Lecture 2

Personal and Clinical Hygiene

To massage or not to massage... that is the question.



DO NOT MASSAGE IF...

You are ill/drugs/alcohol

Client is ill/drugs/alcohol

HIV (be educated)**



Gloves:

- Protection
- Chemicals/body fluids
- Rips/leaks
- Latex /vinyl
- Powdered/ unpowdered
- Sterile/unsterile
- Sized/one size fits all
- Change after client contact



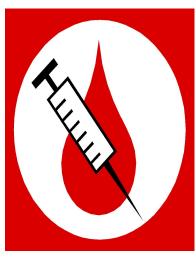
When to Wear gloves:

- blood/body fluids
- handling items/surfaces soiled with blood or body fluids
- Intra oral massage
- Therapist has open cuts, rashes/skin breaks



Universal Precautions apply (First Aid):

- Blood/body fluids containing visible blood
- Body tissues
- Synovial fluid
- Pleural fluid
- Peritoneal fluid



Universal Precautions apply (con't):

- Amniotic fluid
- Vomit containing visible blood
- Vaginal secretions
- Seminal secretions
- Cerebrospinal fluid



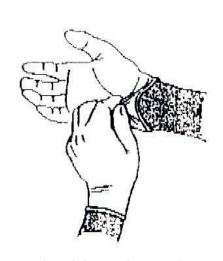
Universal Precautions Do not Apply:



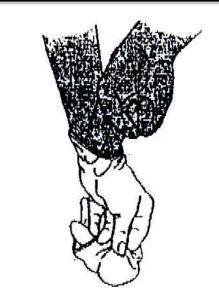
- Feces
- Urine
- Nasal secretions
 - Sputum
 - Saliva
 - Sweat
 - Tears
 - Vomit



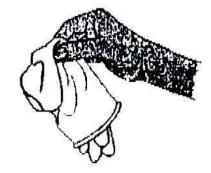
Disposing of Gloves properly



Plucking the palmar surface below the cuff of a contaminated glove



Inserting fingers to remove the second contaminated glove.



Holding contaminated gloves, which are inside out

Surface Sanitation

Sanitation:

- 2 cups water
- 1/2 tsp. liquid soap
- 2 tbsp. white vinegar
- 20 drops of tea tree oil
- combine above ingredients in spray bottle
- Shake
- Spray surfaces client/therapist contact before and after



Personal and Clinical Hygiene

Laundry:

- Handling soiled linens
- How to tear down table
- Leakage resistant bags
- Separated from other items
- Handling clean linens



Professional Boundaries

- Confidence
- Responsibility/Trust
- Integrity in relationships-intent
- Motives/thoughts/actions
- Beliefs/prejudices
- Confidentiality / PHIA
- Support /Emotional release
- Referral to another therapist/health professional



Confidence

- Confidence as an RMT will evolve
- Be educated!
- Gain experience
 - Use class time wisely
 - "treat, don't rub"
- Work with others
 - "no man is an island"
- Continuing education
 - Once you graduate
- Professionalism

Responsibility and Trust

- Public safety
- Ties in with confidentiality
- Scope of practice
- Referral Maturity

Integrity in Relationships

- Be Professional
 - Collegues not competition
- Self explanatory

Motives/Thoughts/Actions

- Motives treat with intent
 - Be educated, contraindication
 - Good vs bad?
- Thoughts
 - Professional
- Actions
 - Time and place
 - Everyday professionalism

Beliefs and Prejudices

Respect, regardless of...

- Age, agism
- Gender
- Race
- Sexuality
- Religion
- Political views
- Social Class

Right of Refusal

- Patient -> Therapist
- Therapist -> Patient

• 2 way street!

Professionalism

Right of Refusal cont

Patient to Therapist

- It is a patient's right to refuse treatment by a therapist
- It is a patient's right to stop the treatment at any time during a treatment
- Therapist must comply, despite prior consent

Right of Refusal cont

Therapist to Patient

- CANNOT REFUSE A PATIENT DUE TO THE PATIENTS BELIEFS AND PREJUDICES
- Human Rights
- Professionalism
- Just and reasonable cause

Right of Refusal cont

Therapist to Patient

- MT has the right to refuse treatment to particular body parts
- MT has the right to stop the Tx at any time
- MT has the right to terminate professional relationship
- If MT feels that the patient is sexualizing the Tx, or professional relationship
- If the MT is adversely influenced in any way by the patient

Confidentiality and PHIA

- Professionalism
- All patient info is confidential
- Therapist patient list, and appointments are confidential
 - Rural, small communities, small cities
- RMTs must adhere to PHIA (Personal Health Information Act)

Support/Emotional Release

- Massage Therapist <u>NOT</u> Massage Psychotherapist
- Non-judgemental
- confidential
- Education Mental Health First Aid
- Mental Health very prevalent in society
- Emotional Release and muscle memory
- Grounding (for therapist, and patient)

Refer out

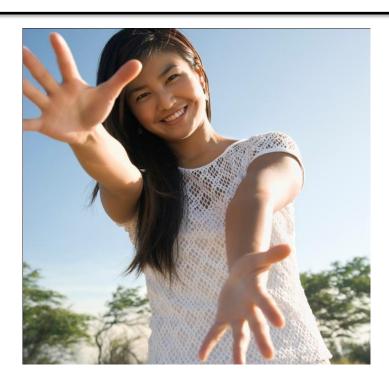
- Understand the RMT scope of practice
- Understand YOUR scope of practice
- RMT Scope of Practice vs Your Scope of Practice
- Refer out to other Health Care Practitioner
 - Another RMT
 - Family doctor
 - Personal trainer
 - Suitable referral for modalities

Professional Etiquette ("table side manner")

- <u>Empathy</u> is the ability to understand and share the feelings of another.
- How would you feel if you were being treated in that same way?
- <u>Respect</u> is to admire (someone or something) deeply, as a result of their abilities, qualities, or achievements.
- Respectful is feeling or showing deference and respect.
- <u>Compassion</u> is the sympathetic pity and concern for the sufferings or misfortunes of others.
- <u>Tolerance</u> is the ability or willingness to tolerate something, in particular the existence of opinions or behavior that one does not necessarily agree with.
- Think before you speak!
- Think before you act!

Professional Boundaries:

Read Chapter 8, Pg 89



Pg. 3 Rattray

- "Mass" in Arabic
- -To touch

or

- "Massein" in Greek
- -To knead



The healing practice of kneading, pressing, anointing or rubbing mentioned in literature all over the world.

- China (1000 BC)
 <u>The Yellow Emperor's</u>
 <u>Classics of Internal Medicine</u>
 used massage for paralysis
- T'ang Dynasty (619-907AD) professors of massage
- Hippocrates (460-375 BC) used rubbing to heal
- Greece athletes used massage
- Galen of Rome (129-199 AD) wrote 16 books of frictions



- India (19th century)

 Buddha carving showing massage
- French (1510-1590)

 Ambroise Pare's book on massage
- Sweden (1800's)

Per Ling's medical gymnastics and massage therapy

Johanne Georg Mezger names the techniques

UK (19thcentury)

nursing/houses of ill repute

- UK (1895)
 Society of Trained Masseuses/later Chartered
 Society of Physiotherapists
- 1917 (WWI) massage used for rehab
- 1960's <u>Beard's Massage</u>
- Canada (1924-1993)

Ontario legislated under Drugless Practitioner's Act/Regulated Health Professions Act

History of Massage Therapy and the Province of Manitoba

A Discussion on Regulation: Pros, Cons & Frequently Asked Questions

Massage Therapy Association of Manitoba 2015/2016

Presented by Sheila Molloy

THE STORY SO FAR

1973	Focus was on building a professional association
1985	Education and Continuing Competency focus Consistent member growth; the profession is growing
2002	By-Laws created; increasing organization and legitimacy
2005	21% member growth in 2005
2008	City stopped requiring licenses for RMTs', however, "Massagist" & "Massage Parlour" licenses remain.
2009	Increased communication focus on legislation for the benefit of the profession and the public.

Ongoing work advocating for regulation of the profession.

Work closely with the City of Winnipeg and other municipalities on massage therapy licensing within their jurisdiction.

THE STORY SO FAR

2011

Beginning to change administrative processes to emulate a Regulatory College and prepare members.

June 2011 - The Province of Manitoba proclaims two sections of the *The Regulated Health Professions Act* establishing a Health Professions Advisory Council and an application process for professions who want to become regulated.

The opportunity for the Massage Therapy Association of Manitoba to apply for regulation finally arrives.

- To date, the MTAM serves 1200+ members
 - Practicing
 - Non-practicing
 - Students
 - Associate

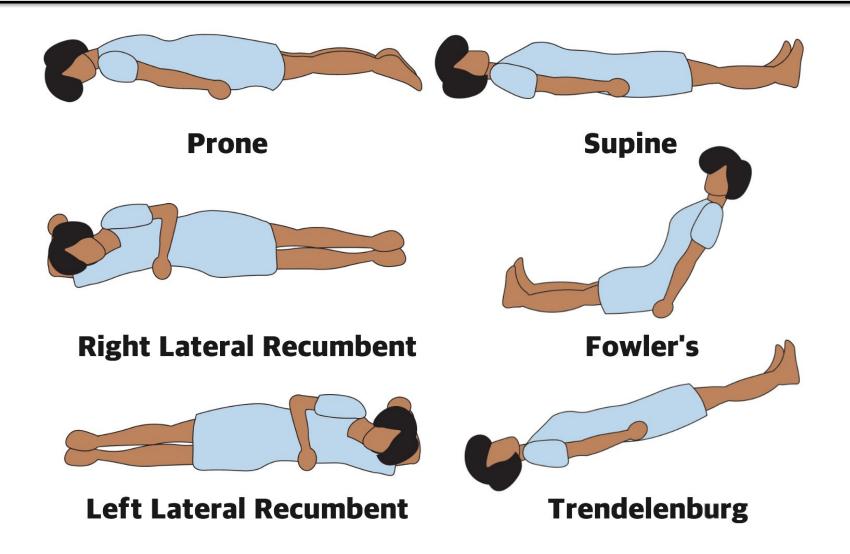
Client Comfort:

Body positions
Draping landmarks
Pillow orientation
Turning a client over
Limb handling
Assisting client on/off table

Table Procedure:

- Table/Face Cradle sprayed before and after treatment
- Clean linens /pillows (as required) on table
 - -Two sheets (one overlaps blanket)
 - -blanket
 - -Face cradle cover
 - -pillowcase(s)
 - -towels
- Table /stool/Face Cradle height adjusted
- Table/stool examined for safety
- Treatment area is tidied/sanitized

Body positions



Pillow Placement:

Can be:

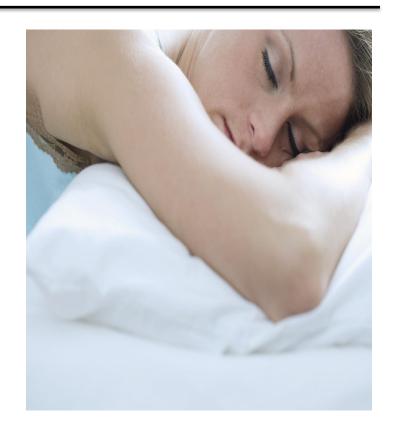
- -positioned when client is on table
- -added for comfort during treatment

•Prone:

- -between table and bottom sheet
- -under client's abdomen
- -under ankles

•Side-lying/Lateral Recumbent:

- -side to be treated facing up
- -under client's head
- -between client's knees
- -support clients anterior chest /arm "hugging" pillow



Pillow Placement:

- Supine:
 - -under client's knees
- Semi-seated/Semi-Fowlers:
 - -supported with more pillows
- Seated:
 - -in front of client "hugging"

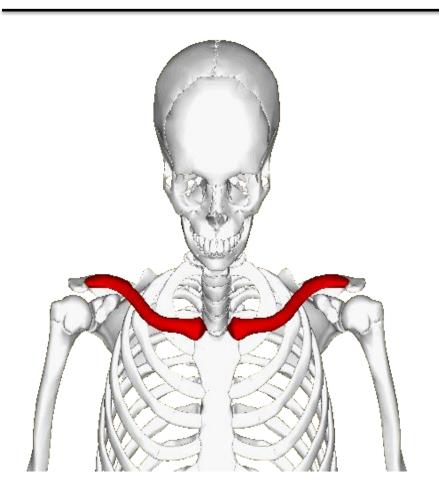


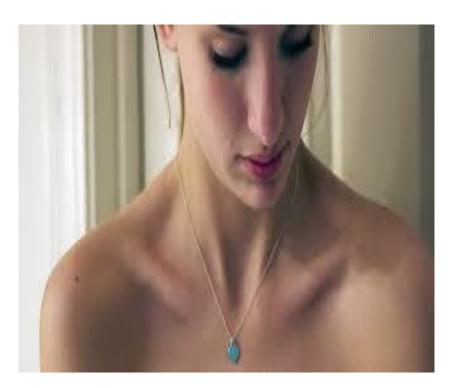
Draping

- Why is Draping important?
- Try to refrain from using the word "expose"
- Comfort, security and warmth
- Keep it neat
- Only treated area is uncovered/draped
- Genitalia/gluteal cleft/Underwear never exposed /touched
- Breasts always covered
- Therapists respect the draping boundary
 - Fingers never go past the draping
- Re-adjust draping as needed
 - If draping becomes loose

Draping Con't

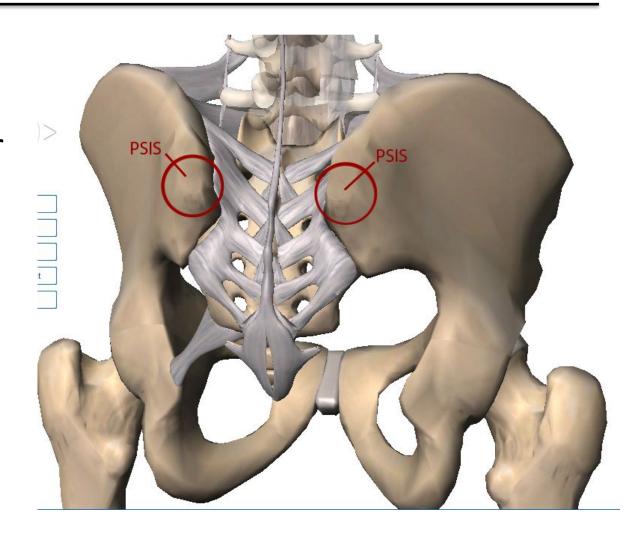
- If patient drapes themselves
 - What to do?
- If patient adjusts draping...
 - Are they exposed?
 - Are they sexualizing the massage?



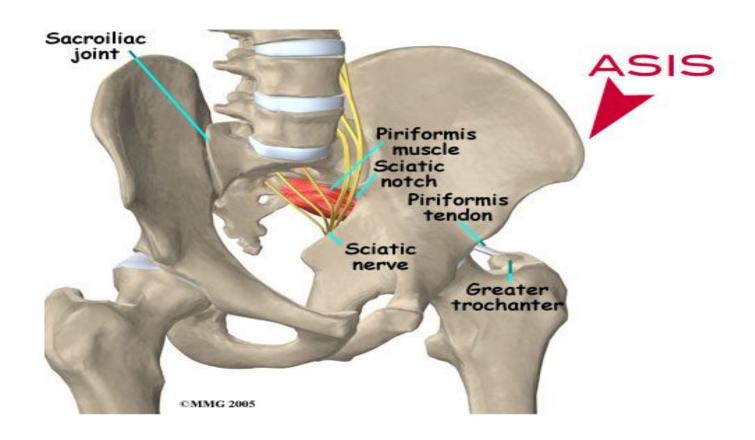


PSIS:

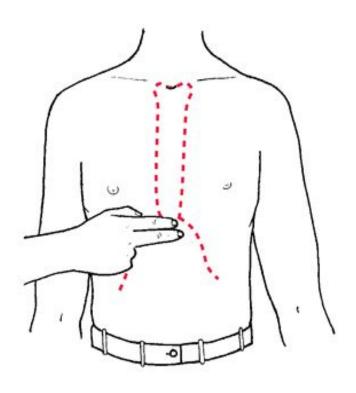
Posterior Superior Iliac Spine

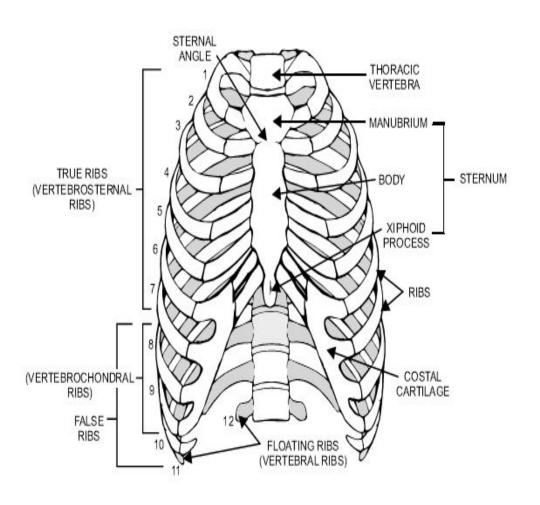


ASIS: Anterior Superior Iliac Spine



Xiphoid Process





Draping

Boundary lines:

Prone:

- Upper back---spinous process T12
- •Full (or lower) back---superior to cleft of buttock/PSIS
- Posterior limb without buttock---ischial tuberosity of greater trochanter
- Buttock--- iliac crest

Limb Handling

Handle limbs:

- With Care
- Securely but with gentleness
- Slow movements
- Stabilize joints
- Promote client relaxation

Text

Associated Reading:

Chapter 3, 5, 8, 11 and 13
 Clinical Massage Therapy by Fiona Rattray and Linda Ludwig

Remember to highlight, make notes when reading!!

