Lecture 2

To massage or not to massage?

Don't massage if either the client or therapist has participated in alcohol, drugs or you are sick

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 – is a fluid found in the synovial joints. It has an egg white consistency, it reduces friction between the articular cartilage of synovial joints during movement

–Pleural fluid – pleural effusion is sometimes referred to as water on the lungs. It is the build up of excess fluid between the layers o fthe pleura outside the lungs. The pleura are thin membranes that line the lungs and the inside of the chest cavity and act to lubricate breathing.

–Peritoneal fluid – is a liquid made in the abdominal cavity which lubricates the surface of tissue that lines the abdominal wall and pelvic cavity. It covers most of the organs in the abdomen. An increase volume of peritoneal fluid is called ascites.

–Amniotic fluid
–Vomit containing visible blood
–Vaginal secretions
–Seminal secretions
–Cerebrospinal fluid – a clear fluid found in the brain and spinal cord.

Universal Precautions Do not Apply:
–Feces
–Urine
–Nasal secretions
–Sputum – mucus coughed up from the lower airways.
–Saliva
–Sweat
–Tears
- Vomit

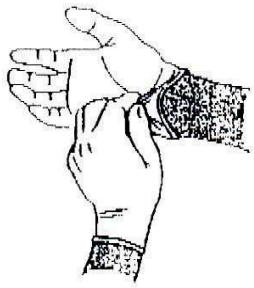


Figure 27-10
Plucking the palmar surface below the cuff of a contaminated glove

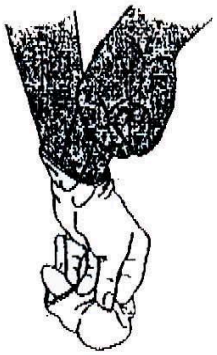


Figure 27-11
Inserting fingers to remove the second contaminated glove.

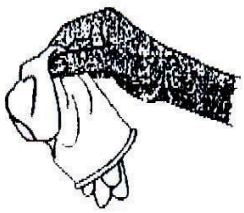


Figure 27-12
Holding contaminated gloves, which are inside out

Disposing of gloves properly

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

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

Proffessional boundaries

•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/Trust**
•Public safety
•Ties in with confidentiality
•Scope of practice
Referral Maturity

•**Integrity in relationships—intent**
•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/prejudices**
Respect, regardless of…
–Age, agism
–Gender (T in LGBT)
–Race
–Sexuality
–Religion
–Political views
–Social Class

•**Confidentiality / PHIA**
•Professionalism
•All patient info in 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 *NOT* 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)

•Referral to another therapist/health professional
•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

Right of Refusal
•Patient -> Therapist
•Therapist -> Patient
•2 way street!
•Professionalism
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
Therapist to Patient
•*CANNOT REFUSE A PATIENT DUE TO THE PATIENTS BELIEFS AND PREJUDICES*
•Human Rights
•Professionalism
•Just and reasonable cause

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

Professional Etiquette

("table side manner"

•*Empathy* is the ability to understand and share the feelings of another.
•**How would you feel if you were being treated in that same way?**
•*Respect* is to admire (someone or something) deeply, as a result of their abilities, qualities, or achievements.
•*Respectful i*s feeling or showing deference and respect.
•*Compassion* is the sympathetic pity and concern for the sufferings or misfortunes of others.
•*Tolerance* 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!**

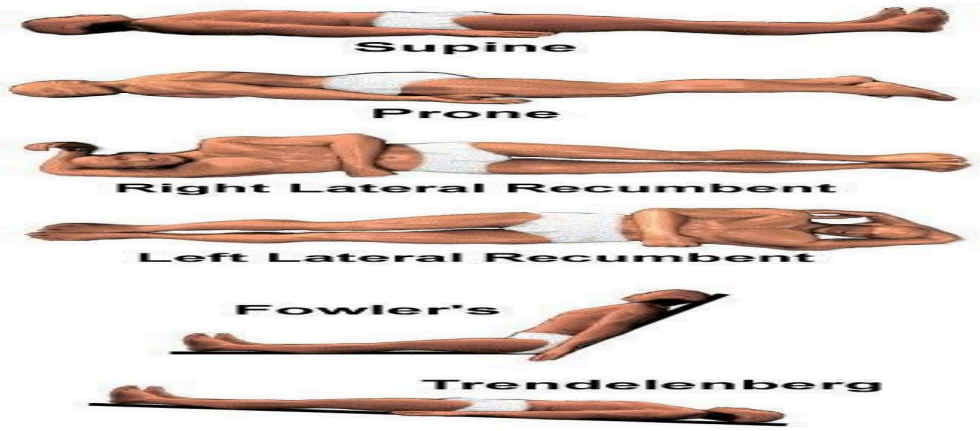
History of Massage
"Mass" in Arabic
-*To touch*
or
"Massein" in Greek
-*To knead*
The healing practice of kneading, pressing, anointing or rubbing mentioned in literature all over the world.
•**China (1000 BC)** *The Yellow Emperor's Classics of Internal Medicine*
used massage for paralysis
•**T'ang 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 (19th century)**
nursing/houses of ill repute
•**UK (1895)**
Society of Trained Masseuses/later Chartered
Society of Physiotherapists
•**1917 (WWI)**
massage used for rehab
•**1960's** *Beard's Massage*
•**Canada (1924-1993)**

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

History of Massage Therapy and the Province of Manitoba

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
2008- city stopped requiring licences for RMT"s
2009- increased communication focus on legislation for the benefit of the profession and the public
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

•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
•If patient drapes themselves
–What to do?
•If patient adjusts draping…
–Are they exposed?
–Are they sexualizing the massage?

Landmarks for draping
Clavicle
PSIS
ASIS
xyphoid process

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

Homework Read chapters 3, 5, 8, 11 and 13