

Code of Practice

Guideline to Therapists

*Basic Massage.Stretch
Summer 2008*

TABLE OF CONTENT

- 1. Core Values**
- 2. Code of Ethics**
- 3. Standard of Practice**
- 4. Guideline**
 - a. Documentation**

Core Values

PROFESSIONALISM IN MASSAGE THERAPY: CORE VALUES

Core Values	Definition	Sample Indicators
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the massage therapist including self-regulation and other behaviors that positively influence client outcomes, the profession and the health needs of society.	<p>Responding to client's goals and needs.</p> <p>Seeking and responding to feedback from multiple sources.</p> <p>Acknowledging and accepting consequences of his/her actions.</p> <p>Assuming responsibility for learning and change.</p> <p>Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.</p> <p>Communicating accurately to others (payers, clients, other health care providers) about professional actions.</p> <p>Participating in the achievement of health goals of clients and society.</p> <p>Seeking continuous improvement in quality of care.</p> <p>Maintaining membership in HKMTA and other organizations.</p> <p>Educating students in a manner that facilitates the pursuit of learning.</p>

Altruism	Altruism is the primary regard for or devotion to the interest of clients, thus assuming the fiduciary responsibility of placing the needs of the client ahead of the massage therapist's self interest.	<p>Placing client's needs above the massage therapists.</p> <p>Providing <i>pro bono</i> services.</p> <p>Providing client services that go beyond expected standards of practice.</p> <p>Completing client care and professional responsibility prior to personal needs.</p>
----------	--	---

<p>Compassion/ Caring</p>	<p>Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.</p> <p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>	<p>Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.</p> <p>Understanding an individual's perspective.</p> <p>Being an advocate for client's needs.</p> <p>Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.</p> <p>Designing client programs/ interventions that are congruent with client needs.</p> <p>Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases.</p> <p>Embracing the client's emotional and psychological aspects of care.</p> <p>Attending to the client's personal needs and comforts.</p> <p>Demonstrating respect for others and considers others as unique and of value.</p>
-------------------------------	--	--

<p>Excellence</p>	<p>Excellence is massage therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</p>	<p>Demonstrating investment in the profession of massage therapy.</p> <p>Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.</p> <p>Participating in integrative and collaborative practice to promote high quality health and educational outcomes.</p> <p>Conveying intellectual humility in professional and interpersonal situations.</p> <p>Demonstrating high levels of knowledge and skill in all aspects of the profession.</p> <p>Using evidence consistently to support professional decisions.</p> <p>Pursuing new evidence to expand knowledge.</p> <p>Engaging in acquisition of new knowledge throughout one's professional career.</p> <p>Sharing one's knowledge with others.</p> <p>Contributing to the development and shaping of excellence in all professional roles.</p>
-------------------	--	--

<p>Integrity</p>	<p>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</p>	<p>Abiding by the rules, regulations, and laws applicable to the profession.</p> <p>Adhering to the highest standards of the profession (practice, ethics, guideline, etc).</p> <p>Articulating and internalizing stated ideals and professional values.</p> <p>Using power (including avoidance of use of unearned privilege) judiciously.</p> <p>Resolving dilemmas with respect to a consistent set of core values.</p> <p>Being trustworthy.</p> <p>Taking responsibility to be an integral part in the continuing management of clients.</p> <p>Knowing one’s limitations and acting accordingly.</p> <p>Confronting harassment and bias among ourselves and others.</p> <p>Recognizing the limits of one’s expertise and making referrals appropriately.</p> <p>Choosing employment situations that are congruent with practice values and professional ethical standards.</p> <p>Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</p>
------------------	--	---

Professional Duty	Professional duty is the commitment to meeting one's obligations to provide effective massage therapy services to clients, to serve the profession, and to positively influence the health of society.	<p>Demonstrating beneficence by providing "optimal care".</p> <p>Facilitating each individual's achievement of goals for health and wellness.</p> <p>Preserving the safety, security and confidentiality of individuals in all professional contexts.</p> <p>Involved in professional activities beyond the practice setting.</p> <p>Promoting the profession of massage therapy.</p> <p>Mentoring others to realize their potential.</p> <p>Taking pride in one's profession.</p>
-------------------	--	--

Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	<p>Advocating for the health and wellness needs of society including access to massage therapy services.</p> <p>Promoting cultural competence within the profession and the larger public.</p> <p>Promoting social policy that effect function, health, and wellness needs of clients.</p> <p>Ensuring that existing social policy is in the best interest of the client.</p> <p>Advocating for changes in laws, regulations, standards, and guidelines that affect massage therapist service provision.</p> <p>Promoting community volunteerism.</p> <p>Participating in political activism.</p> <p>Participating in achievement of societal health goals.</p> <p>Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of massage therapy.</p> <p>Providing leadership in the community.</p> <p>Participating in collaborative relationships with other health practitioners and the public at large.</p> <p>Ensuring social justice and economic efficiency of services.</p>
-----------------------	---	---

Code of Ethics

FOREWORD

The Basic Massage.Stretch is established to foster high standards of ethical and professional practice in the delivery of services through a recognized credible certification program that assures the competency of practitioners of therapeutic massage and bodywork.

The purpose of the Code is to provide guidance for conduct and relationships in carrying out the professional responsibilities consistent with the ethical obligations of the Massage.Stretch Therapy.

A massage therapist should observe the Basic Ethical Principles outlined in Part I; understand the meaning of “Unprofessional Conduct” explained in Part II; and be aware of the Standards of Practice detailed in Part III.

A massage therapist should at all times maintain standards of professional and personal conducts which reflect credit upon the profession. He/She should discharge his duties and responsibilities to the clients, the profession, the other members of the health team and to the public in general with interest, honour and integrity; and should maintain an optimum standard of practice by exercising competent professional judgement and by continually striving to improve his knowledge and professional skills.

Part I: Basic Ethical Principles

- Have a sincere commitment to provide the highest quality of care to those who seek their professional services.
- Represent their qualifications honestly, including education and professional affiliations, and provide only those services that they are qualified to perform.
- Accurately inform clients, other health care practitioners, and the public of the scope and limitations of their discipline.
- Acknowledge the limitations of and contraindications for massage and bodywork and refer clients to appropriate health professionals.
- Provide treatment only where there is reasonable expectation that it will be advantageous to clients.
- Consistently maintain and improve professional knowledge and competence, striving for professional excellence through regular assessment of personal and professional strengths and weaknesses and through continued education training.
- Conduct business and professional activities with honesty and integrity, and respect the inherent worth of all persons.
- Refuse to unjustly discriminate against clients or health professionals.
- Safeguard the confidentiality of all client information, unless disclosure is required by law or necessary for the protection of the public.
- Respect the client's right to treatment with informed and

voluntary consent. The therapist will obtain and record the informed consent of the client, or client's advocate, before providing treatment. This consent may be written or verbal.

- Respect the clients' right to refuse, modify, or terminate treatment regardless of prior consent given.
- Provide draping and treatment in a way that ensures the safety, comfort and privacy of clients.
- Exercise the right to refuse to treat any person or part of the body for just and reasonable cause.
- Refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving a client, even if clients attempts to sexualize the relationship.
- Avoid any interest, activity or influence that might be in conflict with the therapist's obligation to act in the best interests of clients or the profession.
- Respect clients' boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and the client's reasonable expectations of professional behavior. Therapist will respect clients' autonomy.
- Refuse any gifts or benefits that are intended to influence a referral, decision or treatment, or that are purely for personal gain and not for the good of clients.
- Follow all policies, procedures, guidelines, regulations, codes, and requirements promulgated by the Basic Massage.Stretch and local government.

Part II: Unprofessional Conduct

- Failure to adhere to the Code of Ethics.
- Failure to provide adequate evaluation, planning, implementation and supervision of the therapeutic program for a client, reevaluation and alteration of that program; and maintain adequate records of the case.
- Failure to recognize the extent and limitation of one's own professional expertise by attempting to carry out procedures of which the therapist does not have the necessary knowledge and skill.
- When the client's needs are beyond the scope of the therapist's expertise, the therapist fails to inform the client and fails to assist the client in identifying a suitably qualified person to provide the necessary service.
- Continuation of massage therapy services beyond the point of possible benefit or by providing services more frequently than necessary for maximum therapeutic effect.
- Failure to exercise independent and sound judgement upon receiving a referral which specifies therapeutic treatment for conditions or symptoms in which massage therapy is contraindicated, and failure to initiate consultation with the referring source.
- Improper delegation or supervision of therapeutic treatment which requires the skill, knowledge and judgement of a practitioner to a less qualified person

Standards of Practice

Part III: Standards of Practice

As the therapeutic massage and bodywork profession evolves, so, too, will the Standards of Practice. The Standards of Practice are, therefore, a live and dynamic document and subject to revision in keeping with the changing demands and expectations of the therapeutic massage and bodywork profession.

Standards of Practice:

Standard I: Professionalism

- Adhere to the Code of Ethics, Standards of Practice, policies and procedures
- Conduct him/herself in a manner in all settings meriting the respect of the public and other professionals
- Treat each client with respect, dignity and worth
- Use professional verbal, nonverbal and written communications
- Provide an environment that is safe and comfortable for the client and which, at a minimum, meets all legal requirements for health and safety
- Use standard precautions to insure professional hygienic practices and maintain a level of personal hygiene appropriate for practitioners in the therapeutic setting
- Wear clothing that is clean, modest, and professional
- Obtain voluntary and informed consent from the client prior to initiating the session
- If applicable, conduct an accurate needs assessment, develop a plan of care with clients, and update the plan as needed
- Use appropriate draping to protect clients' physical and emotional privacy
- Be knowledgeable of his/her scope of practice and practice only within these limitations
- Refer to other professionals when in the best interest of clients and therapist
- Seek other professional advice when needed

- Respect the traditions and practices of other professionals and foster collegial relationships
- Not falsely impugn the reputation of any colleague
- Remain in good standing with the Basic Massage.Stretch

Standard II: Legal and Ethical Requirements

- Obey all applicable local laws
- Refrain from any behavior that results in illegal, discriminatory, or unethical actions
- Accept responsibility for his/her own actions
- Report to the proper authorities any alleged violations of the law by other therapists
- Maintain accurate and truthful records
- Report to the Basic Massage.Stretch any criminal conviction of, or plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction by him/herself and by other practitioners
- Report to the Basic Massage.Stretch any pending civil litigation in which the basis of the complaint against him/herself or another therapist is alleged negligence, malpractice, lack of professional competence, or sexual misconduct and the resulting resolution of such litigation
- Respect existing publishing rights and copyright laws, including, but not limited to, those that apply to copyright-protected publications and examinations

Standard III: Confidentiality

- Protect the confidentiality of clients' identity in social conversations, all advertisements, and any and all other matters unless disclosure of identifiable information is requested by the client in writing, is medically necessary, or is required by law
- Protect the interests of clients who are minors or who are unable to give voluntary consent by securing permission from an appropriate third party or guardian
- Solicit only information that is relevant to the professional client/therapist relationship
- Share pertinent information about clients with third parties when required by law
- Store and dispose of client files in a secure manner

Standard IV: Business Practices

- Provide a physical setting that is safe and meets all applicable legal requirements for health and safety
- Maintain adequate and customary liability insurance
- Maintain adequate progress notes for each client session
- Accurately and truthfully inform the public of services provided
- Honestly represent all professional qualifications and affiliations
- Promote his/her business with integrity and avoid potential and actual conflicts of interest
- Advertise in a manner that is honest, dignified, and representative of services that can be
- Advertise in a manner that is not misleading to the public by, among other things, the use of sensational, sexual or provocative language and pictures to promote business
- Comply with all laws regarding sexual harassment
- Not exploit the trust and dependency of others, including clients and employer/co-workers
- Display/discuss a schedule of fees in advance of the session that is understood by clients or potential clients
- Make financial arrangements in advance that are clearly understood by and safeguard the best interests of the clients

Standard V: Roles and Boundaries

- recognize his/her personal limitations and practice only within these limitations
- recognize his/her influential position with the client and not exploit the relationship for personal or other gain
- recognize and limit the impact of transference and counter-transference between clients and the therapist
- avoid dual or multidimensional relationships that could impair professional judgment or result in exploitation of clients or employer and/or coworkers
- not engage in any sexual activity with clients
- acknowledge and respect clients' freedom of choice in the therapeutic session
- respect clients' right to refuse the therapeutic session
- refrain from practicing under the influence of alcohol, drugs, or any illegal substances (with the exception of a prescribed dosage of prescription medication)
- have the right to refuse and/or terminate the service to clients who is abusive or under the influence of alcohol, drugs, or any illegal substance

Guidelines

GUIDELINES: MASSAGE THERAPY DOCUMENTATION OF PATIENT/CLIENT MANAGEMENT

PREAMBLE

Be aware that these guidelines are intended to address *documentation* of client management, not to describe the provision of Massage.Stretch services. Other documents, including Standards of Practice and Code of Ethics, address provision of massage.stretch services and client management.

Documentation Authority For Massage Therapy Services

Massage therapy examination, evaluation, treatment plan and intervention shall be documented, dated, and authenticated by the massage therapist who performs the service. Intervention provided by the massage therapist is documented, dated, and authenticated by the massage therapist.

Other notations or flow charts are considered a component of the documented record but do not meet the requirements of documentation in or of themselves.

Students in massage programs may document when the record is additionally authenticated by the massage therapist.

OPERATIONAL DEFINITIONS

Authentication

The following describes the main documentation elements of patient/client management: 1) initial examination/evaluation, 2) visit/encounter, 3) reexamination, and 4) discharge or discontinuation summary.

Initial Examination/Evaluation

Documentation of the initial encounter is typically called the “initial examination,” “initial evaluation,” or “initial examination / evaluation”. Completion of the initial examination / evaluation is typically completed in one visit, but may occur over more than one visit. Documentation elements for the initial examination / evaluation include the following:

Examination: Includes data obtained from the history, systems review, and tests and measures.

Evaluation: Evaluation is a thought process that may not include formal documentation. It may include documentation of the assessment of the data collected in the examination and identification of problems pertinent to patient/client management.

Plan of care: Typically stated in general terms, includes goals, interventions planned, proposed frequency and duration, and discharge plans.

Visit/Encounter

Documentation of a visit or encounter, often called a progress note or daily note, documents sequential implementation of the plan of care established by the massage therapist, including changes in patient/client status and variations and progressions of specific interventions used. Also may include specific plans for the next visit or visits.

Reexamination

Documentation of reexamination includes data from repeated or new examination elements and is provided to evaluate progress and to modify or redirect intervention.

Discharge or Discontinuation Summary

Documentation is required following conclusion of the current episode in the physical therapy intervention sequence, to summarize progression toward goals and discharge plans.

GENERAL GUIDELINES

- Documentation is required for every visit / encounter.
- All documentation must comply with the applicable jurisdictional / regulatory requirements.
- All handwritten entries shall be made in ink and will include original signature.
- Charting errors should be corrected by drawing a single line through the error and initialing and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.
- All documentation must include adequate identification of the client and the massage therapist:
 - The client's full name and identification number, *if applicable*, must be included on all official documents.
 - All entries must be dated and authenticated with the provider's full name and appropriate designation:
 - Documentation of examination, evaluation, plan of care, and discharge summary must be authenticated by the massage therapist who provided the service.
 - Documentation of intervention in visit / encounter notes must be authenticated by the massage therapist who provided the service.
 - Documentation by massage therapist, pending receipt of an unrestricted license, shall be authenticated by a licensed massage therapist.

- Documentation by students (SMT) in massage therapist programs must be additionally authenticated by the massage therapist.
- Documentation should include the referral mechanism by which massage therapy services are initiated. Examples include:
 - Self-referral/direct access
 - Request for consultation from another practitioner
- Documentation should include indication of no shows and cancellations.

INITIAL EXAMINATION/EVALUATION

Examination (History, Systems Review, and Tests and Measures)

History:

Documentation of history may include the following:

- General demographics
- Social history
- Employment/work (Job/School/Play)
- Growth and development
- Living environment
- General health status (self-report, family report, caregiver report)
- Social/health habits (past and current)
- Family history
- Medical/surgical history
- Current condition(s)/Chief complaint(s)
- Functional status and activity level
- Medications
- Other clinical tests

Systems Review:

Documentation of systems review may include gathering data for the following systems:

- Cardiovascular/pulmonary
 - Blood Pressure
 - Edema

- Heart Rate
- Respiratory Rate
- Integumentary
 - Pliability (texture)
 - Presence of scar formation
 - Skin color
 - Skin integrity
- Musculoskeletal
 - Gross range of motion
 - Gross strength
 - Gross symmetry
 - Height
 - Weight
- Neuromuscular
 - Gross coordinated movement (eg, balance, locomotion, transfers, and transitions)
 - Motor function (motor control, motor learning)

Documentation of systems review may also address communication ability, affect, cognition, language, and learning style:

- Ability to make needs known
- Consciousness
- Expected emotional/behavioral responses
- Learning preferences (eg, *education needs, learning barriers*)
- Orientation (person, place, time)

Tests and Measures:

Documentation of tests and measures may include findings for the following categories:

- Anthropometric Characteristics

Examples of examination findings include:

- Body composition
- Body dimensions
- Edema

- Arousal, attention, and cognition

Examples of examination findings include:

- Arousal and attention
- Cognition
- Communication
- Consciousness
- Motivation
- Orientation to time, person, place, and situation
- Recall

- Assistive and adaptive devices

Examples of examination findings include:

- Assistive or adaptive devices and equipment use during functional activities
- Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment
- Remediation of impairments, functional limitations, or disabilities with use of assistive or adaptive devices and equipment

- Safety during use of assistive or adaptive devices and equipment
- Circulation (Arterial, Venous, Lymphatic)
Examples of examination findings include:
 - Cardiovascular signs
 - Cardiovascular symptoms
 - Physiological responses to position change
- Environmental, Home, and Work (Job/School/Play) Barriers
Examples of examination findings include:
 - Current and potential barriers
 - Physical space and environment
- Ergonomics and Body mechanics
Examples of examination findings for *ergonomics* include:
 - Dexterity and coordination during work
 - Functional capacity and performance during work actions, tasks, or activities
 - Safety in work environments
 - Specific work conditions or activities
 - Tools, devices, equipment, and work-stations related to work actions, tasks, or activities

Examples of examination findings for *body mechanics* include:

- Body mechanics during self-care, home management, work, community, or leisure actions, tasks, or activities

- Gait, locomotion, and balance

Examples of examination findings include:

- Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Gait and locomotion with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment
- Safety during gait, locomotion, and balance

- Integumentary Integrity

Examples of examination findings include:

Associated skin:

- Activities, positioning, and postures that produce or relieve trauma to the skin
- Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin
- Skin characteristics

Wound:

- Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma
- Burn
- Signs of infection
- Wound characteristics

- Wound scar tissue characteristics
- Joint Integrity and Mobility

Examples of examination findings include:

 - Joint integrity and mobility
 - Joint play movements
 - Specific body parts
- Muscle Performance

Examples of examination findings include:

 - Electrophysiological integrity
 - Muscle strength, power, and endurance
 - Muscle strength, power, and endurance during functional activities
 - Muscle tension
 - Neuromotor development and sensory integration

Examples of examination findings include:

 - Acquisition and evolution of motor skills
 - Oral motor function, phonation, and speech production
 - Sensorimotor integration
- Orthotic, protective, and supportive devices

Examples of examination findings include:

 - Components, alignment, fit, and ability to care for the orthotic, protective, and supportive devices and equipment
 - Orthotic, protective, and supportive devices and equipment use during functional activities
 - Remediation of impairments, functional limitations, or disabilities with use of orthotic, protective, and supportive devices and equipment

- Safety during use of orthotic, protective, and supportive devices and equipment
- Pain
 - Examples of examination findings include:
 - Pain, soreness, and nociception
 - Pain in specific body parts
- Posture
 - Examples of examination findings include:
 - Postural alignment and position (dynamic)
 - Postural alignment and position (static)
 - Specific body parts
- Prosthetic requirements
 - Examples of examination findings include:
 - Components, alignment, fit, and ability to care for prosthetic device
 - Prosthetic device use during functional activities
 - Remediation of impairments, functional limitations, or disabilities with use of the prosthetic device
 - Residual limb or adjacent segment
 - Safety during use of the prosthetic device
- Range of motion (including muscle length)
 - Examples of examination findings include:
 - Functional ROM
 - Joint active and passive movement

Evaluation

- Evaluation is a thought process that may not include formal documentation. However, the evaluation process may lead to documentation of impairments, functional limitations, and disabilities using formats such as:
 - A problem list
 - A statement of assessment of key factors (e.g., cognitive factors, co- morbidities, social support) influencing the patient/client status.

Plan of Care

- Documentation of the plan of care includes the following:
 - Overall goals stated in measurable terms that indicate the predicted level of improvement in function
 - A general statement of interventions to be used
 - Proposed duration and frequency of service required to reach the goals
 - Anticipated discharge plans

VISIT / ENCOUNTER

- Documentation of each visit/encounter shall include the following elements:
 - Patient/client self-report (as appropriate).
 - Identification of specific interventions provided, including frequency, intensity, and duration as appropriate.
 - Response to interventions, including adverse reactions, if any.
 - Factors that modify frequency or intensity of intervention and progression goals, including client adherence to patient/client-related instructions.
 - Communication / consultation with providers / patient / client / family / significant other.
 - Documentation to plan for ongoing provision of services for the next visit(s), which is suggested to include, but not be limited to:
 - The interventions with objectives
 - Progression parameters
 - Precautions, if indicated

REEXAMINATION

- Documentation of reexamination shall include the following elements:
 - Documentation of selected components of examination to update patient's/client's impairment, function, and/or disability status.
 - Interpretation of findings and, when indicated, revision of goals.
 - When indicated, revision of plan of care, as directly correlated with goals as documented.

DISCHARGE/DISCONTINUATION SUMMARY

- Documentation of discharge or discontinuation shall include the following elements:
 - Current status.
 - Degree of goals achieved and reasons for goals not being achieved.
 - Discharge/discontinuation plan related to the patient/client's continuing care. Examples include:
 - Home program.
 - Referrals for additional services.
 - Recommendations for follow-up care.
 - Family and caregiver training.
 - Equipment provided.