massage sessions. A therapeutic process may or may
1434 not lead to a [healing process](#).
- 1435 **Torque** – A force that twists a material around a longitudinal axis.

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1436 **Transference** – The unconscious, un-owned and un-integrated feelings and emotions
1437 of a client that are projected onto the therapist as part of the undercurrent in a
1438 therapeutic relationship. Frequently the feelings and emotions are strong and the
1439 therapist is considered to blame or wrong for the client’s feelings and emotions. See
1440 [Countertransference](#), [Resonance](#), [Body Language](#), [Intersubjectivity](#) and [Interpersonal](#)
1441 [Central Nervous Systems](#).

1442 **Trauma** – Sometimes referred to as traumatic stress. A life event that threatens one’s
1443 well being and causes the autonomic nervous system to over activate briefly in order to
1444 restore the body to homeostasis. Repeated traumatic events lead to traumatization
1445 which interferes with the autonomic nervous system’s ability to balance itself and
1446 therefore the body. It may lead to long term sensory-motor processing issues in the soft
1447 tissue of the body. Research indicates that this may include a change in pain
1448 processing and to chronic inflammatory processes which also interfere with soft tissue
1449 structure and function. See [Shock](#).

1450 **Wellness** – Condition of optimal physical emotional intellectual, spiritual, social, and
1451 vocational well-being. The concept of wellness is holistic at its core encompassing the
1452 whole person.⁵

1453 **Wellness Model** – A model developed from the academic domain of spirituality and
1454 health research that seeks to perceive and treat a client as a “whole person” in body,
1455 mind and spirit. The wellness model then becomes a wellness program to be practiced
1456 by individuals and groups. See [Wellness](#), [Holistic Health](#), and [Client Centered Therapy](#) .

1457

1458 **Appendix A**

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1469 **Appendix B**

1470 **Explanation of New Science Areas in the MTBOK**
1471 **and Research Initiative**

1472 The MTBOK contains two new science areas called [Affective Neuroscience](#) and
1473 [Psychophysiology](#). These two fields have contributed to a significant revolution in the
1474 understanding of the therapeutic relationship and the effects of traumatic stress on the
1475 human body, especially the neuromuscular system. In addition, new research on the
1476 neurophysiology of touch and the neuroendocrinology of touch is providing a significant
1477 deepening and understanding of how and what is communicated through touch.
1478 Consequently research is a top priority of the MTBOK. The following points summarize
1479 the importance of these new science areas and research initiatives:

1480 • **Communication** – Terminology and several knowledge areas, skills and abilities
1481 have been added to this document that reflect a basic understanding of these fields.
1482 Approximately a dozen terms are being added and their definitions are reflected in
1483 the terminology section as well as the knowledge, skills and abilities section such as
1484 affective neuroscience, self regulation, resonance, attunement, attention,
1485 psychophysiology, pacing and tempo.

1486 The first intention of these new terms is to simply to learn parts of a new language
1487 that allow both massage educators and students the ability to communicate with
1488 these communities. Such communication is an essential first step in expanding the
1489 validity and value of massage therapy in the extended professional world of
1490 healthcare. Just as the MTBOK provides language to interface with the orthopedic
1491 and physical therapy communities, for example, so too a small core group of
1492 approximately twelve terms are present that allow massage therapists to begin an
1493 intelligent dialogue with these two therapeutic worlds. This dialogue includes asking
1494 the right questions to learn more if stimulated to do so.

1495 • **Application** – At an academic level, new theory does not necessarily need to be
1496 introduced into the massage school system. Nor do more textbooks need to be
1497 written or revised. A slight shift in the focus and emphasis of certain pre-existing
1498 areas of knowledge, especially anatomy and physiology, may be all that is necessary
1499 for implementation.

1500 More importantly, the theory is based on a vast amount of research numbering in the
1501 thousands of reports gathered over the past half decade. Academicians in these
1502 fields are now stressing the need for the application of theory in the classroom rather
1503 than more lecture material on the theory. In that regard, only a core group of five or
1504 six skills and abilities have been added that represent an emphasis on the very basic
1505 elements of massage.

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1506 From all that research, two very simple skills form the basis for its implementation by
1507 massage therapists at the basic level. The *first* is the ability to work more slowly and
1508 the *second* is for the therapist to spend more time being aware of his or her body
1509 while giving a massage. Again, this represents only a slight shift of emphasis that
1510 will potentially improve the health outcomes of the massage by a great degree.

1511 • **The Body** – One of the dramatic implications of all of this literature is the need for all
1512 healthcare professionals to spend more time studying the anatomy and physiology
1513 of the body, especially the relationship of the autonomic nervous system to all the
1514 other systems and, in the case of massage therapy, the soft tissue system.
1515 Specifically, more attention on the body of the therapist as well as the client is
1516 reshaping the understanding of non-touch oriented therapies.
1517

1518 The fields of neuropsychiatry, psychology in general, social work, trauma resolution,
1519 body psychotherapy, somatic psychology and pre- and perinatal psychology are now
1520 including the body of the therapist as a necessary part of the equation in the
1521 therapeutic relationship. In addition, the importance of touch is also being stressed
1522 in these communities and the subject of touch, which was heretofore taboo in many
1523 of these communities, is now being discussed and in some cases, even being taught
1524 to psychotherapists.

1525 The massage therapy community in the United States is well positioned to become
1526 an important partner and leader in the field of touch with all of the helping
1527 professions. Not one of these communities has endorsed a form of bodywork at this
1528 time. Those professions need the assistance of the massage therapy profession and
1529 massage therapists can learn to dialogue with them simply and easily.

1530 • **Referrals** – By a simple change of emphasis and focus in the basic training of a
1531 massage therapist in these relatively small areas of importance, the massage
1532 therapy community can then begin to interface with these communities also by
1533 receiving referrals and thus increase the value and importance of massage therapy
1534 throughout the United States. In other words, it is good for business and increases
1535 the job opportunities for massage school graduates.
1536

1537 • **Continuing Education** – The new science areas in this document also open up a
1538 wide variety of continuing education opportunities for graduates. The continuing
1539 education field is amazingly diverse for massage therapists when barely thirty years
1540 ago there was none or very little. Trainings in these new science areas are in depth
1541 and comprehensive offering collaboration with a much wider therapeutic community.

1542 Massage therapy already is well positioned for example, in the pre- and perinatal
1543 field with the rising popularity of pregnancy and infant massage. When you combine
1544 affective neuroscience with these forms of massage, the industry standard will be

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1545 raised and offer a proliferation of massage therapy into potentially every family in
1546 America with children because of the research base.

1547 • **Research** – In addition, this MTBOK document has shifted the focus of education
1548 into a research base, which is much needed in the massage therapy profession.
1549 The new science areas of psychophysiology and affective neuroscience open the
1550 door for a much wider range and depth of research possibilities that massage
1551 therapists may become involved with. The second rendering of this document will
1552 provide an overview of recent advances in the neurophysiology and
1553 neuroendocrinology of touch coming from diverse areas of science.

1554 At every level, this document is focused on the need for massage therapy to move
1555 strongly toward a research base. Not only are efficacy studies necessary but the
1556 need to understand the mechanisms of change induced by touch is critical,
1557 according to the National Institutes of Health. The fields of Psychophysiology and
1558 Affective Neuroscience are perfect areas of research that combine both research
1559 needs, efficacy and the nature of change for massage therapy.

1560 This document, which includes the addition of research information in every category
1561 of knowledge, skills and abilities, actually represents the largest curriculum changes
1562 needed in schools rather than the new science areas. We recommend that the
1563 Massage Therapy Foundation Research Curriculum Kit be implemented within the
1564 next three years in every massage school in the United States. We are no longer at
1565 the stage of whether it should be done but when it will be done.

1566 In closing, the contemporary client is often exceedingly complex. Statistics are used
1567 almost daily about the state of the body and the numbers concerning the overall health
1568 of Americans are not good. For example, obesity, ischemic heart disease and type 2
1569 diabetes are now linked to maternal stress passed on to the fetus. Many other health
1570 problems that show up in adulthood also have this same link. The new science areas in
1571 this document will provide the basic massage therapy student with an understanding of
1572 the origin of many disease processes, how they are activated during the life span and
1573 more importantly how they are repaired in the therapeutic relationship.

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Appendix C

Sample Filled out Comment Form

1658

1659

Massage Therapy Body of Knowledge (MTBOK) Comment

1.

**1. What Version of the MTBOK Content are you providing a comment on?
(Select only ONE)**

1st Draft, Released September 15, 2009 Pre-release or Not Related to a Specific Version

2. Please enter your email address. Although you are not required to enter your email, it is the only way that we would be able to contact you regarding your comment.

(your email address will not be provided to others, and will only be used to contact you regarding your input)

3. I am (or represent) the following (check as many boxes as appropriate):

<input checked="" type="checkbox"/> Message Therapist/Practitioner	<input type="checkbox"/> Message Instructor
<input checked="" type="checkbox"/> Client	<input type="checkbox"/> Trade or Professional Association
<input type="checkbox"/> Massage Related Business Owner	<input type="checkbox"/> Allied Health Field or profession
<input type="checkbox"/> Massage School	<input type="checkbox"/> Massage Therapy Student
<input type="checkbox"/> Public school with a Massage Therapy program	<input checked="" type="checkbox"/> Other

Page 1

1660

1661

Message Therapy Body of Knowledge (MTBOK) Comment

4. What Section or category of the MTBOK is this comment about? Enter only ONE response

<input type="radio"/> 0 Release Notes and Overview	<input type="radio"/> 210.2 - Kinesiology
<input type="radio"/> 010 - First Draft Release Notes	<input type="radio"/> 210.3 - Pathology
<input type="radio"/> 020 - How to Provide Comments and Suggestions	<input type="radio"/> 210.4 - Massage Techniques, Physiologic etc
<input type="radio"/> 030 - MTBOK Vision	<input type="radio"/> 210.5 - Therapeutic Modalities
<input checked="" type="radio"/> 040.1 - General Comments	<input type="radio"/> 210.6 - Body Mechanics and Self Care
<input type="radio"/> 040.2 - Organization or Layout Comments	<input type="radio"/> 210.7 - Assessment, Treatment Planning etc
<input type="radio"/> 040.3 - New Suggestions	<input type="radio"/> 210.8 - Research Literacy
<input type="radio"/> 100 - Massage Therapy Description and Scope	<input type="radio"/> 210.9 - Overview of Massage and Bodywork etc
<input type="radio"/> 110 - Description of the Massage Therapy Field	<input type="radio"/> 210.10 - Business Practices, Laws and Regulations
<input type="radio"/> 120 - Scope of Practice Statement	<input type="radio"/> 210.11 - Boundaries, Ethics & Therapeutic Rel
<input type="radio"/> 130 - What IS included in the Scope	<input type="radio"/> 300 - Massage TherapyTerminology
<input type="radio"/> 140 - What IS NOT included in the Scope	<input type="radio"/> 400 - Appendices
<input type="radio"/> 200 - Competency Requirements for a Massage Th	<input type="radio"/> 410 - Appendix A Bibleography
<input type="radio"/> 210 - Entry Level Massage Therapist	<input type="radio"/> 420 - Appendix B Explanation of New Science
<input type="radio"/> 210.1 - Anatomy and Physiology	<input type="radio"/> 430 - Appendix C Example of Comment Form

Other (please specify)

*** 5. What is the line number where the text you want to comment on begins?**

*** 6. Please input your comment here. (Max 20 lines of up to 100 characters each.)**

I think you should expand the section that describes how you think the MTBOK will support the activities of the regulatory and education domains.