Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

Submission to the Chief Medical Officer
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AMT is a national, not-for-profit association representing qualified Massage Therapists and Massage Therapy Students. Established in 1966, we are the oldest association in Australia to represent massage therapy in its own right. We advocate vigorously on behalf of our members to advance the profile and standing of massage therapists, and promote the health benefits of massage therapy.

AMT is deeply committed to the safe and ethical practice of massage therapy in Australia.

VISION

Our vision is to establish massage therapy as an allied health profession in Australia.

MISSION

Our mission is to:
- support our members
- professionalise the industry
- educate and inform the public and other health professionals.

AMT VALUES

- **Best practice:** we support our members to deliver evidence based, skilled, ethical and professional treatment
- **Participation:** we encourage our members to connect with and contribute to their professional community
- **Innovation:** we have set the agenda for industry advocacy since 1966
- **Governance:** we operate to the highest standards of transparency and accountability
- **Client focus:** we place quality and safety at the centre of all we do
AMT currently has provider recognition agreements with around 50 private health funds.

The Private Health Insurance (Accreditation) Rules 2008, which came into effect on 1 July 2008, include a requirement for all providers of massage therapy services to be a member of a national professional body such as AMT.

AMT represents over 1500 full practitioner members who are appropriately qualified to provide the following rebatable services:

- Swedish/therapeutic massage
- Remedial massage
- Myotherapy
- Deep tissue massage
- Lymphatic Drainage
- Shiatsu.

Health fund agreements are underpinned by a robust set of provider eligibility requirements that encompass:

- Minimum training standards
- Ongoing professional development
- Public liability and professional indemnity cover
- Senior First Aid certification.

The practice of massage therapy is supported by a robust clinical evidence base. There is a substantial body of research that demonstrates the established effects of massage therapy in relation to the following conditions and populations:

- cancer (side effects of treatment and psychological factors)
- musculoskeletal pain, including low back pain
- mood
- pre/post operative (particularly post operative nausea and vomiting)
- pregnancy/labour/post natal
- infant/paediatric
- older adults
- athletes/sports/exercise

There is also promising preliminary evidence for massage therapy in connection with the following conditions:

- headache and migraine
- hypertension
- arthritis
- HIV/immune function.

There is a paucity of studies analysing the cost effectiveness of massage therapy. Health economics research to date has generally focused on the larger field of Complementary and Alternative Medicine (CAM), rather than specific interventions like massage.

Studies of adverse effects show that massage therapy is a very low risk intervention. The number of harmful events reported in the literature in connection with properly qualified massage therapists is negligible.

Complaint data from the NSW Health Care Complaints Commission over the past six years similarly reveals that complaints against massage therapists constitute, at most, 0.4% of total complaints in any given year.

Last year, AMT released a comprehensive Code of Practice which sets a benchmark for the provision of professional, safe and ethical massage therapy services in Australia.
Massage therapy is currently self-regulated in Australia. There is no Statute or Act that applies solely or specifically to the practise of massage therapy. However, massage therapists are accountable under the following statutory codes and legislative instruments:

**Federal**
- The Privacy Act 1988
- Competition and Consumer Act 2010 (which includes the Australian Consumer Law)

**NSW**
- Public Health Act 1991
- Healthcare Complaints Act 1993
- The Health Records and Information Privacy Act 2002
- Children and Young Persons (Care and Protection) Act 1998
- NSW Code of Conduct for Unregistered Health Practitioners

**ACT**
- Health Act 1993
- The Health Records (Privacy and Access) Act 1997
- Children and Young People Act 2008
- Working with Vulnerable People (Background Checking) Act 2011

**Victoria**
- Health Records Act 2001
- Health Services (Conciliation and Review) Act 1987
- Working with Children Act 2005

**Queensland**
- Health Quality and Complaints Commission Act 2006
- Child Protection Act 1999

**South Australia**
- Health and Community Services Complaints Act 2004
- Children’s Protection Act 1993

**Western Australia**
- Health Services (Conciliation and Review) Act 1995
- Information Privacy Bill 2007
- Working with Children Act 2004

**Tasmania**
- Children, Young Persons and their Families Act 1997

**Northern Territory**
- Health and Community Services Complaints Act 1998
- Code of Health and Community Services Rights and Responsibilities
- Care and Protection of Children Act 2007

The NSW Code of Conduct for Unregistered Health Practitioners was introduced on 1 August 2008. This Code gave the NSW Health Care Complaints Commission specific powers to impose sanctions on health practitioners and practices not captured under the Health Practitioner Regulation National Law Act.

In early 2011, the Australian Health Ministers Advisory Council (AHMAC) conducted a national consultation on “Options for regulation of unregistered health practitioners”. AMT’s submission to AHMAC is available from the AMT website here:


One of the key recommendations in the AHMAC consultation paper was to implement the NSW Code of Conduct for Unregistered Health Practitioners nationally. AHMAC is yet to announce an outcome from the consultation.
The practice of massage therapy is the systematic assessment and treatment of the muscles, tendons, ligaments and connective tissues of the body to:

- maintain, rehabilitate or augment physical function
- relieve pain
- prevent dysfunction
- enhance health and promote wellness.

It includes the systematic external application of a variety of manual techniques including stroking, friction, vibration, kneading, compression, percussion, stretching and passive joint mobilisation. It may also include exercise prescription and the external application of heat, cold, topical preparations, tape and mechanical devices. The application of these techniques is based on current scientific understanding and evidence informed practice.

The practice of massage therapy does not include:

- high velocity-low amplitude (HLVA) manipulations
- prescription or recommendation of supplements or other ingestible substances
- counseling (unless the massage therapist holds a recognised counseling qualification)
- diagnosis of conditions or diseases.

The following practices are outside the massage therapy scope:

- Acu-Energetics
- Allergy Testing
- Ayurvedic Medicine
- Bach flower Remedies
- Biofeedback
- Biodynamic massage
- Bioenergetics
- Body Transformation
- Chakra Balancing
- Colonic Irrigation
- Colour Therapy
- Core Energetics
- Counseling
- Crystal Healing
- Dolphin Healing
- Ear Candling
- Emotional Freedom Technique
- Energetic Healing
- Energetic Medicine
- Erotic/exotic massage
- Feng Shui
- Flower Essences
- Geomancy / treatment of geopathic stress
- Hawaiian massage / Lomi Lomi
- Hellerwork
- Herbalism
- Homeopathy
- Holistic Breathwork
- Hypnosis
- Iridology
- Kinesiology / Touch for Health
- Laser Therapy
- Life Coaching
- Live blood analysis
- Magnet Therapy
- Magnetic Field Therapy
- Metamorphic Technique
- Naturopathy
- Neuro-linguistic Programming
- Personal Training
- Polarity Therapy
- Postural Integration and Psychotherapeutic
- Postural Integration
- Pranic Healing
• Radionics
• Raindrop Therapy
• Rebirthing
• Reconnective Healing
• Reiki
• Sexological Bodywork
• Shamanic Healing
• Sound Therapy
• Spiritual Healing
• Tantric Massage
• Thai Massage
• Theta Healing
• Thought Field Therapy
• Time Line Therapy
• Traditional Chinese Herbal Medicine
• Zero Balancing
Massage therapists may work in one or more of the following areas:

**Therapeutic or relaxation massage (sometimes referred to as Swedish):**
to promote wellbeing, improve sleep, treat anxiety and tension, and enhance a range of systemic body functions such as circulation.

**Remedial massage:**
to assist in rehabilitation, pain and injury management. A range of manual therapy techniques may be employed in treatment, such as deep connective tissue massage, Trigger Point Therapy, Muscle Energy Techniques, Direct and Indirect Myofascial Techniques, and Neuromuscular Facilitation.

**Sports massage:**
to treat and prevent injuries, improve recovery, flexibility and endurance, and enhance the performance of athletes.

**Structural bodywork:**
to address postural and biomechanical patterns of strain.

**Lymphatic drainage and lymphoedema management:**
to support and enhance the primary care of patients whose lymphatic system has been compromised by a variety of chronic or acute illnesses.

**Myotherapy:**
to assess and treat myofascial pain and dysfunction.

**Oncology, palliative care and geriatric massage:**
to support the primary care of patients with chronic illness and a broad range of quality-of-life issues.

**Pregnancy and pediatric massage:**
to support the primary care of pregnant women and infants.

**Oriental massage:**
to enhance mental and physical wellbeing through the stimulation of specific pressure points. It includes Shiatsu, acupressure and Tui Na.

For a detailed list and brief description of the techniques used within these disciplines, please refer to Appendix A – Glossary of massage therapy techniques.
National Competency Standards were introduced for massage therapy in 2002 as part of the Health Training Package. Nationally recognised massage therapy qualifications at Certificate IV, Diploma and Advanced Diploma Levels are delivered by Registered Training Organisations (RTOs), which are regulated by the government. These qualifications sit within the Australian Qualifications Framework (AQF), the national system of qualifications encompassing higher education, vocational education and training, and schools.

Graduates of Certificate IV programs are competent to perform general health maintenance treatments.

Graduates of Diploma programs are competent to perform treatments involving specific remedial techniques to alleviate common musculoskeletal presentations such as low back pain.

Graduates of Advanced Diploma programs are competent to treat complex musculoskeletal presentations with a more extensive range of treatment protocols.

AMT has three practitioner levels of membership:

- General level
- Senior Level One
- Senior Level Two

**General level membership** is available to graduates who hold the following qualifications:

- HLT40302/07 Certificate IV in Massage
- HLT40102 Certificate IV in Traditional Chinese Medicine Remedial Massage
- HLT40202 Certificate IV in Shiatsu.

**Senior Level One membership** is available to graduates who hold the following qualifications:

- HLT50302/07 Diploma of Remedial Massage
- HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage
- HLT50202/07 Diploma of Shiatsu

**Senior Level Two membership** is available to graduates who hold the following qualifications:

- NSW TAFE Associate Diploma of Health Science (Massage Therapy)
- NSW TAFE Diploma of Health Science (Massage Therapy)
- CIT Advanced Diploma of Applied Science in Remedial Massage
- CIT Advanced Diploma of Health Science (Soft Tissue Therapy)
- Advanced Diploma of Remedial Massage (Myotherapy)
Massage therapists who provide third party services through private health funds and Workers’ Compensation Authorities are required to complete at least 20 hours of Continuing Professional Education per annum.

AMT originally instituted a Continuing Education Unit (CEU) scheme in 1994. This scheme has now been operating for 19 years.

AMT’s CEU scheme aims to:

• develop professional skills
• provide a form of quality assurance to members of the public seeking qualified therapists
• meet the requirements of third party payment providers such as the private health funds
• align practice standards with allied health professionals such as physiotherapists and chiropractors.

To remain eligible for provider status with the health funds, AMT members must maintain a minimum of 100 CEU points per year, which roughly equates to around 20 hours or three days per annum. Members are required to produce documentary evidence of their activities on renewal of their membership every year. This information is retained on file.

For more information on how AMT’s CEU scheme is administered, please refer to Appendix B - All about Continuing Education Units (CEUs).
AMT has provider recognition agreements in place with around 50 private health funds. AMT reports directly to each of these funds on member eligibility for provider status.

Although provider criteria for massage therapists varies across the individual funds, the Private Health Insurance (Accreditation) Rules 2008 established a common baseline for eligibility requirements across all private health insurers. The Rules, which were made as an amendment under the Private Health Insurance Act 2007, commenced on 1 July 2008. They require providers of services such as massage therapy to be a member of a professional organisation that:

(a) is a national entity which has membership requirements for the profession; and

(b) provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and

(c) administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate; and

(d) maintains a code of conduct which the health care provider must uphold in order to continue to be a member; and

(e) maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure.

For more information on specific health fund provider criteria for massage therapists, please refer to Appendix C – Information about Health Funds.

AMT members also provide services under Workers’ Compensation schemes in NSW, Victoria and South Australia.
Appendix D contains a comprehensive list of references to massage therapy studies that have been classified according to the National Health and Medical Research Council’s evidence hierarchy. The studies have been further categorised according to presenting conditions/populations. Each study has only been cited once, even though a number of them crossed more than one category.

The evidence supports the established effects of massage therapy for the following conditions and populations:

**Cancer**
Although massage therapy is obviously not a treatment for cancer itself, massage therapy is effective in the management of symptom distress and palliation. It can also ameliorate the mood effects of a cancer diagnosis, such as stress and depression. There have been four systematic reviews of massage and cancer, including a Cochrane Systematic Review in 2004, which was updated in 2008.1

The largest single study on massage and cancer was conducted at Memorial Sloan-Kettering Cancer Centre, where 1290 patients were treated with massage therapy over a three-year period.2

**Musculoskeletal pain, including low back pain**
There is a significant body of evidence, including systematic reviews, for the effectiveness of massage therapy in the treatment of a range of musculoskeletal presentations.

There are four systematic reviews of massage and low back pain, including a Cochrane Systematic Review in 2008, which was updated in 2009.3 The most recent review, published by the Ottawa Panel in 2012, concluded that massage interventions provide short-term improvement of sub-acute and chronic low back pain symptoms and decrease disability at immediate post treatment. Massage therapy provides short-term relief when combined with therapeutic exercise and education.4

There are two systematic reviews of massage and neck pain, including a Cochrane Systematic Review in 2012 which concluded that massage therapy provides short-term relief of mechanical neck pain.5 A systematic review published by the Ottawa Panel in 2012 reached a similar conclusion.6

There is a large body of research investigating the connection between active myofascial trigger points and various kinds of myofascial pain and dysfunction, which provides underpinning evidence for the use of trigger point techniques, including Myofascial Dry Needling. A team of Spanish researchers in the Department of Physical Medicine and Rehabilitation at the Universidad Rey Juan Carlos have established a substantial body of work in this area, with a particular focus on headache, neck and shoulder pain.7

There is also modest evidence for the effectiveness of massage therapy in ameliorating the symptoms of fibromyalgia. A 2010 review revealed short-term benefits, with one single arm study reporting longer term effects.8

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7 There are numerous studies by Alonso-Blanco C, Fernández-de-Las-Peñas C, de-la-Llave-Rincón AI, Zanco-Moreno P, Galán-Del-Río F, Svensson P which have been cited in Appendix 4 under ‘Myofascial Pain’.
8 Kalichman L. Massage therapy for fibromyalgia symptoms, Rheumatol Int. 2010 Jul;30(9):1151-7.
Mood
Anxiety reduction is one of the most well-established effects of massage therapy, with evidence for this crossing multiple presenting conditions and populations. In a 2004 meta-analysis of 37 studies, reductions in trait anxiety and depression were identified as massage therapy’s largest effects. There is also evidence from a number of studies that massage therapy increases oxytocin, which may be one of the mechanisms by which it mediates anxiety.

Pre/post operative
There is a significant body of RCTs that demonstrate the efficacy of massage in the management of pre and post-operative pain, anxiety and tension, and post-operative nausea. A 2009 Cochrane Systematic Review found that acupressure stimulation of the P6 acupoint significantly reduced post operative nausea and vomiting, and the need for antiemetics.

Pregnancy/labour/post natal
There is a significant body of evidence that supports the efficacy of massage throughout pregnancy, and particularly during labour. A 2012 Cochrane Systematic Review found that there was some evidence that massage improves the management of labour pain with few adverse side effects. Another 2012 Cochrane review found that massage may have a role in reducing pain and improving women’s emotional experience of labour.

Infant/paediatric
A 2004 Cochrane Systematic Review found that massage of pre-term or low weight infants improved daily weight gain by 5.1 grams and appeared to reduce the length of hospital stay by 4.5 days. A 2006 Cochrane review also found some evidence of benefits on mother-infant interaction, sleeping and crying, and on hormones influencing stress levels. A 2007 review established the efficacy of paediatric massage for a range of conditions, however significant reductions in state anxiety was identified as one of the strongest effects.

Older adults
A body of RCT evidence supports the efficacy of massage in treating a range of conditions associated with aging. A Cochrane Database Review of massage and touch for dementia found that massage therapy may serve as an alternative or complement to other therapies for the management of behavioural, emotional and other conditions associated with dementia.

Athletes/Sports/Exercise
Systematic reviews show that massage therapy is effective in reducing Delayed Onset Muscle Soreness and enhancing recovery after strenuous exercise. A number of RCTs have also shown positive effects of massage on pain and recovery after strenuous exercise.

Strong preliminary evidence also points towards the clinical efficacy of massage therapy in the treatment of the following conditions:

**Headache and migraine**
A 2010 systematic review of manual therapies for migraine found that massage therapy, physiotherapy, relaxation and chiropractic spinal manipulative therapy might be as effective as propranolol and topiramate in the prophylactic management of migraine. A number of RCTs on headache and migraine also report positive results for massage.

**Arthritis**
There are a number of promising RCTs which support the efficacy of massage therapy in treating both osteo and rheumatoid arthritis. One recent RCT of Swedish massage for osteoarthritis of the knee revealed significant improvements across a range of measures compared to usual care. This dose-finding study built on an earlier study that produced similar results.

**Hypertension**
There is some preliminary evidence, based principally on case series, that massage has a moderating effect on blood pressure and heart rate. One specific study provides evidence that the style of massage therapy can influence blood pressure, with increases in blood pressure noted for potentially painful massage techniques.

**HIV/Immune Function**
There are a number of studies with findings that massage therapy has a positive effect on immune function. A 2010 Cochrane Review found that there is evidence to support the use of massage therapy to improve the quality of life of people living with AIDS/HIV.

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There is a paucity of published research on the cost effectiveness of massage therapy. Health economics is a largely untapped area of study.

However, a 2012 US study of complementary and alternative medicine use and health care expenditures for back and neck problems found that CAM users had significantly better self-reported health, education, and co-morbidity compared with non-CAM users. Adjusted annual medical costs among CAM users was $424 lower (95% confidence interval: $240, $609; P<0.001) for spine-related costs, and $796 lower (95% confidence interval: $121, $1470; P = 0.021) for total health care cost than among non-CAM users. Average expenditure for CAM users, based on propensity matching, was $526 lower for spine-specific costs (P<0.001) and $298 lower for total health costs (P = 0.403). Expenditure differences were primarily due to lower inpatient expenditures among CAM users.\textsuperscript{23}

One systematic review found that massage therapy, but not acupuncture or spinal manipulation, may reduce the costs of care after an initial course of treatment.\textsuperscript{24}

A cost utility analysis of massage for people with constipation found that massage is a cost effective intervention.\textsuperscript{25}


A 2003 systematic review found that serious adverse affects from massage therapy are rare. The majority of adverse effects were associated with exotic types of massage or massage delivered by laymen, while qualified massage therapists were rarely implicated.26

A survey of injuries reported in Medline in relation to the practice of massage therapy similarly found that the risk of injury or serious adverse effects from massage is extremely low.27

A cross-sectional study of 100 massage therapy clients at a Health Sciences University Clinic in the US found that 10% of those surveyed experienced some minor discomfort after receiving massage therapy. The majority of negative symptoms started less than 12 hours after the massage and lasted for 36 hours or less.28

The NSW Health Care Complaints Commission has published statistics on complaints filed against massage therapists since 2007. There was a significant spike in the number of complaints received during 2009/10, after the introduction of the NSW Code of Conduct for Unregistered Health Practitioners, but the rate of complaint has since dropped again.29 Complaints against massage therapists represent between 0 and 0.4 percent of total complaints received by the NSW HCCC in any given year since specific statistics for massage therapists have been compiled.

The Office of Health Services in Victoria has published statistics on complaints filed against massage therapists since 2008. There was a similar spike in complaints in 2009, though there is no clear explanation for why this might have occurred.30

Table 1 below summarises the number of complaints received by the NSW HCCC and OHS Victoria since statistics have been published.

Table 1 - Complaints against massage therapists received by the NSW Health Care Complaints Commission and the Office of Health Services Victoria

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Health Care Complaints Commission</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Office of Health Services Victoria</td>
<td>N/A</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>1</td>
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The establishment of national competency standards for Massage Therapy in 2002 has provided a more rigorous and consistent framework for the education of massage therapy practitioners than existed previously in Australia. Improving training standards obviously underpins improvements in the quality of services provided by qualified practitioners.

Ongoing professional development, a requirement for all health fund providers, also serves as a kind of de facto quality assurance. AMT closely monitors the continuing professional development of all health fund provider members: every member is audited on their CPE activity annually, when they renew their membership.

The release of AMT’s Code of Practice in October 2012 now provides a benchmark for quality and safety in the practice of massage therapy in Australia. The full AMT Code of Practice is included in Appendix E.

29 Annual reports, 2009 through to 2012, NSW Health Care Complaints Commission
30 Annual reports. 2008 through 2012, Office of Health Services Victoria
APPENDIX A

Glossary of massage therapy techniques
THERAPEUTIC / RELAXATION MASSAGE (SWEDISH)

Stroking
Stroking is generally performed at the beginning and end of the massage sequence with gliding movements. Using the whole palmar surface of the hand to contour smoothly over the body, stroking is usually applied slowly and rhythmically with gentle pressure. The pressure is firm enough for the client to feel yet light enough so there is minimal deformation of the subcutaneous tissue. The movement is performed away from the heart.

Effleurage
Effleurage is a gliding movement that is applied with greater pressure than stroking, as the therapist utilises their body weight to lean into the stroke. The pressure, rhythm and speed can be varied. It is applied over large areas and uses as much hand contact as possible, depending on the body region. It is performed in the direction of venous and lymphatic flow towards the heart, with lighter pressure on the return stroke.

Kneading
Kneading consists of short, rhythmic, circular movements that repetitively compress, lift and release the muscles and subcutaneous tissues. Both hands are used in an alternating fashion and pressure is applied intermittently. Pressure, rate and rhythm can be varied.

Petrissage
Petrissage consists of short, gentle and rapid movements using alternate hands to lightly lift and release superficial tissues. It is best applied to the muscle belly on larger muscle groups.

Frictions
Frictions are small, deep circular or longitudinal movements on local areas of tissue using the pads of fingers, thumbs, palms, fist or knuckles. The movement can also be applied transverse to the muscle fibre direction, depending on the area being treated. The technique is applied in a one-directional back and forth motion with the emphasis on the away stroke. The pressure is increased with each successive movement until the desired depth is reached.

Tapotements
Tapotements consist of the rhythmic application of springing or tapping strokes.

1. Flicking or tapping
   Flicking is the lightest tapotement technique applied with loosely held fingers in a gentle rhythmic alternating fashion. It can be applied to areas such as the face, chest and arms.

2. Hacking
   Hacking consists of a succession of short, sharp strikes performed with alternate hands. It is applied using the ulna borders of fingers and hands with the fingers extended and together. This technique is generally applied to large muscle bulk areas such as the gluteals, quadriceps and hamstring muscle groups.

3. Cupping
   Cupping is performed with cupped hands to create a slight vacuum. It is applied in an alternating fashion as a succession of brisk claps on the thoracic region of the back. It is generally used for loosening mucus from the respiratory system but may be applied to broad surfaces such as the back or thigh.

4. Pummelling
   Pummelling is performed with loosely closed fists, working alternately with the ulnar aspects of the hand striking the body. It is applied over areas of large muscle mass.

Rocking
Rocking uses a gentle push and release movement that is applied in either a side to side or up and down direction. It is applied with a deliberate full body movement. The action moves the body as far as it will go then allows it to return to the original position. The rate and rhythm of the body movement is unique to the individual client. After 2-3 rocks, the therapist senses the client’s own body rhythm and synchronizes to support or slows down the movement.
Shaking
Shaking begins with a lift and pull component. Either a muscle group or a whole limb is grasped lightly, lifted and shaken. The massage therapist should always work within the limits of both range of motion of the joint and the ‘elastic give’ of the tissue.

Vibration
Vibration begins with light compression. After the depth of the pressure is achieved, the hand needs to tremble, and transmit the action to the surrounding tissues limiting the movement to about 4-5 cm. Gradually quicken the movement until the tissue starts to vibrate. Contact is usually made with the pads of fingers or the soft touch of the palm of the hand. The effect of the vibration depends on the pressure, rate and duration of the application.

Jostling
Jostling consists of loosely grasping the muscle and shaking it gently back and forth, creating a vibration through the entire muscle. This action is repeated, moving down the muscle from origin to insertion. It is applied with the muscle in a shortened and relaxed position.

Compressions
Compressions can be applied using the hands, thumbs, thenar and fist. Pressure is applied vertically down into the tissue and released using a rhythmic pumping action. Compressions can be applied into the belly of the muscle, over muscle groups and over whole body regions. It is not used on bony areas.

Deep stroking
Deep stroking is the application of broad pressure using braced fingers, braced thumbs, fist, thenar or forearm working longitudinally or transversely along muscle fibres. It is a deep technique that uses lubrication sparingly to increase the amount of pressure and drag on the tissue. It is an effective technique to locate areas of restriction.

Broad cross fibre stroking
Broad cross fibre is a friction that crosses the tissue transversely. The application is done broadly to target a larger surface area of contact rather than the smaller frictions. The superficial tissues are moved over the underlying structures. This technique is best done with minimal lubrication. Rate should be slow and the movement precise and deliberate.

Digital Ischaemic Pressure (DIPs)
DIPs are recommended for the treatment of small pressure points causing pain and reduced mobility in the soft tissue. Pressure is applied gradually until tissue resistance is met or until the client reports an increase in pain. If the area is very tender, the use of a pain scale with the client helps prevent the use of too much pressure. Applying pressure simultaneously with the client exhaling will also assist in reducing pain levels. If the area is sore, pressure can be applied in a gentle rhythmical on/off fashion.

Skin Rolling
Skin rolling is an effective technique for the assessment and treatment of superficial fascia. The thumb and forefinger form a loose pincer grip on the skin. Using a rolling action, the finger and thumb then lift the skin to loosen it from the subcutaneous tissue. It is applied in multidirections, both longitudinally and transversely across the tissues.

Passive movements
Passive movements are gentle movements performed by the therapist to assess range of movement (ROM) and to assist with joint mobility and lubrication. The movements are performed slowly and within the physiological barrier of each joint while it is securely and comfortably supported.
**REMEDIAL MASSAGE**

In addition to the foundational strokes employed in therapeutic massage, remedial massage incorporates the following assessment and techniques:

**Postural Analysis**

Postural analysis is the process of evaluating the positioning of a client’s body using anatomical landmarks to identify postural imbalances. It involves observing the client standing upright from the anterior, posterior and lateral aspects to assess structural and habitual postures and their associated muscle imbalances. For example, it can provide information about the effects on the musculoskeletal system of right or left dominance, of regular sports and hobbies, of work-related activities and of adaptations to diseases and traumas. Findings from the postural observation along with the client’s case history and other assessment findings contribute useful information to the development of treatment plans.

**Range of Motion (ROM) testing**

Range of motion is a term used to describe the extent of movement possible at a joint. Range of motion testing demonstrates a client’s limitations and indicates the types of tissue involved. There are three categories: active, passive and resisted ROM testing.

1. **Active ROM tests** require the client to move a given body part or joint through its possible motions independently. They are useful in locating the musculoskeletal region that is the likely source of the symptoms.

2. **Passive ROM tests** are performed by the therapist, who moves the body part or joint through its possible motions. They are used to assess inert structures such as articulating cartilage, joint capsules or ligaments.

3. **Resisted ROM tests** occur when a client meets the resistance of the therapist in attempting to produce movement at a joint. It utilises controlled opposition to movement to assess the health and function of muscles and their corresponding tendons.

**Functional Tests**

Functional tests are used as part of the assessment process. The decision to perform specific functional tests is based on the client’s history and the nature of the presenting condition. Functional tests guide the development of treatment plans and ensure evidence-based decisions about treatment protocols or the need for referral. (see Table 1)

**Trigger Point Therapy**

A trigger point is a focus of hyperirritable tissue in skeletal muscle associated with a hypersensitive palpable nodule in a taut band of muscle. The spot is painful on compression and can give rise to characteristic referred pain, referred tenderness, motor dysfunction and autonomic phenomena. Using the thumb, fingers or elbow, pressure is applied to the trigger point with increasing intensity and maintained until the client reports significant reduction in pain or the therapist palpates a release of the taut band of muscle. The pressure applied must be within the client’s pain tolerance (between 4 and 7 on a pain scale of 1 to 10). After the pressure is released, the muscle is actively stretched to its full range of motion.

**Direct Myofascial Release / Deep Tissue Massage**

Direct myofascial release consists of applying controlled mechanical stress with finger pads, knuckles, soft fist, palm, forearm musculature, ulna or the elbow (olecranon) to areas of restriction or adhesion within the myofascia. Little or no lubrication is used to ensure there is sufficient grip and drag on the tissue. Initially, gentle surface contact is made. The therapist sinks to the appropriate level or depth in the tissue, then applies their bodyweight to gradually increase pressure to a level that is comfortable for the client. The therapist moves slowly (at the rate of 1-2mm per client breath) and controls the application by changing their vector of force rather than intensifying the contact if the client reports discomfort or continued tissue resistance is encountered. Direct myofascial technique can be augmented by passive (therapist directed) movement or by active (client assisted) movement participation.
<table>
<thead>
<tr>
<th>Test</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams test</td>
<td>To discriminate between idiopathic and functional scoliosis</td>
</tr>
<tr>
<td>Anterior draw test (knee)</td>
<td>To assess integrity of anterior cruciate ligament of the knee</td>
</tr>
<tr>
<td>Anterior draw test (ankle)</td>
<td>To assess anterior talofibular ligament instability</td>
</tr>
<tr>
<td>Apley’s compression test</td>
<td>To test for meniscal tear in the knee</td>
</tr>
<tr>
<td>Apley’s scratch test</td>
<td>To test for rotator cuff injury, glenoid labrum damage or arthritis</td>
</tr>
<tr>
<td>Apprehension test</td>
<td>To assess anterior glenohumeral instability</td>
</tr>
<tr>
<td>Drop arm test</td>
<td>To identify supraspinatus tear or strain</td>
</tr>
<tr>
<td>Elbow extension test</td>
<td>To rule out bony or joint injury</td>
</tr>
<tr>
<td>Empty can test</td>
<td>To detect possible supraspinatus injury</td>
</tr>
<tr>
<td>Finkelstein’s test</td>
<td>To test for de Quervain’s tenosynovitis</td>
</tr>
<tr>
<td>Impingement test</td>
<td>To test for shoulder impingement syndrome</td>
</tr>
<tr>
<td>Kemp’s or Quadrant test</td>
<td>To differentiate between the narrowing of the intervertebral foramen caused by nerve root compression, sacroiliac or lumbar joint dysfunction</td>
</tr>
<tr>
<td>Ober’s test</td>
<td>To assess lateral hip and thigh structures</td>
</tr>
<tr>
<td>Patrick’s or FABERE test</td>
<td>To test for hip or sacroiliac pathology</td>
</tr>
<tr>
<td>Phalen’s test</td>
<td>To test for carpal tunnel syndrome</td>
</tr>
<tr>
<td>Posterior draw test (knee)</td>
<td>To assess integrity of posterior cruciate ligament</td>
</tr>
<tr>
<td>Prone knee bend</td>
<td>To assess quadriceps tension</td>
</tr>
<tr>
<td>Slump test</td>
<td>To differentiate between nerve root tension, disc herniation or lumbosacral sprain or strain</td>
</tr>
<tr>
<td>Straight leg raise</td>
<td>To distinguish sciatic nerve impingement, disc herniation and piriformis syndrome from sacroiliac or lumbar strain or sprain</td>
</tr>
<tr>
<td>Thomas test</td>
<td>To assess hip contracture and hip flexors</td>
</tr>
<tr>
<td>Tinel’s test</td>
<td>To test for neuropathy at the elbow or wrist</td>
</tr>
<tr>
<td>Trendelenburg Test</td>
<td>To assess gluteus medius weakness</td>
</tr>
<tr>
<td>Valgus and varus elbow stress test</td>
<td>To test for medial or lateral collateral ligament sprain</td>
</tr>
<tr>
<td>Valgus or varus knee stress test</td>
<td>To test for medial or lateral collateral ligament sprain</td>
</tr>
<tr>
<td>Valsalva</td>
<td>To test for space occupying lesions, disc herniation or intervertebral foramen narrowing</td>
</tr>
<tr>
<td>Yergeson’s test</td>
<td>To test for biceps brachii tendinosis or strain or glenoid labrum damage</td>
</tr>
</tbody>
</table>

Indirect Myofascial Release
Indirect myofascial release differs from the direct form in that only very small amounts of pressure are used. The tissue barriers, once engaged, are never forced and are allowed to ‘unwind’ or release themselves. The therapist’s job is to follow and facilitate the release. The therapist applies lightly contact to the fascia with relaxed hands. The fascia is slowly stretched until a restriction is felt. Light pressure is maintained to stretch the restriction for approximately 3–5 minutes. As the barrier releases, the hand will feel the motion and softening of the tissue.

Muscle Energy Technique
Muscle Energy Technique involves the active engagement of the client’s muscles against a controlled counterforce from a precise position and in a specific direction. It is used to treat soft tissue or joint dysfunction. For example, it is appropriate for the treatment of an anteriorly rotated pelvis accompanied by hyperlordosis. The client lies in the supine position with the therapist adjacent to the client’s hip on the treatment side. The therapist takes the hip into 90 degrees of hip flexion and leans towards the clients shoulder to induce posterior rotation. The client extends the hip and holds the contraction for several seconds and then relaxes. The therapist leans further forward toward the clients shoulder to induce further posterior rotation.

Proprioceptive Neuromuscular Facilitation (PNF)
PNF is a method of active, assisted stretching involving a series of contractions and relaxations with enforced stretching during the relaxation phase. Using active motion and isometric work, facilitated stretching improves flexibility and enhances motor learning in the process. The client actively stretches the target muscle followed by an isometric (resisted) contraction for approximately 6 seconds. The client then stretches the target muscle again to a new range of motion.

Deep Transverse Frictions (DTFs)
These strokes may be applied with the fingertips or with the thumb, across the long axis of the fibres. It is only applied to problem areas in muscles, tendons, ligaments or joint capsule. Deep transverse friction may cause some immediate soreness. The specific purpose of these strokes is to render scar tissue more pliable and realign damaged collagen fibres.

Counterstrain (positional release)
Counterstrain or positional release involves locating tender points in the myofascia and then placing this dysfunctional tissue into a shortened position. This position is held for 90 seconds, then returned to the original position, where the tender point is rechecked.

Manual lymphatic drainage (MLD)
MLD is a type of gentle massage that encourages the natural drainage of the lymph from the tissues spaces. A specific amount of pressure is used (less than 9 ounces per square inch) with small, rhythmic circular movements to stimulate lymph flow. It is a primary tool in lymphoedema management.
Cryotherapy
Cryotherapy or cold application is used in acute injury management to reduce the effects of the inflammatory response. In remedial massage, cryotherapy commonly refers to the local applications of ice using ice packs and ice massage. The generally accepted period for application of ice packs, with an insulating barrier such as a towel, is 10-15 minutes. Ice applications times vary for ice massage but they are usually no longer than 5 minutes in any one area because the ice is in direct contact with the skin.

Thermotherapy
Thermotherapy is the local or systemic application of heat. It is generally used for chronic injury management and pain relief. Heat can be applied in a number of different ways including: warm showers and baths, hydrotherapy pools, wheat packs, hydrophilic silicone gel (hydrocollator), heat rubs/creams, chemical packs, heat lamps and hot towels. Heat is usually applied for 20-30 minutes.

EVENT MASSAGE FOR ATHLETES (SPORTS MASSAGE)

1. Pre Event Massage
This is fast paced, rhythmic and stimulating rather than relaxing. The techniques used include compressions, palmar frictions, jostling, vibrations, tapotements and passive movements. Ideally, it is administered several hours prior to competition and should be no longer than 10 – 15 mins duration, leaving the muscles and nerves in a state of excitability and heightened reflex. The massage focuses on the specific body region that will experience the most stress in competition (e.g. legs in running, arms/shoulders in tennis).

2. Inter/Intra Event Massage
This is used between events or in times of substitution. The primary goal of inter event massage is to address areas of excessive tension that have occurred during exercise and to maintain heightened neural activity. Athletes are able to direct the therapist to the exact site and have that area addressed.

If more than one event is scheduled, promoting continued lymphatic uptake aids recovery time post event. As in pre event massage, inter event massage should not be sedating or relaxing.

3. Post Event Massage
Post event massage assists recovery processes. It is always done slowly and rhythmically for a relaxing, sedative effect. The techniques employed include effleurage, kneading, light compressions, vibrations and passive movements. It is generally performed within 2 hours of the normal warm down (light sport specific exercises and stretching) for 15-20 minutes. It is important that the therapist assesses the athlete before the massage, looking for signs of exhaustion, dehydration, temperature (heat exhaustion/heat stroke), injury, pain, condition, cramp, blisters, open cuts or wounds.

MYOTHERAPY (ADVANCED REMEDIAL MASSAGE)

In addition to the techniques employed in therapeutic and remedial massage, myotherapy utilises the following techniques:

**Moxibustion**
Moxibustion refers to the use of a herb (mugwort) to administer deep penetrating heat. Usually used in the form of a stick similar in size and shape to a cigar, the end is lit and glows like a hot coal. It is waved above the area of pain and dysfunction providing deep therapeutic warming of the tissues.

**Myofascial Dry Needling**
Myofascial Dry Needling is the use of acupuncture needles in the treatment of musculoskeletal pain and dysfunction. It is not to be confused with Traditional Chinese acupuncture, as the theory behind the application is very different. Needles are used to deactivate myofascial trigger points, decrease non-specific muscle pain and tension, and alleviate areas of inflammation. There are several Myofascial Dry Needling techniques, including:
• **Static Dry Needling**
The needle is inserted into the tissue and left there for a period of time before being removed.

• **Dynamic Dry Needling**
The needle is inserted and stimulated by moving it in and out of the tissue under the skin before being removed.

• **Pecking**
This technique is similar to Dynamic Needling, but is more vigorous and uses smaller motions. It may be applied to soft tissues or the periosteum which is then called periosteal pecking.

• **Electro-Stimulation Dry Needling**
Electrodes are fitted to the end of the needles once inserted and a low frequency electrical charge is employed to stimulate the tissue.

• **Dry Needling with Moxibustion**
Moxibustion is applied to the needles once they are inserted. The Moxibustion provides an element of heat to the tissues directly through the shaft of the needle to encourage relaxation and deactivation of Myofascial Trigger Points and muscle tissue.

• **Shallow Dry Needling**
Shallow needling is employed in the local region of Myofascial trigger points or muscular pain but not directed specifically into a particular Myofascial Trigger Point. It is usually quite superficial.

• **Deep Dry Needling**
The needle is inserted deep into the muscle with the intention of directly entering and stimulating the deactivation of myofascial trigger points.

**Vacuum Cupping**
Vacuum Cupping involves the use of glass or plastic cups, which form a vacuum seal when applied to the skin. The technique creates a gentle or strong suction over the skin to encourage increased blood flow to the area. It is particularly effective when the body part is too sensitive to withstand hands-on treatment. Two main techniques may be employed:

1. **Static Vacuum Cupping**
The cups are placed in a particular region and then removed after a period of time.

2. **Dynamic Vacuum Cupping**
The cups are moved over the skin once the seal is created. This is a much more vigorous treatment.

**ORIENTAL MASSAGE**

Oriental massage includes the following styles of treatment:

**Acupressure**
Acupressure is a traditional Chinese medicine (TCM) technique derived from acupuncture. Physical pressure is applied to acupuncture points by the thumbs, hands and elbows, or with various devices.

**Tuina**
Tuina is a form of traditional Chinese massage that resembles modern western massage. It is often used to address specific injuries or muscle and joint pain. It is a vigorous style of therapy, with kneading and friction type strokes, and pulling of the muscles.

**Shiatsu**
Shiatsu is the Japanese form of acupressure, incorporating stretches to the acupressure meridians. Pressure is applied with thumbs, fingers, palms and knees. It also uses techniques such as rolling, brushing, vibrating and grasping.
APPENDIX B
All about Continuing Education Units (CEUs)
Continuing education is the foundation of professional practice. It enables you to maintain and develop your skills, and ensure that your knowledge remains relevant and up to date.

AMT’s Continuing Education Unit (CEU) scheme aims to:

• develop your professional skills
• provide a form of quality assurance to members of the public seeking qualified therapists
• meet the requirements of third party payment providers such as the private health funds
• align practice standards with allied health professionals such as physiotherapists and chiropractors.

To remain eligible for provider status with the health funds, you must maintain a minimum of 100 CEU points per year, which roughly equates to around 20 hours or three days.

If you acquire more than 100 CEU points in a year, we will roll forward a maximum of 50 points to the next year.

Some simple ways to achieve your annual CEU quota are:

• attend the AMT annual conference (50 CEUs per day)
• attend the AMT Annual General Meeting (15 CEUs)
• attend an AMT accredited workshop (35 CEUs per day)
• participate in the online AMT forum (10 CEUs per year)
• complete the AMT journal questions (10 CEUs per year)
• attend an AMT Regional Meeting (15 CEUs)
When your annual membership renewal is due, you will be issued with a blank CEU form to fill in and send back. Please fill out the form and attach all the relevant documentation before returning the form to head office. You must include:

- Copies of Certificates (not receipts of payment)
- Details of content and time taken (if the workshop or course is not accredited by AMT).

Maximum points can only be awarded when we have all the details.
### Courses and workshops

<table>
<thead>
<tr>
<th>Courses and workshops</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMT-accredited workshops and members’ days</td>
<td>35 per day</td>
<td>Certificate of attendance</td>
</tr>
<tr>
<td>Reputable workshops within AMT scope of practice</td>
<td>15 per day</td>
<td>Certificate of attendance</td>
</tr>
<tr>
<td>Substantial courses (e.g university) in allied subjects</td>
<td>150 per year</td>
<td>Academic transcript</td>
</tr>
<tr>
<td>Substantial VET courses (e.g Certificate IV in Workplace Training and Assessment)</td>
<td>100 per year</td>
<td>Certificate</td>
</tr>
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</table>

### Conferences

<table>
<thead>
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<th>Conferences</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMT annual conference</td>
<td>50 per day</td>
<td>N/A</td>
</tr>
<tr>
<td>Reputable conferences in allied disciplines</td>
<td>35 per day</td>
<td>Certificate of attendance</td>
</tr>
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</table>

### AMT meetings

<table>
<thead>
<tr>
<th>AMT meetings</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual General Meeting</td>
<td>15</td>
<td>N/A</td>
</tr>
<tr>
<td>Branch meetings</td>
<td>15</td>
<td>Record of Attendance on Minutes from Region</td>
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</table>

### Contributions to AMT journal

<table>
<thead>
<tr>
<th>Contributions to AMT journal</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researched articles</td>
<td>50</td>
<td>Approval by editor</td>
</tr>
<tr>
<td>Book and DVD reviews (minimum 700 words)</td>
<td>25</td>
<td>Approval by editor</td>
</tr>
<tr>
<td>Clinical perspectives contribution</td>
<td>25</td>
<td>Approval by editor</td>
</tr>
<tr>
<td>Published letters to the editor</td>
<td>5</td>
<td>Approval by editor</td>
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### Journal questions

<table>
<thead>
<tr>
<th>Journal questions</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete all four questions published in the journal</td>
<td>10 per year</td>
<td>Provide answers on CEU record</td>
</tr>
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</table>

### AMT forum

<table>
<thead>
<tr>
<th>AMT forum</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register and participate in the online AMT forum</td>
<td>10 per year</td>
<td>Provide forum user name on CEU record</td>
</tr>
</tbody>
</table>

### Home study modules

<table>
<thead>
<tr>
<th>Home study modules</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete an AMT home study module. Choose from Anatomy and Physiology for General Level, Senior Level 1 and Senior Level 2, Pathology, or Law and Ethics. To complete the Pathology module you will need to use the following book - A Massage Therapists Guide to Pathology, by Ruth Werner &amp; Ben E Benjamin. To complete the Law and Ethics you will need to use the following book - Complementary Medicine: Ethics and Law, by Michael Weir. Home Study Modules can be purchased from Head Office for $60.00. You can have two attempts at the module to maximise your CEUs and you have a year to complete it from the date of purchase.</td>
<td>up to 100</td>
<td>Supply answer sheet</td>
</tr>
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</table>

### Miscellaneous

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th>CEUs</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer review. Ask an AMT colleague to assess your skills by receiving a treatment from you and completing the peer review form supplied by AMT.</td>
<td>5 per review to maximum 20 a year</td>
<td>Completed peer review form</td>
</tr>
<tr>
<td>Conduct a peer review of an AMT colleague using the peer review form supplied by AMT. You cannot review the same member more than once in the same year.</td>
<td>5 per review to maximum 20 a year</td>
<td>Completed peer review form</td>
</tr>
<tr>
<td>Client review. Ask a client to assess your skills and complete the client review form supplied by AMT.</td>
<td>5 per review to maximum 20 a year</td>
<td>Completed client review form</td>
</tr>
<tr>
<td>Voluntary massage, including sporting events</td>
<td>15 per day to a maximum of 50 a year</td>
<td>Letter signed by supervisor or event coordinator</td>
</tr>
<tr>
<td>Subscription to a recognised, peer reviewed journal</td>
<td>10 per year</td>
<td>Receipt of subscription</td>
</tr>
<tr>
<td>Summary of a purchased book or DVD, minimum 700 words</td>
<td>10</td>
<td>Copy of summary</td>
</tr>
<tr>
<td>Renewal of HLTFA301B/C First Aid</td>
<td>35 every 3 years</td>
<td>Copy of certificate</td>
</tr>
</tbody>
</table>

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**How do I maintain my CEU average?**

© Association of Massage Therapists Ltd
How many CEUs will I receive for attending AMT-Accredited workshops?
AMT-Accredited workshops attract 35 CEUs per day. We will need a copy of your attendance certificate.

What about workshops that are not accredited by the AMT?
Reputable workshops that are not accredited by AMT will attract 15 CEUs per day. We will need a copy of your attendance certificate, and information on the length and content of the workshop to allocate CEUs.
Please note that workshops covering practices that are outside AMT’s defined scope of practice will not be eligible for CEUs. For a comprehensive list of modalities outside the scope please refer to the AMT Code of Practice.

Do I get CEUs for attending AMT branch meetings?
AMT branch meetings with an educational content have always received CEUs. Attendance should be noted on your CEU records (including the hours of attendance) and in the minutes of the meeting?

How and when do I advise AMT of my CEUs?
You can submit your documentation for CEUs at any point during your membership year. Points will be allocated at the time of submission. If you do not submit documentation as you go, you can fill out a CEU record sheet and submit everything when you renew your membership.

I cannot possibly do any continuing education; I've been too busy with other things...
You may have done courses in relation to massage and do not think they are worth any CEUs. Send in the relevant documentation with your next renewal for us to assess, as you may be given some CEUs. It is always a good idea to submit everything you have done as a variety of things may earn you points.
However, if you haven’t done any professional development at all you can become a non-CEU member. This enables you to retain your current level of membership and still receive most benefits. However, as you have chosen not to do continuing education, we will not endorse you with health funds and we will not refer members of the public to you.
## Record of Application for Continuing Education

### Name: 

### Member Number: 

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Event</th>
<th>Evidence Attached</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes</td>
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</table>

**Client reviews – Maximum 4 per year** (Must use survey form provided by AMT)  

**Peer reviews (Reviewed by Colleague) – Maximum 4 per year** (Must use survey form provided by AMT)  

**Peer reviews (Reviewed a Colleague) – Maximum 4 per year** (Must use survey form provided by AMT)

### I am registered on the AMT Forum and read posts regularly - Please write your Forum username here:

### Answers to journal questions – 10 CEUs awarded for correct answers to questions in all 4 quarterly issues of *in good hands*

<table>
<thead>
<tr>
<th>Journal Edition</th>
<th>Answer to question</th>
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<tbody>
<tr>
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</table>

**Total CEUs**

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It can take a few months to be issued with all your health fund provider numbers. Below is a simple 3-step guide to getting yourself up and running as a health fund provider.

**STEP 1 - Send all the required documentation to AMT**
AMT can only forward your details to the funds when we have all your paperwork, including copies of your:
• professional indemnity insurance
• current HLTFA301B/C first aid
• Practice address details

**STEP 2 - Check the provider recognition criteria to see which funds will recognise you as a provider**
The provider recognition criteria (on page 8) shows which funds recognise your qualification. There is a group of 26 funds that recognise Certificate IV graduates and around 47 funds that recognise graduates of Diploma qualifications. If you have pre-HLT qualifications, you will need to stay current with first aid, insurance and continuing education to guarantee the continuity of your provider status.

**STEP 3 - Wait to receive notification of your provider numbers**
Each fund has a specified reporting cycle so it is not possible for AMT to get your name on provider lists on the same day we receive your documentation. Although AMT’s administrative processes are prompt and efficient, we are at the mercy of the funds in terms of their data processing. It can take some funds up to 6 weeks to notify you of your provider number.

The following funds do not issue provider numbers. You should use your AMT membership number on receipts:
• NIB
• HCF
• Commonwealth Bank Health Society (CBHS)

The following funds will send you direct notification of your provider number:
• Australian Unity
• GU Health
• HBF
• WorkSafe Victoria
• Medibank Private
AMT will notify you of your provider number for the following funds:
• BUPA (HBA and MBF)

The following funds use your AMT membership number as the basis of your provider number:
• ARHG – your provider number is AW0XXXXM, where the 4 X’s are your 4-digit member number
• Doctor’s Fund – your provider number is AMXXXX; where the 4X’s are your 4-digit member number

The following fund issues provider numbers but does not require you to use them on the receipt. You must however list your Association name and membership number on the receipt:
• ahm Health Insurance

Once you are set up with your provider numbers, ensure that you are providing all the necessary information on receipts for your clients to make hassle-free claims. There is information on receipting requirements on page 6 and in the AMT Code of Practice.

If you are experiencing undue delays in receiving your health fund provider numbers, please contact the relevant funds listed in the table on page 9.
The private health funds:
• set provider recognition criteria, which they can modify at any time.
• accredit AMT as a guarantor on behalf of members. AMT has contracts with the funds and must abide by the recognition criteria set out in these agreements.
• determine how and when AMT will report members’ details.
• determine how and when provider numbers will be issued.
• have the right to suspend or cancel a provider’s recognition

AMT:
• abides by the provider recognition criteria set by the funds. These terms are written into a contract or agreement that AMT must sign.
• reports directly to the funds on member eligibility for provider status in a reporting cycle that is determined by the funds. This includes providing updates of changes such as new practice or mailing addresses, and changes of name.

You:
• retain a copy of your provider numbers.

AMT cannot do this on your behalf.
• contact the health fund(s) directly for your provider number(s)
• contact the health fund(s) directly when your client has difficulty with a claim. AMT can only assist if the fund informs you that you are not registered with them.
• inform AMT promptly of any changes to your details, such as new practice or mailing addresses
• submit copies of your HLTFA301B/C first aid, insurance certificate of currency, CEU documentation and renewal fees before the due date.

This information will help you to understand who has responsibility for administering each aspect of health fund provider arrangements.
To ensure that your clients can make hassle-free claims with their health funds, you must provide them with a formal receipt that is formatted correctly and contains all the required information. AMT has prepared this information to assist you with this. For further information on receipting please refer to the AMT Code of Practice.

The following details must be clearly printed on receipts, invoices and tax invoices (i.e. it cannot be handwritten):
- Name of the therapist who gave the treatment
- Business name if applicable
- Practice address. This must be a street address not a PO Box.
- Contact number
- AMT member number
- ABN if applicable

The following details must also be included but may be handwritten:
- Client’s name and address
- Date of treatment
- Nature of treatment
- Health Fund provider number(s)
- Fee
- Date of payment

You must give an accurate description of the treatment performed on your receipts (e.g. Remedial massage, Chinese Medicine Remedial Massage, Myotherapy etc). Issuing a receipt for services that did not take place is a form of fraud and is punishable by law. Do not allow your clients to pressure you into committing fraud. It will result in you being deregistered by the funds and suspended from AMT.

This information must be in the form of a stamp or address label, it cannot be handwritten. Provider numbers may be handwritten although it’s preferable to have them printed.
Recognised modalities
The following table shows which modalities are recognised by the various funds. You must hold a recognised qualification to write receipts for each of these modalities.

<table>
<thead>
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<th>Fund</th>
<th>Recognised Modalities</th>
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<tr>
<td>CBHS</td>
<td>Traditional Chinese Medicine Remedial Massage, Lymphatic drainage, Myotherapy, Remedial Massage, Rolfing, Sports Massage, Swedish Massage, Therapeutic massage, Shiatsu</td>
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<td>ARHG</td>
<td>Massage Therapy, Remedial Massage, Myotherapy</td>
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<td>Swedish Massage, Remedial Massage, Myotherapy</td>
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<td>Doctor's Fund</td>
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PROV IDER RECOGNITION CRITERIA

**HEALTH FUNDS AND SOCIETIES**

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<td>Heath Care Insurance Limited</td>
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<td>Health Partners</td>
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<td>GU Health</td>
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<tr>
<td>NIB</td>
<td>NIB recognises members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VC or 21511VC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.</td>
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<td>WorkSafe Victoria</td>
<td>WorkSafe Victoria recognises Senior Level One and Two members.</td>
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<td>HCF</td>
<td>HCF recognise members with HLT50302/07 Diploma of Remedial Massage, HLT50102/07 Diploma of Traditional Chinese Medicine Remedial Massage, HLT50202/07 Diploma of Shiatsu and Oriental Therapies, 21920VC or 21511VC Advanced Diploma of Remedial Massage (Myotherapy). Existing providers remain eligible.</td>
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<tr>
<td>ANZ Health Insurance (HBA)</td>
<td>These funds recognise members with HLT40302/07 and all Senior Level One and Two members.</td>
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<td>HBF recognises Senior Level One and Two members.</td>
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<tr>
<td>The Doctor’s Health Fund</td>
<td>Doctors’ Fund recognises members with HLT 50302/07 Diploma of Remedial Massage, Advanced Diploma of Applied Science (Remedial Massage), Advanced Diploma of Soft Tissue Therapies, Advanced Diploma of Remedial Massage (Myotherapy) and Bachelor of Health Science (Musculoskeletal Therapy). Existing providers remain eligible. They require you to use their provider number. This number is AMXX0X, where the Xs are your 4-digit AMT membership number.</td>
</tr>
</tbody>
</table>

AMT has negotiated provider status on behalf of members with the Health Funds listed. All funds require a minimum of $1 million insurance, first aid and CEUs.

To be eligible to remain on the above Health Fund lists you must:

1. Be financial and have a commitment to ongoing education (ie: an average of 100 CEUs per year)

2. Provide your clients with a formal receipt, either computer generated, or with rubber stamp or address label clearly indicating practitioner’s name, AMT member number (eg: AMT 1-1234), practice address (no PO Box numbers) and phone number. Client’s name, date of treatment, nature of treatment (ie: Remedial Massage), and particular health fund provider number may be handwritten.

3. Provide AMT Head Office with a practice address (or business address for mobile practitioners; no PO Boxes) - failure to supply these details to us will result in your name being removed from health fund listings.

4. Notify AMT HO of all relevant practice addresses.

Please check the AMT website for further information on specific Health Fund requirements:

www.amt.org.au
<table>
<thead>
<tr>
<th>Health Fund</th>
<th>Contact Details</th>
</tr>
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<tr>
<td>ARHG</td>
<td>03 9761 3822 – Karen Taylor</td>
</tr>
<tr>
<td>CBHS</td>
<td>1300 654 123 or Provider Relations direct – 02 9843 7677</td>
</tr>
<tr>
<td>NIB</td>
<td>Provider Hotline – 1800 175 377</td>
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<tr>
<td>Australian Unity</td>
<td>13 29 39</td>
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<tr>
<td>GU Health</td>
<td>1800 249 966</td>
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<td>HCF</td>
<td>02 9290 0158</td>
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<tr>
<td>BUPA (MBF, HBA, NRMA)</td>
<td>Provider Operations – 03 9937 4141</td>
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<tr>
<td>AHM</td>
<td>134 246 – Ask for Provider Liaison Officer</td>
</tr>
<tr>
<td>Medibank Private</td>
<td>1300 367 859 – Ask for Provider Department</td>
</tr>
<tr>
<td>HBF</td>
<td>1800 620 133 – Ask for Provider Department</td>
</tr>
<tr>
<td>Doctors Fund</td>
<td>1800 226 586 – Ask for Provider Department</td>
</tr>
</tbody>
</table>
What information should I keep up to date with Head Office?
Please notify Head Office as soon as possible when you:
• Change your practice address
• Add practice addresses to your existing address(es)
• Change your mailing address
• Change your email address
• Change your name (evidence is required e.g. marriage certificate)
• Renew your First Aid certificate (a copy of the certificate is required)
• You renew your Insurance (a copy of the Certificate of Currency is required)

It is important that Head Office is notified of these changes promptly so that the information is reported to the health funds and claims can continue to be paid out to your clients without interruption.

Is the information that I supply to Head Office immediately updated with the health funds?
No. Each of the health funds has a specified reporting cycle. For most of the funds, this cycle is monthly. Each fund has appointed a particular day on which AMT must submit a report. They also have different formats for reporting changes and member compliance. Producing these reports is extremely time consuming - some of them take several hours to compile. This is why updates cannot be submitted to the funds on a daily basis.

Does the health fund reporting cycle affect me in other ways?
To maintain your provider recognition with Health funds you cannot:
• allow your AMT membership to lapse
• allow your first aid to lapse
• allow your insurance to lapse
• fall below the tally of 100 CEUs per year

If you fall off the Health funds for any one of the above reasons, the funds will not backdate you once you are up-to-date again. The new provider legislation does not allow this practice. For this reason, we cannot give you an extension on supplying us with all the relevant documentation that demonstrates your currency with all of the above. Head Office sends out reminders if it looks as though you are going to fall off the list but it is your responsibility to have everything up-to-date.

What if I have pre-HLT qualifications?
If you fall off the provider lists, we cannot guarantee that we will be able to reinstate you. Most of the health funds now require HLT qualifications. We can continue to grandfather you as a provider only as long as you maintain currency of CEUs, first aid and insurance.

How can I be sure my details are up-to-date with Head Office?
Every endeavour is made to inform you when we receive critical documents, such as insurance and first aid certificates. However, if you do not hear from us, we recommend that you check. Occasionally, blank pages are faxed through or information is sent to the wrong email address.
APPENDIX D

Classified massage therapy research
Classified Massage Therapy Research - Cancer
<table>
<thead>
<tr>
<th>AUTHORS</th>
<th>STUDY</th>
<th>HIERARCHY OF EVIDENCE</th>
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<tbody>
<tr>
<td>Billhult A, Bergbom I, Stener-Victorin E</td>
<td>Massage relieves nausea in women with breast cancer who are undergoing chemotherapy, J Altern Complement Med. 2007 Jan-Feb;13(1):53-7</td>
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<td>Cassileth BR, Vickers AJ</td>
<td>Massage therapy for symptom control: outcome study at a major cancer center, J Pain Symptom Manage. 2004 Sep;28(3):244-9</td>
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<td>Ernst E</td>
<td>Massage therapy for cancer palliation and supportive care: a systematic review of randomised clinical trials, Support Care Cancer. 2009 Apr;17(4):333-7</td>
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<td>Ferrell-Torry AT, Glick OJ</td>
<td>The use of therapeutic massage as a nursing intervention to modify anxiety and the perception of cancer pain, Cancer Nurs. 1993 Apr;16(2):93-101</td>
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**Systematic review of level II studies**
- Randomised controlled trial
- Pseudo randomised controlled trial
- Comparative study with concurrent controls
- Comparative study without concurrent controls
- Case series with either post test or pre test post test outcomes

**HIERARCHY OF EVIDENCE**
- Narrative review
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<th>STUDY</th>
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**HIERARCHY OF EVIDENCE**

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**OTHER**

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**OTHER**

- Qualitative report
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Classified Massage Therapy Research - Chronic pain
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<td>Tsao JC</td>
<td>Effectiveness of massage therapy for chronic, non-malignant pain: a review, Evid Based Complement Alternat Med. 2007 Jun;4(2):165-79</td>
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<tr>
<td>Alonso-Blanco C, Fernández-de-Las-Peñas C, de-la-Llave-Rincón Al,</td>
<td>Characteristics of referred muscle pain to the head from active trigger points in women with myofascial temporomandibular pain and fibromyalgia syndrome, J Headache Pain. 2012 Nov;13(8):625-37</td>
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<td>Zarco-Moreno P, Galán-Del-Río F, Svensson P</td>
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<td>Calandre EP, Hidalgo J, Garcia-Leiva JM, Rico-Villademoros F</td>
<td>Trigger point evaluation in migraine patients: an indication of peripheral sensitization linked to migraine predisposition?, Eur J Neurol. 2006 Mar;13(3):244-9</td>
<td>Comparative study with either post test or pre test post test outcomes</td>
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- **Narrative review**
- **X**: Indicates the study type.
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<tr>
<td>Davidoff RA</td>
<td>Trigger points and myofascial pain: toward understanding how they affect headaches, Cephalalgia. 1998 Sep;18(7):436-48</td>
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<tr>
<td>Fernández-de-Las-Peñas C, Alonso-Blanco C, Cuadrado ML, Gerwin RD, Pareja JA</td>
<td>Myofascial trigger points and their relationship to headache clinical parameters in chronic tension-type headache, Headache. 2006 Sep;46(8):1264-72</td>
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<td>Fernández-de-las-Peñas C, Alonso-Blanco C, Cuadrado ML, Gerwin RD, Pareja JA</td>
<td>Trigger points in the suboccipital muscles and forward head posture in tension-type headache, Headache. 2006 Mar;46(3):454-60</td>
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**Hierarchy of Evidence**

- Systematic review of level II studies
- Randomised controlled trial
- Pseudo randomised controlled trial
- Comparative study with concurrent controls
- Comparative study without concurrent controls
- Case series with either post test or pre test post test outcomes

**Other**

- Narrative review
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<tr>
<td>Fernández-de-las-Peñas C, Cleland JA, Cuadrado ML, Pareja JA</td>
<td>Predictor variables for identifying patients with chronic tension-type headache who are likely to achieve short-term success with muscle trigger point therapy, Cephalalgia. 2008 Mar;28(3):264-75</td>
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<td>Fernández-de-Las-Peñas C, Cuadrado ML, Pareja JA.</td>
<td>Myofascial trigger points, neck mobility, and forward head posture in episodic tension-type headache, Headache. 2007 May;47(5):662-72</td>
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<td>Fernández-de-Las-Peñas C, Ge HY, Arendt-Nielsen L, Cuadrado ML, Pareja JA.</td>
<td>The local and referred pain from myofascial trigger points in the temporali muscle contributes to pain profile in chronic tension-type headache, Clin J Pain. 2007 Nov-Dec;23(9):786-92</td>
<td>Systematic review of level II studies</td>
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**OTHER**

- Narrative review
- Analysis of existing studies

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Classified Massage Therapy Research -
Low back pain
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<td>Bell J</td>
<td>Massage therapy helps to increase range of motion, decrease pain and assist in healing a client with low back pain and sciatica symptoms, J Bodyw Mov Ther. 2008 Jul;12(3):281-9</td>
<td>Systematic review of level II studies</td>
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<td>Cherkin DC, Eisenberg D, Sherman KJ, Barlow W, Kaptchuk TJ, Street J, Deyo RA.</td>
<td>Randomized trial comparing traditional Chinese medical acupuncture, therapeutic massage, and self-care education for chronic low back pain, Arch Intern Med. 2001 Apr 23;161(8):1081-8</td>
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<td>Field T, Hernandez-Reif M, Diego M, Fraser M</td>
<td>Lower back pain and sleep disturbance are reduced following massage therapy, J Bodyw Mov Ther Volume 11, Issue 2, April 2007, 141–145</td>
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<tr>
<td>Hernandez-Reif M, Field T, Krasnegor J, Theakston H.</td>
<td>Lower back pain is reduced and range of motion increased after massage therapy, Int J Neurosci. 2001;106(3-4):131-45</td>
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<td>Preyde M.</td>
<td>Effectiveness of massage therapy for subacute low-back pain: a randomized controlled trial, CMAJ. 2000 Jun 27;162(13):1815-20</td>
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Classified Massage Therapy Research - Neck and shoulder pain
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<td>Hammill JM, Cook TM, Rosecrance JC</td>
<td>Effectiveness of a physical therapy regimen in the treatment of tension-type headache, Headache. 1996 Mar;36(3):149-53</td>
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ACKNOWLEDGEMENTS

This Code of Practice would not have come into being without the effort, commitment and energy of a number of people. Special acknowledgement is due to Rebecca Barnett, Tamsin Rossiter and Desley Scott who researched and wrote most of the standards contained in this document.

Sincere thanks and acknowledgement also go to:

- Alan Ford and Linda Hunter, who drafted three of the Standards in the Code

- Beth Wilson and Grant Davies (Office of the Health Services Commissioner, Victoria) and Professor Michael Ward (Health Quality and Complaints Commission, Queensland) who provided invaluable feedback and insight

- Colin Rossie, whose research and contributions to the Code of Practice Wiki helped to maximise stakeholder engagement in the process

- Annette Cassar and Jodee Shead, who assisted in the review process

- Linda White, Paul Lindsay and Katie Snell, who proofed the document

- All those who took the time to read the draft Code and provide feedback.

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The Association of Massage Therapists (AMT) is a national, not-for-profit association representing qualified Massage Therapists and Massage Therapy Students. Established in 1966, AMT is the oldest association in Australia to represent massage therapy in its own right and the premier representative body for professional therapists.

VISION
Our vision is to establish massage therapy as an allied health profession in Australia.

MISSION
Our mission is to:
• Support our members
• Professionalise the industry
• Educate and inform the public and other health professionals

AMT VALUES
• Best practice: We support our members to deliver evidence based, skilled, ethical and professional treatment
• Participation: We encourage our members to connect with and contribute to their professional community
• Innovation: We continue to set the advocacy agenda for the massage therapy profession
• Governance: We operate to the highest standards of transparency and accountability
• Client focus: We place quality and safety at the centre of all we do
Massage Therapy Code of Practice
Delivering quality care to Australian consumers
**INTRODUCTION**

The massage therapy standards contained in this Code have been set down by the Association of Massage Therapists Ltd (AMT) to provide a formal framework for the safe and ethical practice of Massage Therapy in Australia, and to assist practitioners in applying risk management policies and procedures in their clinic or workplace.

The Standards have been formalised to help practitioners understand and meet their professional duty of care. In the context of massage therapy practice, duty of care pertains to the massage therapist’s ethical and legal obligation to avoid acts or omissions that are likely to cause harm to their clients. It is the appropriate and responsible application of professional knowledge, skill and integrity.

In the context of massage therapy practice, professional misconduct is defined as a violation of these ethical standards – a failure to meet or a breach of this Code of Practice. The Code clearly and comprehensively sets out AMT’s position if called upon to give Expert Witness evidence in court cases for criminal negligence or assault.

It is the massage therapist’s responsibility to formulate a risk management framework around the standards articulated in this Code of Practice.

In developing this Code of Practice, AMT is honouring its commitment to protect the public and serve its members, by promoting the safe and ethical practice of massage therapy. The Code should serve as a reference for:

- **Therapists** – to better understand their ethical, legal and professional obligations
- **Educators** – to incorporate in the delivery of Health Training Package qualifications
- **Allied health professionals** – to assist in making appropriate health referrals
- **Disciplinary bodies** – to provide a benchmark against which complaints can be assessed
- **Legal authorities** – to inform criminal investigations and proceedings
- **The public** – to empower clients to assess the quality of their care against an objective framework.

The Massage Therapy Code of Practice is a living document that will evolve in line with changes in practice and legislation.
**LEGISLATIVE CONTEXT**

Massage therapy is currently self-regulated in Australia. There is no Statute or Act that applies solely or specifically to the practise of massage.

However, massage therapists are accountable under the following statutory codes and legislative instruments:

**Federal**
- The Privacy Act 1988
- Competition and Consumer Act 2010 (which includes the Australian Consumer Law)

**NSW**
- Public Health Act 1991
- Healthcare Complaints Act 1993
- The Health Records and Information Privacy Act 2002
- Children and Young Persons (Care and Protection) Act 1998
- NSW Code of Conduct for Unregistered Health Practitioners

**ACT**
- Health Act 1993
- The Health Records (Privacy and Access) Act 1997
- Children and Young People Act 2008
- Working with Vulnerable People (Background Checking) Act 2011

**Victoria**
- Health Records Act 2001
- Health Services (Conciliation and Review) Act 1987
- Working with Children Act 2005

**Queensland**
- Health Quality and Complaints Commission Act 2006
- Child Protection Act 1999

**South Australia**
- Health and Community Services Complaints Act 2004
- Children’s Protection Act 1993

**Western Australia**
- Health Services (Conciliation and Review) Act 1995
- Information Privacy Bill 2007
- Working with Children Act 2004

**Tasmania**
- Children, Young Persons and their Families Act 1997

**Northern Territory**
- Health and Community Services Complaints Act 1998
- Code of Health and Community Services Rights and Responsibilities
- Care and Protection of Children Act 2007
SCOPE OF PRACTICE

The practice of massage therapy is the systematic assessment and treatment of the muscles, tendons, ligaments and connective tissues of the body to:

• maintain, rehabilitate or augment physical function
• relieve pain
• prevent dysfunction
• enhance health and promote wellness.

It includes the systematic external application of a variety of manual techniques including stroking, friction, vibration, kneading, compression, percussion, stretching and passive joint mobilisation. It may also include exercise prescription and the external application of heat, cold, topical preparations, tape and mechanical devices. The application of these techniques is based on validated traditions and current scientific understanding.

Massage therapists treat a wide variety of conditions including:

• neck and back pain, and headache
• muscle, connective tissue and joint pain
• arthritis
• repetitive strain injury and occupational overuse syndromes
• postural problems
• sports and activity-related conditions
• stress, anxiety and other mood related problems.

EDUCATION STANDARDS

Massage therapists have:

• a detailed knowledge of anatomy, physiology and biomechanics
• well-developed assessment, observational and palpatory skills
• expertise in a range of manual therapy techniques and approaches
• an understanding of normal function in relation to the soft tissues of the body and the ability to recognise dysfunction, including knowledge of cautions and contraindications to massage therapy.

National Competency Standards were introduced for massage therapy in 2002 as part of the Health Training Package. Nationally recognised massage therapy qualifications at Certificate IV, Diploma and Advanced Diploma Levels are delivered by Registered Training Organisations (RTOs) which are regulated by the government. These qualifications sit within the Australian Qualifications Framework (AQF), the national system of qualifications encompassing higher education, vocational education and training, and schools.

Graduates of Certificate IV programs are competent to perform general health maintenance treatments.

Graduates of Diploma programs are competent to perform treatments involving specific remedial techniques to alleviate common musculoskeletal presentations such as low back pain.

Graduates of Advanced Diploma programs are competent to treat complex musculoskeletal presentations with a more extensive range of treatment protocols.

Therapists who were trained prior to the introduction of National Competency Standards in 2002 should be able to demonstrate equivalency at Certificate IV, Diploma or Advanced Diploma Levels.
CONTINUING PROFESSIONAL DEVELOPMENT

Massage therapists who provide third party services through private health funds and Workers’ Compensation Authorities are required to complete at least 20 hours of Continuing Professional Education per annum.

All practising massage therapists should complete at least 20 hours of continuing professional development annually to maintain the currency of their skills.

TYPES OF MASSAGE THERAPY

Massage therapists may work in one or more of the following areas:

**Therapeutic or relaxation massage:**
to promote wellbeing, improve sleep, treat anxiety and tension, and enhance a range of systemic body functions such as circulation.

**Remedial massage:**
to assist in rehabilitation, pain and injury management. A range of manual therapy techniques may be employed in treatment, such as deep connective tissue massage, Trigger Point Therapy, Muscle Energy Techniques, Direct and Indirect Myofascial Techniques, and Neuromuscular Facilitation.

**Sports massage:**
to treat and prevent injuries, improve recovery, flexibility and endurance, and enhance the performance of athletes.

**Structural bodywork:**
to address postural and biomechanical patterns of strain.

**Lymphatic drainage and lymphoedema management:**
to support and enhance the primary care of patients whose lymphatic system has been compromised by a variety of chronic or acute illnesses.

**Myotherapy:**
to assess and treat myofascial pain and dysfunction.

**Oncology, palliative care and geriatric massage:**
to support the primary care of patients with chronic illness and a broad range of quality-of-life issues.

**Pregnancy and pediatric massage:**
to support the primary care of pregnant women and infants.

**Oriental massage:**
to enhance mental and physical wellbeing through the stimulation of specific pressure points. It includes Shiatsu, acupressure and Tui Na.
COMPLEMENTARY MODALITIES

Massage therapists use a wide variety of techniques, approaches and modalities. Although some of these modalities do not fit strictly within the massage therapy scope of practice, AMT recognises the need to give practitioners reasonable latitude in employing a diverse range of techniques and methodologies in their clinical practice.

Complementary modalities may be integrated into the massage therapy treatment plan. Therapists who incorporate these complementary modalities into a treatment must understand their professional duty of care and undertake to:

• adhere to the AMT Code of Ethics and Code of Practice
• have the training, knowledge, skill and judgment to perform the complementary modality competently
• inform the client that they are using the complementary modality
• obtain valid, informed consent for the use of the modality
• have appropriate insurance cover for the modality
• abide by third party provider requirements.

However, if the complementary modality is performed on its own, it is not considered to be massage therapy. It cannot be billed or receipted as massage therapy for the purpose of third party reimbursement, such as private health fund rebates.

ACTIVITIES AND MODALITIES OUTSIDE THE MASSAGE THERAPY SCOPE OF PRACTICE

The practice of massage therapy does not include:

• high velocity-low amplitude (HLVA) manipulations
• prescription or recommendation of supplements or other ingestible substances
• counseling (unless the massage therapist holds a recognised counseling qualification)
• diagnosis of conditions or diseases.

Additionally, AMT does not endorse the use of the following modalities. They should not be performed as part of the massage therapy treatment plan and should not be held out to be within the scope of massage therapy. This list should not be interpreted as a complete list of activities outside the scope of massage therapy.

• Acu-Energetics
• Allergy Testing
• Ayurvedic Medicine
• Bach flower Remedies
• Biofeedback
• Biodynamic massage
• Bioenergetics
• Body Transformation
• Chakra Balancing
• Colonic Irrigation
• Colour Therapy
• Core Energetics
• Counselling
• Crystal Healing
• Dolphin Healing
• Ear Candling
• Emotional Freedom Technique
• Energetic Healing
• Energetic Medicine
• Erotic/exotic massage
• Feng Shui
• Flower Essences
• Geomancy / treatment of geopathic stress
• Hawaiian massage / Lomi Lomi
• Hellerwork
• Herbalism
• Homeopathy
• Holistic Breathwork
• Hypnosis
• Iridology
• Kinesiology / Touch for Health
• Laser Therapy
• Life Coaching
• Live blood analysis
• Magnet Therapy
• Magnetic Field Therapy
• Metamorphic Technique
• Naturopathy
• Neuro-linguistic Programming
• Personal Training
• Polarity Therapy
• Postural Integration and Psychotherapeutic Postural Integration
• Pranic Healing
• Raindrop Therapy
• Rebirthing
• Reconnective Healing
• Reiki
• Sexological Bodywork
• Shamanic Healing
• Sound Therapy
• Spiritual Healing
• Tantric Massage
• Thai Massage
• Theta Healing
• Thought Field Therapy
• Time Line Therapy
• Traditional Chinese Herbal Medicine
• Zero Balancing
AMT Standard - Complaint Handling
**PURPOSE**

Massage therapists understand the context in which complaints arise and have the skills and knowledge to respond appropriately and effectively to a client complaint in accordance with the policy.

**BACKGROUND**

Complaints and other comments from clients are an important form of feedback, providing valuable information about the quality and safety of healthcare services. Complaints are a helpful learning tool because they create a unique opportunity to identify gaps in the quality of care and address any issues. Handled well, a complaint can lead to profound and positive changes in practice, enhancing the therapeutic and clinical relationship with clients.

Effective complaint handling is a key component of risk management and mitigation, potentially preventing the escalation of a complaint into a formal legal action.

Complaints and the reasons for them vary. People often complain because:

- they want an acknowledgement that something went wrong and an explanation of why
- they want an apology for the distress they experienced
- they do not want to see other people facing a similar problem
- they want to improve the service for themselves or others in the future
- they want someone to be blamed, punished or held accountable for what happened
- they want compensation.

The majority of complaints stem from communications problems in relation to obtaining consent, explanations of treatment, billing and fees, hygiene and professional courtesy.

Clients can reasonably expect their massage therapist to:

- discuss treatment options and goals
- provide information about treatment and obtain informed consent
- deliver a professional service at a fair and reasonable fee
- respect their rights, dignity, feelings, opinions and cultural customs
- respect their right to give feedback on the services provided
- respect their privacy and maintain confidentiality
- maintain appropriate professional boundaries.

Massage therapists should have a comprehensive complaint management process that encompasses the following objectives:

- To provide an efficient, fair and accessible mechanism for handling complaints from clients
- To recognise, promote and protect the rights of the client
- To collect data and monitor complaints to enable ongoing improvement in service delivery.

Although it may seem difficult or confronting, most complaints are best resolved by handling them directly, promptly and professionally. However, advice should always be sought from the insurer and/or professional association before responding to a complaint.
COMPLAINTS TO A HEALTH COMPLAINTS ENTITY

Each State and Territory has its own Health Complaint Entity (HCE)/Commissioner with independent legal authority to investigate consumer complaints against healthcare practitioners, including massage therapists. If a consumer makes a formal complaint to one of the Health Complaint Entities, the massage therapist will normally be asked to respond to the letter of complaint in writing. When responding to the HCE, the therapist should try to understand the situation from the consumer’s point of view. If appropriate, the therapist should apologise for any misunderstanding that may have led to the complaint. In many cases, this will address the problem because it meets the consumer’s expectations.

The following is a list of Health Complaints Entities/Commissioners in each State and Territory:

**ACT**
- The ACT Human Rights Commission

**NSW**
- The Health Care Complaints Commission

Relevant legislation:
- Code of Conduct for Unregistered Health Practitioners

**Northern Territory**
- Health and Community Services Complaints Commission

**Queensland**
- Health Quality and Complaints Commission

**South Australia**
- Health and Community Services Complaints Commissioner

**Tasmania**
- Health Complaints Commissioner

**Victoria**
- Office of the Health Services Commissioner

**Western Australia**
- Health and Disability Services Complaints Office
POLICY

Informal/verbal complaint

Massage therapists are required to:

• make a time to meet with the client or telephone them to discuss the complaint
• listen carefully to the client’s concerns and treat them with due respect and deference
• try to understand the situation from the client’s point of view
• be aware of differing views of what happened and what was said
• summarise the client’s concerns to reassure them that they have been understood
• give the client a calm and clear explanation of what happened from their own point of view
• keep a record of the conversation and the client’s concerns, and all necessary details (date of incident, nature of incident, date of conversation) and provide a copy of this to the client to ensure it is factually correct
• offer an apology if warranted
• ask the client what would resolve their concerns
• try to negotiate a solution with the client
• identify any issues or gaps in the quality of care that have been highlighted by the complaint, and institute policies and procedures to address them.

Formal/written complaint

Massage therapists are required to:

• formally (i.e. in writing) acknowledge that the complaint has been received and inform the client of the complaint management process, including the time frame for dealing with the complaint
• evaluate the client’s concerns and try to understand the situation from the client’s perspective
• identify any issues or gaps in the quality of care that have been highlighted by the client, and institute policies and procedures to address them
• respond to the complaint in writing. The letter should include:
  - an acknowledgement of the client’s distress
  - a clear explanation of what happened from the massage therapist’s point of view
  - an acknowledgement of any errors and an apology if appropriate
  - an explanation of the steps taken to address the problem/concern
  - appropriate remediation or an offer of resolution.

RESOURCES

For more comprehensive guidelines on complaint handling procedures and policies, please refer to the following:

• Guide to Complaint Handling in Health Care Services
• Complaints Management Handbook for the Health Care Services

Approved: 17 September, 2012
AMT Standard - Professional Boundaries
PURPOSE
Massage therapists have a clear understanding of professional boundaries and the principles underpinning this standard, and can apply this knowledge in the massage therapy clinical setting in accordance with the policy.

BACKGROUND
Professional boundaries refer to the limits and parameters that are set within the therapeutic relationship. The establishment of clear boundaries is intended to create a safe and predictable place where treatment can take place.

Massage therapists have a duty of care to ensure that the interaction between the client and the therapist is based on plans and outcomes that are therapeutic in intent.

To effectively manage professional boundaries, massage therapists must understand and appreciate the inherent power imbalance that exists between the client and the therapist. This power imbalance leaves the client vulnerable and potentially open to exploitation. The massage therapist always carries the burden of responsibility for maintaining appropriate boundaries due to this power differential. When a massage therapist crosses a professional boundary, they are abusing or misusing this power and their professional authority.

Maintenance of professional boundaries requires diligence and vigilance. Boundary issues can be complex, dynamic and confronting. Massage therapists must engage in reflection on their clinical practice to ensure that boundaries are not being compromised by themselves or challenged by their clients.

Signs that the professional boundary may have eroded include:

- developing strong feelings for a client
- consistently spending more time with a particular client
- having very personal conversations with a client
- receiving private calls from a client on a non-business number
- receiving gifts of a personal, intimate or inappropriate nature
- believing only you can offer the right treatment to a client.

POLICY
Massage therapists are required to:

- be aware of the power relationship that exists between the client and the therapist
- work within the massage therapy scope of practice
- establish a clinic policies and procedures manual that includes details of operating hours, fee schedule and third party provider rebates
- maintain high standards of client history compilation, note taking and storage of client files
- obtain informed consent at the start of and throughout the treatment
- wear a uniform or suitable professional attire
- be aware of the client’s emotional state, look for signs of clients becoming dependent and make appropriate referrals when necessary
- refuse or terminate a treatment if the client’s behaviour is sexually inappropriate or abusive, or the client is under the influence of drugs or alcohol
- terminate the therapeutic relationship immediately if there is a risk of becoming romantically or intimately involved with a client
- disclose information to clients regarding your qualifications, treatment procedures and goals.
Massage therapists should not:

• flirt or use sexually suggestive language or touch
• tolerate sexually suggestive behaviour from clients
• touch the clients genitals, perineum or breasts. The specific circumstances under which massage of breast tissue may be undertaken are outlined in the Breast Massage Standard of Practice.
• engage in gossip or irrelevant chatter with clients
• use the therapeutic relationship to initiate or foster friendships with clients
• interact with clients via personal social media accounts or pages. This includes accepting friendship requests from clients on Facebook. Social media interactions with clients should be restricted to pages that exclusively promote business/clinical activities.
• become romantically involved or enter into a sexual relationship with a client
• engage in counselling or psychoanalysis of clients.

PRINCIPLES

Massage therapists should be aware of the following guiding principles:

• All clients are created equal. If a massage therapist makes special concessions for a particular client, including giving them more time or priority in their appointment schedule, then there may already be a boundary issue. Doing special favours for a particular client is a clear warning sign that the therapist needs to reassess their therapeutic relationship with that client.

• Prevention is better than cure. Maintaining professional boundaries is extremely complex and challenging. Having an experienced mentor or supervisor to provide objective advice, clarity and guidance is an effective way to ensure that the massage therapist is keeping themselves and their clients safe at all times. Peer networking and participation in professional development in the areas of ethics and professional practice play a crucial role in developing skills and awareness.

• Know thyself. Self-reflection is essential to high-quality professional practice. Massage therapists cannot effectively contribute to the wellbeing of their clients without reflecting on their own practices, challenging their assumptions and examining their beliefs. This includes monitoring the appropriateness of their needs as a therapist such as the need to “fix” a client, be admired or loved by a client, or be perfect in their client’s eyes. Massage therapists also need to closely observe the appropriateness of their beliefs, such as the perception that nobody else can provide the appropriate treatment for a particular client or do what they are doing.

• All clients are created equal, even (or especially) friends and family. Massage therapists need to be consistent in their application of professional boundaries regardless of any pre-existing relationships outside the clinic setting. If a therapist decides to treat a relative or a friend, they must employ the same professional standards, record keeping, confidentiality, language and behaviour as they do for all clients. If the therapist cannot apply these same professional standards to a relative, friend or acquaintance, they need to refer them to another practitioner immediately.
KEY UNDERPINNING CONCEPTS

Transference

Transference occurs in the clinical setting when the client personalises the professional relationship. This can manifest in the giving of inappropriate gifts, engaging in personal conversations or demanding longer or cheaper treatments.

Counter transference

Counter transference occurs in the clinical setting when the therapist is unable to separate the therapeutic relationship from a personal one. This can manifest in the form of having sexual feelings for the client, showing favouritism, experiencing revulsion towards the client, or having the client meet particular emotional needs.

Approved: 17 September, 2012
AMT Standard - Draping
PURPOSE

Massage therapists are informed of appropriate draping standards and can apply draping protocols in accordance with the policy.

BACKGROUND

Draping is a cornerstone of professional clinical practise and is essential for the client’s welfare and sense of security, providing the necessary privacy, modesty and warmth during a massage treatment.

Appropriate draping assists in maintaining client/therapist boundaries. It can be considered as a tangible professional boundary between the client and the therapist. It provides the therapist with access to the relevant, targeted body part to be worked and helps to delineate between areas being massaged and areas not being massaged.

AMT recommends that members develop their draping protocols and document their practice in their policies and procedures manual. Standard protocols must be adhered to regardless of the client’s attitude to draping. The therapist is responsible for maintaining draping standards.

Types of draping may vary but commonly include the use of towels, sheets and/or blankets. The therapist must ensure that sufficient clean draping is always available.

POLICY

Massage therapists are required to:

- ensure that clients wear underpants during the massage treatment. Clients may also wear a bra. If the bra is to be undone, consent must be sought.
- explain draping procedures prior to the commencement of the session and seek appropriate consent
- only expose the part of the body being massaged
- ensure that the client is comfortable with their draping at all times
- adjust the draping if a client indicates discomfort. This includes non-verbal signs of discomfort such as pulling up the towel
- have a therapeutic rationale for any change of draping
- give the client clear verbal instructions concerning draping procedures
- obtain consent when tucking linen into the client’s underpants and when moving underpants
- adapt the treatment plan if a client wants to remain fully or partially clothed during the treatment
- allow the client to dress and undress in private. Do not re-enter the room without ascertaining that the client is ready. If a client requires assistance with dressing or undressing, modesty should be maintained at all times.
- provide the client with sufficient draping to cover their body before leaving the room for them to undress. Give clear verbal instructions on how to the client should position themselves on the table and how to arrange the draping and supports.
- ensure that the client remains covered if they require assistance on and off the massage table
• use fresh draping and linen for each client
• maintain draping close to the client’s body when changing their position on the table
• ask the client to hold the draping in position for some areas, such as near breast tissue and the groin
• obtain consent to place hand(s) underneath the draping
• check that the client is warm enough with the draping used
• use lightweight draping if the client is too warm
• use draping at all times, even if the client asks for it to be removed.

Massage therapists do not:
• undrape or touch the perineum or genitals
• undrape or touch the breasts unless there is a clear therapeutic rationale for doing so. The specific circumstances under which massage of breast tissue may be undertaken are outlined in the AMT Breast Massage Standard of Practice.
• carry used linen against the body. See the AMT Infection Control Guidelines for advice on washing linen and procedures for handling linen soiled by body fluids.
• slide hand(s) underneath the draping or work underneath draping without informed consent.

PRINCIPLES

Massage therapists should be aware of the following principles:
• Draping must be comfortable for the client but also secure and distinct
• Draping should be adjusted quickly and efficiently
• Clients must wear a gown or suitable clothing during postural observations and during treatments that require frequent changes in positioning (e.g. exercise shorts and top). Women must wear a bra and underpants at minimum during postural observations and men must wear underpants. Informed consent must be obtained prior to postural observations and any other techniques that require the active participation of the client.
• Draping protocols must be reviewed as skills sets broaden
• Draping protocols must be maintained to the same standard regardless of how regular and familiar a client becomes
• Clients must be given adequate privacy to undress and dress. This means leaving the room to allow the client to undress/dress, and knocking before re-entering the room.

REFERENCES
• Salvo,S (1999) Massage Therapy Principles and Practice, WB Saunders. USA

Approved: 17 September, 2012
AMT Standard - Informed Consent
PURPOSE
Massage therapists understand the principles of informed consent and use this knowledge to fulfill their responsibility to obtain informed consent in accordance with the policy.

BACKGROUND
Informed consent is the voluntary agreement by the client to a treatment plan after proper, accurate and adequate information is conveyed about the proposed techniques and protocols that will be used.

Informed consent assists both the client and the therapist to determine the treatment goals.

The key premise of informed consent in the massage therapy setting is that clients are autonomous and have control over their own bodies. This includes control over what the therapist does to their body. It is integral to a client-centred approach to health care.

Informed consent requires the therapist to provide pertinent information about the treatment. For example, a therapist may describe the position and function of the gluteal muscles and explain why massaging them is relevant to the client’s treatment plan. Access to the gluteals may require the client’s underpants to be lowered. After describing this procedure, the client is given the choice to proceed prior to treatment.

It is the responsibility of the massage therapist to provide clear information about what the client can expect from the treatment. The intent and direction of the treatment should be clearly defined for the client. The client should determine if a procedure should occur.

A signed consent form is not proof that the client was adequately informed.

Information given to the client when seeking consent includes:

- the treatment plan
- the duration of the treatment
- techniques to be used
- body parts to be massaged
- positioning
- clothes the client may need to remove
- outcomes of the massage
- any associated risks, such as the chance of post treatment muscle soreness.

For consent to be valid it must:

- be given voluntarily and not coerced or induced by fraud or deceit
- cover the treatment/procedure(s) undertaken
- be given by a person with legal capacity (parent, guardian or caregiver).

Clients may withdraw consent to a treatment at any time. The massage therapist must immediately respect this.
POLICY

Massage therapists are required to:

• outline their fee schedule and obtain informed financial consent before commencing treatment
• negotiate the treatment plan with the client. This may include discussing the treatment plan with the client’s family, guardian and/or carer if the client requests this
• seek informed consent for treatment and document this consent in the client file, including any recommendations, referrals and advice about continuity of care
• respect the client’s right to withdraw consent for the treatment or any aspect of the treatment
• provide information in plain language
• avoid using anatomical or medical jargon unless the client clearly indicates they are familiar with this language
• consider the client’s literacy and language skills when obtaining consent, including the need to access interpreter services if the client does not have sufficient English language skills
• seek consent from a parent, legal guardian or caregiver if the client does not have the legal capacity to give consent
• seek consent from a parent, legal guardian or caregiver if it becomes apparent that the client cannot comprehend the proposed treatment
• maintain eye contact with the client when seeking verbal consent unless it is not feasible to do so (i.e. the client is lying prone)
• obtain written informed consent for techniques that are invasive (for example, dry needling and intraoral work).

AMT does not require therapists to obtain written informed consent unless the techniques being used could be perceived as invasive. If written consent is being sought, AMT members may use the form prepared by AMT for that purpose.

Verbal consent must be documented in the client file.

PRINCIPLES

Massage therapists should be mindful of the following principles when seeking consent:

• Consent is dynamic. A client may initially consent to the massage or part of the massage and then change their mind during the treatment. If a client withdraws consent at any time, the massage therapist must respond accordingly. Equally, just because a client gave consent during one treatment does not mean that the massage therapist can assume that the client will always consent to the same treatment.

• Consent must be clear and definitive. Be aware of nuances in the client’s language that may indicate that consent is being given reluctantly. For example, note the difference between “Yes that is absolutely fine, go ahead” and “I suppose that is OK, if you have to”. Give alternatives wherever possible. Offering a client the option to say no and an alternative can assist in obtaining definite consent. For example “It is not necessary to lower your underpants. I can apply some techniques through your clothes or the draping. Would you prefer that?”.

• Knowledge is power. Most people’s fear or anxiety about having a massage is alleviated by information and a full understanding of what is about to occur. This should include informing the client that they will be given full privacy to undress and dress, and that they will be fully covered throughout the massage, except for the area being massaged.
• Non-verbal signals may indicate that the massage therapist needs to renegotiate consent. Non-verbal signals such as laughing, excessive talking, holding the breath, fidgeting, and clenching the hands, feet, buttocks or jaw often indicate that the client is uncomfortable. If this happens, it is a good time to check whether the client is happy to proceed with the massage or technique that is being used. Only minor changes may be needed to make the client comfortable, such as the use of less pressure, a change in technique or a change in positioning.

REFERENCES


• Yardley-Nohr (2007) *Ethics for Massage Therapists*, Lippincott Williams & Wilkins, USA.

Approved: 17 September, 2012
AMT Standard - Breast Massage
PURPOSE
Massage therapists are aware of the necessary preconditions for performing massage of breast tissue and the accepted clinical indications for breast massage, and can apply this knowledge in accordance with the policy.

BACKGROUND
Massage of breast tissue is distinct from massage of the musculature of the chest wall (for example, pectorals and costal muscles).

Evidence-based clinical reasoning and informed consent are essential preconditions to performing massage on sensitive and intimate areas such as breast tissue. Informed consent requires the therapist to provide pertinent information about the treatment. The client must have a clear understanding of the clinical basis for breast massage before treatment commences. Explanation of the treatment should include the risks and benefits, alternatives, draping and positioning, and the client’s right of refusal throughout the treatment.

Written informed consent must be obtained prior to performing massage on breast tissue. However, because consent is dynamic, the therapist must respond immediately if the client withdraws consent during the treatment. Clients may withdraw consent at any time and it is the massage therapist’s duty of care to respect this and to respond appropriately. Changes in consent should be recorded in the client file as they occur.

Clinical indications for breast massage
Massage of breast tissue is only allowed for the following specific clinical presentations:

- Post-surgical - when a client has undergone
  - mastectomy
  - breast reduction, reconstruction or augmentation
  - lumpectomy
- Cancer - when there is discomfort from breast cancer treatment or during rehabilitation from cancer treatment
- Scarring - when there is adhered, restricted or painful scarring due to:
  - the surgeries listed above
  - cancer treatment
  - injuries or accidents, including burns
- Swelling and/or congestion - when lymphatics have been compromised by:
  - the surgeries listed above
  - cancer treatment
  - fibrocystic breast conditions
  - primary or congenital lymphoedema.
POLICY

Massage therapists are required to:

• obtain written informed consent for breast massage and retain this in the client file
• document the clinical reasoning for breast massage in the client file
• respect the client’s right to withdraw consent for breast massage at any time and document any changes to consent as they occur
• maintain draping protocols and only uncover breast tissue when it is being worked on directly.

Massage therapists do not:

• touch the nipple and/or areola
• perform breast massage without being able to demonstrate clear, evidence-based clinical reasoning to the client
• perform breast massage if it is not clinically indicated, as per the conditions listed above
• perform breast massage without relevant, specific training.

PRINCIPLES

Massage therapists should observe the following principles when treating breast tissue:

• Respect boundaries. Breasts are a sensitive area and must be treated with due sensitivity. In western culture, female breasts are highly sexualised so the massage therapist needs to be able to clearly communicate the difference between sexual touch and therapeutic touch. The client must fully understand this distinction for informed consent to be valid. It is the therapist’s responsibility to respect and maintain the boundary between therapeutic touch and sexual touch at all times.

• Remember that consent is dynamic. Consent can change from minute to minute in any given treatment or between treatments. After obtaining written informed consent for breast massage, the massage therapist should watch for any non-verbal signs of discomfort and check with the client to ensure that they continue to be comfortable with the treatment.

• Have a sound clinical basis for performing breast massage. Due to the sensitivities of the work, breast massage should not be undertaken casually or lightly. If the massage therapist cannot clearly articulate the evidence-based clinical reasoning for treatment of breast tissue, they should not proceed.

• Refer if in doubt. If it is not possible to proceed confidently or comfortably with the treatment, refer the client to another therapist or back to their primary care physician.
AMT Standard - Privacy and Confidentiality
PURPOSE
Massage therapists have a clear understanding of their legal and ethical obligations in relation to the privacy of clients’ personal information, and apply this knowledge in accordance with the policy.

STATUTORY REQUIREMENTS
As health service providers, massage therapists have a legal obligation to protect the privacy of their clients’ personal information.

In November 2001, the Federal Privacy Act 1988 was extended to cover the private sector throughout Australia. The legislation applies to the collection of personal information in the massage therapy setting. Massage therapists should be familiar with the 10 national privacy principles in the Privacy Act 1988.

The NSW Health Records and Information Privacy Act 2002 contains 15 privacy principles. These form the core of the requirements in this policy.

The requirements outlined in this standard should be applied in conjunction with the requirements in your jurisdiction.

There are three state Acts that specifically relate to health information privacy:

ACT

NSW

Victoria

ACT, NSW and Victorian practitioners must be familiar with their relevant Health Records Act to ensure the compliance.

POLICY
Massage therapists are required to:

• comply with the 10 national privacy principles in the Federal Privacy ACT 1988
• comply with relevant state health records legislation
• develop a clear and articulable privacy policy
• treat all client information as private and confidential
• respect client privacy
• protect the personal information of clients
• store all client records securely
• obtain consent from the client before sharing health information with another health practitioner or third party service provider such as an insurer.

Health information collected from clients must be:

• Lawful: only collect health information for a lawful purpose. Only collect health information that is necessary for the purpose of delivering massage therapy treatment to the client.

• Relevant: ensure that the health information is relevant, accurate and up to date. Ensure that the collection does not unreasonably intrude into the personal affairs of the individual.

• Direct: only collect health information directly from the client, unless it is unreasonable or impracticable to do so. Information can only be sought from other parties with the express permission of the client.
• **Open:** inform the client as to why you are collecting health information about them, what you will do with the health information, and who else might see it. Tell the person how they can see and correct their health information, and any consequences if they decide not to provide their information to you. If you collect health information about a person from someone else, you must still take reasonable steps to ensure that the client has been notified as above.

• **Secure:** ensure that health information is stored securely, not kept any longer than necessary, and disposed of appropriately. Information should be protected from unauthorised access, use or disclosure.

• **Transparent:** explain to the client what health information about them is being stored, why it is being used and any rights they have to access it.

• **Accessible:** allow people to access their health information without unreasonable delay or expense.

• **Correct:** allow people to update, correct or amend their health information where necessary.

• **Accurate:** ensure that the health information is relevant and accurate before using it.

• **Limited Use:** only use health information for the purpose for which it was collected, or a directly related purpose that the person would expect. For example, you cannot use health information for a case study or research without the express, formal consent of the client.

• **Limited Disclosure:** only disclose health information for the purpose for which it was collected, or a directly related purpose that the person would expect. You must obtain consent from the client before disclosing health information.

• **Authorised:** people must expressly consent to participate in any system that links health records across more than one organisation. Only include health information about a client for the purpose of the health records linkage system, if they have expressly consented to this.

**Massage therapists do not:**

• share a client’s personal information with a third party without the express permission of the client.
• discuss a client’s personal information with other clients, friends or relatives.
• discuss a client’s personal information with friends / relatives, a guardian or caregiver of the client.
• solicit overly intimate details from clients.

**EXCEPTIONS TO CONFIDENTIALITY**

The following are specific exceptions where the right to confidentiality may need to be modified:

• when there is a threat to the client’s safety (such as a medical emergency) or the safety of others.
• when the client authorises disclosure.
• when the client has requested a written report for another health professional or agency.
• when you are permitted or compelled by law to disclose client information (such as a subpoena).
PRINCIPLES

Therapists should be mindful of the following principles in relation to client privacy and confidentiality:

• **Verbal communications with a client should be conducted in complete privacy and remain confidential.** Clinic rooms should be impervious to sound so that conversations cannot be overheard.

• **The client must consent to their health information being given to a third party.** Permission must be sought from the client before health information is given to another health professional. Permission must also be sought before sharing health information with other practitioners working in the same practice. Client information should never be shared with friends, acquaintances or members of the public.

• **Physical security of client records is paramount.** This also includes the security of records when they are being transported. Records must always be protected from unauthorised access.

REFERENCES

Statutory requirements outlined in:

• The Federal Privacy Act (1988)

• The ACT Health Records (Privacy and Access) Act 1997

• The NSW Health Records and Information Privacy Act 2002

• The Victorian Health Records Act 2001


Approved: 17 September, 2012
AMT Standard - Record Keeping
PURPOSE

Massage therapists understand the ethical and legal requirements associated with the preparation, management, storage and disposal of health records in the massage therapy clinical setting, and apply this knowledge in accordance with the policy.

The term “health record” in this standard means a documented account of a client’s personal and health information, presenting condition and treatment, in paper or electronic form.

BACKGROUND

Record keeping is an important component of competent professional practise and essential to the delivery of quality evidence-based health care. Massage therapists must create and maintain health records that serve the best interests of clients, and that contribute to the safety and continuity of their health care.

The purpose of documenting and maintaining accurate health records is to:

- obtain personal information to identify the client
- obtain health information (medical information and history, including medications) to identify indications for and/or contraindications to treatment
- obtain informed consent
- provide an accurate and concise record of client care including assessment procedures, treatment plans, treatment evaluations, client feedback and recommendations
- record the chronology of treatments provided
- support continuity of care and provide written evidence that the treatment has been provided
- meet legal, professional and statutory requirements
- provide information for the investigation of complaints
- provide evidence of care before a court of law
- provide accurate records for insurance and medical reports.

STATUTORY REQUIREMENTS

As health service providers, massage therapists have a legal obligation to comply with the requirements of the Federal Privacy Act and relevant state health records legislation in the collection and management of personal information, including health information.

There are 10 National Privacy Principles that regulate how private sector organisations manage personal information, covering the collection, use and disclosure and secure management of the personal information. The Privacy Act also includes provisions for clients to access information held about them. This information is detailed in AMT’s Privacy and Confidentiality Standard.

The requirements outlined in this standard should be applied in conjunction with AMT’s Privacy and Confidentiality Standards, and the requirements in the massage therapist’s state or jurisdiction.

There are three state Acts that specifically relate to health records:

ACT


NSW

Victoria

• The Health Records Act 2001. This can be accessed online from: http://www.austlii.edu.au/au/legis/vic/consol%5fact/hra2001144/index.html

• Massage therapists in Queensland, South Australia, Western Australia, Tasmania and the Northern Territory must comply with the requirements of the Federal Privacy Act. The Privacy Act 1988 can be accessed online from: http://www.austlii.edu.au/au/legis/cth/consol_act/pa1988108/

Additional resources:


POLICY

Massage therapists are required to:

• create an identifiable individual health record at the time of a client’s first treatment

• promote continuity of a client’s care through the maintenance of accurate and comprehensive health records

• treat all client information as private and confidential

• ensure all entries in a client’s health record are accurate and concise statements of fact or clinical judgments relating to assessment, treatment and professional advice

• ensure that all entries are relevant to that client and do not contain prejudicial, derogatory or irrelevant statements about the client

• document treatments in chronological order

• allow clients to access their health record without unreasonable delay or expense

• store health records securely and safeguard against loss, damage or access from unauthorised personnel. This includes secure backup of electronic records.

• retain health records for a minimum period of seven years from the date the last entry was made. For clients less than 18 years of age, records must be retained for seven years from the date the client turns 18.

• dispose of health records in a way that will preserve the confidentiality of any information contained in them

• retain a record of the following when disposing of a client’s health information:
  - the name of the person
  - the period covered by the health information
  - the date on which it was deleted or disposed of.

The following information must be recorded in the health record:

Personal Information

• Name, address, contact numbers, date of birth, occupation

• Name of the client’s primary health care provider

• A contact number for emergencies

• History of massage therapy

• Lifestyle information (hobbies, diet, exercise, alcohol consumption, tobacco use).
Health information (medical information and history)

- Concurrent medical/therapeutic treatment
- Current medication(s) and the condition(s) being treated
- Date and nature of any surgical procedures
- List of allergies or skin disorders
- Cardiovascular conditions
- Respiratory conditions
- Musculoskeletal conditions
- Nervous conditions
- Digestive conditions
- Pregnancy, cancer, diabetes, epilepsy, arthritis and family history of arthritis
- Presence of pacemaker, internal pins, wires, artificial joints or special equipment
- Any medical conditions that indicate/contraindicate massage therapy.

For each session, the health record must include:

- Date of visit
- Identifying details of therapist providing the treatment
- Update of health information, if required
- Purpose of treatment
- Location and nature of presenting condition
- Duration of presenting condition
- Other treatment(s) sought and results
- Client’s desired outcome of treatment
- Adverse reactions to, or effects from, treatment
- Physical assessment
- Treatment plan
- Treatment provided (documents region/muscles treated/techniques applied)
- Evidence of ongoing monitoring and evaluation of treatment, including evidence for the effectiveness of ongoing treatment
- Recommendations (remedial exercises, self-care)
- All referrals to and from other practitioners
- Any relevant communication with or about the client
- Client’s evaluation of treatment
- Reasons for ceasing treatment, if treatment is no longer required.

PRINCIPLES

Massage therapists should be mindful of the following principles in relation to creating and maintaining health records:

- **Health records must be legible.** All entries in the health record must be readable and understandable. Any abbreviations and symbols must be able to be interpreted by another massage therapist or health professional. Health records must be kept in English.

- **Entries in the health record must be signed.** The massage therapist who performed the treatment must sign their notes for each session. In a computerised system, this may require the use of an appropriate identification system such as an electronic signature that has a security code.
• **Entries in the health record must not be erased.** Entries must be made in such a way that they cannot be erased. All errors must be appropriately corrected but an original incorrect entry should remain readable. An accepted method of correction is to draw a line through the incorrect entry and initial the correction. This also applies to electronic entries where a security code must be used. Any added notes following a treatment must be dated.

• **Health records must be reproducible.** If files are stored electronically, there must be a back up and it must be possible to reproduce records on paper.

**REFERENCES**

• Statutory requirements outlined in:
  - The Federal Privacy Act 1988
  - The ACT Health Records (Privacy and Access) Act 1997
  - The NSW Health Records and Information Privacy Act 2002
  - The Victorian Health Records Act 2001

• College of Massage Therapists of Ontario, Public Health Standard 6

• NSW Department of Health Patient Matters Manual

• Guidelines on Dental Records developed under s. 39 of the Health Practitioner Regulation National Law Act 2009

• APA Position Statement on Health Records 2010

• Office of NSW Privacy Commissioner

Approved: 17 September, 2012
AMT Standard - Issuing Receipts
PURPOSE
Massage therapists are aware of their legal and ethical responsibilities in relation to receipting treatments, and can apply this understanding in accordance with the policy.

BACKGROUND
Receipts are a record of a financial transaction. In the massage therapy clinical setting, a receipt is a written acknowledgement of receiving payment for treatment on a specific day for a specific fee. Similarly, an invoice/tax invoice is a written record of a treatment being provided on a specific day for a specific fee. An invoice and receipt can be incorporated into a single document.

A receipt should be issued as soon as payment for a treatment has been tendered. When payment is not tendered immediately after a treatment, an invoice/tax invoice may be issued to the client or, where applicable, to a third party payer such as a workers’ compensation authority.

Massage therapists have a professional duty of care to ensure that details included on receipts are accurate and truthful. Modifying receipts to enable false claims on insurance is fraud and punishable by law.

POLICY
Massage therapists are required to:
- issue a receipt after each payment transaction
- issue an invoice for treatment if payment has not been tendered
- issue a tax invoice if registered for and charging GST. The tax invoice must include an ABN and be titled “Tax Invoice”.
- retain copies of receipts, invoices and tax invoices, either on paper or electronically
- ensure that the details on the receipt/invoice/tax invoice (date, nature of treatment, client’s details) coincide with the client’s clinical record
- mark duplicate receipts, invoices and tax invoices with ‘copy or ‘duplicate’.

Massage therapists do not:
- falsify details on the receipt, such as the client’s name or the duration/frequency of treatment, to enable a client to make a false claim with a third party
- change the date or nature of treatment to enable a client to make a false claim with a third party
- use another practitioner’s details or provider number(s) to enable a client to make a false claim with a third party
- use correction fluid or tape to make corrections
- charge GST unless registered to charge GST.
INFORMATION REQUIRED ON RECEIPTS

The following details must be clearly printed on receipts, invoices and tax invoices (i.e. it cannot be handwritten):

• Name of the therapist who gave the treatment
• Business name if applicable
• Practice address. This must be a street address not a PO Box.
• AMT member number
• ABN if applicable.

The following details must also be included but may be handwritten:

• Client’s name and address
• Date of treatment
• Nature of treatment
• Health Fund provider number(s)
• Fee
• Date of payment.

TAX EVASION AND FRAUD

Failing to declare assessable income, not wanting to issue a receipt or providing a false invoice are all considered to be forms of tax evasion.

Health insurance fraud and inappropriate claiming is where someone receives a benefit payment using false or misleading information. If massage therapists issue receipts with incorrect or falsified details, such as the date of the treatment, treatment description, name of the treating therapist or name of the client, then they are committing fraud. Health insurance fraud is a criminal offence and is punishable by law.

CHARGING GST

Massage therapists must register for GST if their gross income exceeds $75000 per annum. If massage therapists are registered for GST, then they must issue tax invoices for their treatments, quoting their ABN.

REFERENCES

• ATO website record keeping and Tax invasion www.ato.org.au
• The Australian Consumer Law- A guide to provisions 2010
• The Australian Consumer Law- An introduction November 2010
• Fair Trading Act NSW (1987)
• ATO fact sheet - How to set out tax invoices and invoices www.ato.org.au
• Excerpts from CCH Australian Master GST Guide July 2000

Approved: 17 September, 2012
AMT Standard - Advertising
PURPOSE
Massage therapists have a clear understanding of ethical advertising standards and relevant consumer legislation, and can apply this knowledge to the promotion of their business in accordance with the policy.

BACKGROUND
Promoting massage therapy services to the public can be a valuable consumer mechanism and a positive way to enhance the standing of massage therapists in the wider spectrum of healthcare delivery.

Advertising can provide a means of communicating general information to consumers that can help them better understand the services and options available to them, enabling them to make informed healthcare choices.

Consumers need reliable and accurate information to make an informed decision about whether to purchase a health service. In this sense, informed choice is an underpinning imperative in framing ethical advertising of massage therapy services.

Advertising includes all forms of print and electronic media, and any public communication using television, radio, film, newspaper, billboards, books, lists, pictorial representations, designs, mobile communications or other displays, the Internet and directories. It also includes business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices. Situations in which practitioners make themselves available or provide information for media reports, magazine articles or advertorials are also considered to be advertising.

Information included in an advertisement for a massage therapy service or clinic must be honest, reliable and useful to support the consumer’s capacity to make informed healthcare choices. Using language that consumers can understand and avoiding unfamiliar jargon is crucial to conveying the message ethically.

Advertising that is false, misleading, inaccurate or deceptive compromises the integrity of the profession as a whole and carries serious risks to the consumer, such as exploitation, false expectation or hope, and/or serious compromise to their health and wellbeing. This is especially relevant where the consumer is vulnerable or insufficiently informed to make a decision about the suitability of particular kinds of treatment.

STATUTORY REQUIREMENTS
Massage therapists are accountable under the Competition and Consumer Act 2010.

On January 2011, the Australian Consumer Law (ACL) commenced. The ACL is a schedule to the Competition and Consumer Act 2010. It is a single, national law concerning consumer protection and fair trading, and applies in the same way nationally and in each State and Territory. In other words, consumers have the same protections and expectations about business conduct wherever they are in Australia, and businesses have the same obligations and responsibilities wherever they operate in Australia.

The Australian Competition and Consumer Commission (ACCC) takes action against persons who make false or misleading claims about their products or services, and profit from the desire of vulnerable people to change their appearance or improve their wellbeing.
Massage therapists should become familiar with the Australian Consumer Law, specifically the general protections in relation to misleading or deceptive conduct, unconscionable conduct and unconscionable conduct in business transactions. The ACL can be accessed online from:


For clear guidelines on how to ensure advertising and promotions are framed ethically and responsibly, massage therapists should also refer to the ACCC’s “Guide for the advertising or promotion of medical and health services”, which can be accessed online from:


**POLICY**

Advertisements for massage therapy services may contain:

- a factual and clear statement about the services offered
- the full name of the practitioner providing the services (not an abbreviation)
- qualifications of the practitioner offering the massage services and details of any training programs completed since graduation
- contact details of the clinic or practitioner
- information about operating hours
- a fee schedule
- details of any third party payment services, such as health fund rebates. Caution should be exercised before using an organisation or company name of a third party provider, as written authority may be required from that provider.
- information about professional accreditations with an association such as AMT (e.g. AMT accredited)
- non-enhanced photographs of the practitioner or clinic
- evidence and outcome based information on the benefits of massage therapy.

Massage therapists should not promote their services in a manner that:

- is false, misleading or deceptive or is likely to be misleading or deceptive
- creates or is likely to create unrealistic expectations about the effectiveness of the service
- creates or is likely to create false hope
- encourages excessive or unnecessary use of the service
- suggests that the service is always effective
- implies that the service is better, safer or superior to other practitioners, or that the service is somehow exclusive
- exploits or potentially exploits the lack of knowledge of clients.
Massage therapists do not:

- make false, exaggerated or unsubstantiated claims (for example, massage cures cancer or removes toxins)
- imply that massage therapy is infallible, magical, miraculous or guaranteed. This includes using the terms “cure” and “heal”
- use testimonials or purported testimonials to promote a massage therapy service
- promote a specialty or specialised service unless you can provide proof of specific training in that specialisation
- misrepresent the standard or quality of the service
- use puffery (that is, claim to be the best, the cheapest, the most effective)
- use language that could cause fear or distress
- use the terms “masseuse” or “masseur”.

MISLEADING AND DECEPTIVE CONDUCT

If the overall impression left by an advertisement, promotion, quotation, statement or other representation creates a misleading impression in your mind, then the conduct is likely to breach the law. A specific example of this in the massage therapy context would be claims that massage can cure chronic and systemic illnesses such as cancer.

Any unproven claim related to massage therapy, no matter how seemingly benign, could be viewed as potentially misleading or deceptive. This would include claims that massage clears toxins or makes you look younger. In fact, the provisions in the Australian Consumer Law are particularly stringent and strict penalties apply to businesses and individuals attempting to profit from the desire of vulnerable people to change their appearance or improve their wellbeing.

REFERENCES

- Australian Health Practitioner Regulation Agency website
- Australian Competition and Consumer Commission website
  http://www.accc.gov.au
- Australian Consumer Law website
  http://www.consumerlaw.gov.au
- The Australian Legal Information Institute
  http://www.austlii.edu.au/

Approved: 17 September, 2012
AMT Standard - Infection Control and Hygiene
PURPOSE
Massage therapists are aware of national infection control guidelines and can apply this knowledge in the massage therapy clinical setting in accordance with the policy.

BACKGROUND
As health service providers, massage therapists have a common law duty of care and ethical responsibility to take all reasonable steps to safeguard themselves, clients, staff and the general public from infection.

Infection control refers to policies and procedures practiced in healthcare facilities to minimise the risk of transmitting and acquiring infectious diseases. These diseases are usually caused by bacteria, fungi or viruses and can be spread by human-to-human contact, human contact with an infected surface, airborne transmission through tiny droplets of infectious agents suspended in the air, and by such common vectors as food or water.

The risk of exposure to body fluids in the massage therapy clinical context is relatively low. However, the risk of spreading infections such as flu and upper respiratory tract infections is significant, therefore transmission-based precautions are an important addition to standard infection control precautions.

NATIONAL INFECTION CONTROL GUIDELINES
The National Health and Medical Research Council’s (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) provide recommendations that outline the critical aspects of infection prevention and control. The NHMRC guidelines can be accessed online from:


POLICY
For detailed information about how to apply this policy in the clinical context, therapists should refer to the AMT Infection Control Guidelines.

Massage therapists are required to:

- apply standard precautions (previously referred to as universal precautions)
- apply transmissions based precautions. Treatment may be contraindicated if the client is acutely ill with a systemic infection such as influenza (absolute contraindication).
- maintain personal hygiene
- wash and dry hands before and after client contact
- dry hands with single-use towels (disposable paper towels are preferable to cloth)
- use soap dispensers rather than bar soap
- keep nails short and avoid wearing any jewelry that may come into contact with clients
- ensure hair is tied back to prevent contact with client
- clean and disinfect exposed areas of the massage table and bolsters after each client
- use clean linen for each client
- use clean towels to cover ice/hot packs or other objects that are reused and come into direct contact with clients
- provide clean, dry storage for clean linen with an appropriate linen rotation system
- place used linen in a closed container and launder on the day of use. Do not place used linen in direct contact with your body or clothing.
• wash linen in hot water and detergent unless the linen has signs of human body fluid contamination
• separate soiled linen from all other linen wearing disposable gloves. Wash separately in hot water using normal detergent and appropriate disinfectant. Alternatively, place in bio-hazard bag and dispose of at the hazardous waste part of your local tip.
• keep lubricants in contamination proof dispensers, such as a pump action container, and clean with disinfecting wipes between clients
• use a disposable spatula to remove product from jar-type containers to avoid cross contamination
• ensure all products are labeled to prevent using the wrong product
• cover any cuts, sores and abrasions, and change the covering between each client
• keep all areas of the workplace clean and hygienic, and document frequency of cleaning procedures
• have a management procedure for cleaning up blood and body substance spills including the use of personal protective equipment and a spills kit
• have a management procedure for accidental exposure to blood or body fluids
• use personal protective equipment such as gloves when dealing with used linen, clinical waste (used hand towels and tissues), and when performing intraoral massage
• provide and maintain a first aid kit
• be well informed about infectious diseases and maintain awareness of local endemics, such as colds and flus.

**Massage therapists do not:**
• perform massage when they have an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections such as impetigo).
• treat clients with an infectious condition that could be transmitted by direct or indirect contact (flu, upper respiratory tract infections, gastroenteritis, MRSA, highly contagious skin infections such as impetigo).

**PRINCIPLES**
Successful infection control is based on good hygiene around the range of practices that arise from identifying hazards and implementing risk management for those hazards. This involves understanding:
• the infectious agent
• the work practices that prevent the transmission of infection
• management systems that support effective work practices.

The main principles in preventing the transmission of infection are:
• identify all possible sources of infection
• care for infected or potentially infected clients in such a manner that transmission of the infection is rendered as difficult as possible
• safely dispose of potentially infective and other injurious material.
REFERENCES

- NSW Health website

Approved: 17 September, 2012
AMT Standard - Work Health and Safety
PURPOSE

Massage therapists are aware of Work Health and Safety (WHS) procedures in the massage therapy clinical setting and can apply this knowledge in accordance with the policy.

BACKGROUND

Work Health and Safety refers to the general requirements necessary to ensure a health and safety culture, accountability and implementation of WHS management processes. WHS policies are designed to reduce the number of workplace injuries and illnesses by imposing responsibilities on individuals and organisations.

The broader awareness of massage as a form of preventive health care and rehabilitation has created greater scope for massage therapists to provide services in diverse settings. Regardless of the environment that massage therapists work in or the nature of workplace interactions, WHS is an issue for everyone.

It is the responsibility of the massage therapist to take reasonable care for the health and safety of everyone in the workplace and to work in a responsible manner. Therapists must be aware of and comply with WHS legislation and any workplace requirements to ensure safe practice. Ignorance is no defence in law.

The national WHS scheme adopted by NSW, Queensland, ACT and the Northern Territory in January 2012 has seen a change in the way work health and safety is managed in the workplace. The primary duty of care has shifted to the employer or organisation, referred to as a person conducting a business or undertaking (PCBU). The WHS Legislation now imposes an obligation on the PCBU to exercise due diligence in ensuring their business or organisation meets its safety obligations to workers (employees, subcontractors), clients and the general public.

LEGISLATIVE CONTEXT

In January 2012, Australian Occupational Health and Safety (OHS) legislation was harmonised, establishing the national Work Health and Safety (WHS) scheme. A new national body, Safe Work Australia, is coordinating the OHS harmonisation process. Not all states have adopted the legislation. The national model is in operation in NSW, Queensland, ACT and the Northern Territory. South Australia, Tasmania, Victoria and Western Australia have retained their own systems.

The requirements outlined in this standard should be applied in conjunction with the relevant legislative requirements in your jurisdiction.

The following is an overview of National and State WHS legislation:

National WHS resources and information

- Safe Work Australia - www.safeworkaustralia.gov.au
- Comcare - www.comcare.gov.au

State and Territory WHS legislation and resources

ACT

Relevant Act:
- Work Health and Safety Act 2011

NSW

- WorkCover NSW - www.workcover.nsw.gov.au
Relevant Act:
- Work Health and Safety Act 2011
Northern Territory
  • NT WorkSafe - www.nt.gov.au/deet/worksafe
Relevant Act:
  • Work Health and Safety Act 2011

Queensland
  • Workplace Health and Safety Qld - www.deir.qld.gov.au/workplace/
Relevant Act:
  • Work Health and Safety Act 2011

South Australia
  • WorkCover SA - www.workcover.com
  • SafeWork SA - www.safework.sa.gov.au
Relevant Act:
  • Occupational Health, Safety and Welfare Act 1986
  • Occupational Health, Safety and Welfare Regulations 2010

Tasmania
  • WorkCover Tasmania - www.workcover.tas.gov.au
  • Workplace Standards Tasmania - www.wst.tas.gov.au
Relevant Act:
    • Tasmania’s Work, Health and Safety Act and Work, Health and Safety Regulations will come into effect on 1 January 2013

Victoria
  • WorkSafe Victoria - www.workcover.vic.gov.au
Relevant Act:
  • Occupational Health and Safety Act 2004
  • Occupational Health and Safety Regulations 2007 and Compliance Codes

Western Australia
Relevant Act:
  • Occupational Safety and Health Act 1984
POLICY

For detailed information about how to apply this policy in the clinical context, therapists should refer to the AMT WHS Guidelines.

Waiting room/administration area

Massage therapists are required to:

• maintain a safe, clean and well ventilated facility
• provide adequate lighting
• ensure appropriate access for the elderly and people with disabilities or refer clients to another clinic
• provide and maintain toilet and hand washing facilities with soap dispensers and single use towels, and temperature control on hot taps
• cover electrical outlets with childproof safety devices
• provide strong comfortable chairs
• provide non-slip flooring (do not use floor mats or have frayed carpet)
• maintain functioning smoke detectors and fire extinguishers
• be familiar with the location and use of fire extinguishers
• clearly indicate fire exits
• be aware of evacuation plan for emergencies with evacuation plan clearly displayed
• keep emergency information posted in plain view near all telephones
• establish a policy regarding the use of open flames and candles
• keep all areas free of obstacles

Clinic area/treatment room

Massage therapists are required to:

• ensure mandatory cleanliness of clinic area
• ensure appropriate access for the elderly and people with a disability or refer to another clinic
• ensure visual and auditory privacy for treatments in accordance with the individual privacy needs of the clients
• provide suitable lighting and ventilation and ensure the clinic area is maintained at a comfortable temperature
• maintain and service heating and ventilation systems/devices, and turn off when not in use
• wash hands before and after each client
• use clean linen for each client
• maintain hand washing facilities with temperature control on hot tap
• carry out standard infection control procedures on reusable items (massage table, linen, oil dispenser etc)
• carry out regular safety checks on all equipment including electrical equipment (hydraulic tables, towel caddies, microwave ovens)
• use ergonomic table, stools and supports that comply with relevant Australian standards
• keep lubricants in contamination proof containers, clearly labeled
• obtain material safety data sheets (MSDS) on all products used
• check to make sure that clients are not sensitive or allergic to products used
• provide closed containers for used linen
• be aware that drying linen in a dryer may pose a potential fire hazard due to the presence of any residual oil.
• ensure correct storage and transport of potentially hazardous waste (contaminated linen, used hand towels, tissues)
• provide non-slip or slip-proof flooring
• keep area free of obstacles for client access and assessment.

**Storeroom**

Massage therapists are required to:
• store oils and creams in appropriate conditions
• provide clean, dry storage for clean linen with appropriate linen rotation system
• make sure floors are slip proof.

**Work processes**

Massage therapists are required to:
• use correct manual handling processes when lifting equipment or assisting clients on and off the massage table
• use appropriate body mechanics and techniques when performing massage to prevent muscle strain and overuse syndromes
• maintain healthy hands with exercises for strengthening and stretching
• know contraindications for massage and work within their own scope of practice
• take adequate breaks and have realistic workloads
• have appropriate strategies in place for dealing with aggressive clients
• have strategies in place for stress management
• implement anti-bullying, intimidation and harassment policies
• maintain a current Health Training Package “Apply First Aid” certificate

• maintain membership of a professional association, keep current with industry developments and engage in continuing education activities
• have current professional indemnity and public liability insurance
• document and maintain work health and safety and infection control policies and procedures including an ongoing risk management plan
• have a spills kit available for the management of blood or body fluids spills including the use of personal protective equipment
• be aware of management procedures for accidental exposure to blood or body fluids.

**PRINCIPLES**

To implement the principles of best practice in WHS, therapists must develop and document WHS policies and procedures specific to the activities carried out in their particular clinical setting. A safe workplace does not happen by chance or guesswork. It requires a systematic approach and is referred to as a Risk Assessment and Management Plan. Typically, this approach follows four steps:

1. Identify hazards in the workplace. A hazard is anything (including work practices or procedures) that has the potential to harm the health or safety of a person
2. Assess how people can be hurt and the likelihood of the hazards hurting people (level of risk)
3. Determine the most effective risk control that is reasonably practicable under the circumstances
4. Review risk controls and evaluate their effectiveness.

Risk assessment and management is necessary to prevent injury and maintain workplace safety. It ensures that the highest level of protection is in place for both the therapist and the client.
REFERENCES


- www.workcover.nsw.gov.au


- www.workcover.tas.gov.au


Approved: 17 September, 2012
AMT Standard - Dry Needling
PURPOSE

Massage therapists are aware of the statutory requirements for the practise of Dry Needling, meet the minimum education standards, and only perform dry needling in accordance with the policy.

BACKGROUND

Dry Needling refers to the practice of inserting acupuncture needles into trigger points to treat myofascial pain and dysfunction. It is based on western anatomical and neurophysiological principles and, as such, must be distinguished from the practice of acupuncture, which is based on the principles of Traditional Chinese Medicine.

Since Dry Needling involves penetration of the skin - the body’s first line of defence against infection – massage therapists who practise dry needling must have a thorough knowledge of infection control policy and procedure. This includes at least a basic knowledge of microbiology and modes of disease transmission. Specific knowledge of Workplace Health and Safety requirements in relation to the handling, use and disposal of sharps is also critical to the safe and ethical practice of Dry Needling.

Since needling is an invasive procedure, massage therapists need to be particularly vigilant in complying with all relevant legal statutes and guidelines, obtaining informed consent and working strictly within the scope of their training and knowledge.

QUALIFICATIONS

Massage therapists who practise Dry Needling must hold a nationally recognised Diploma or Advanced Diploma (AQTF standard). If Dry Needling is learnt at a post-graduate workshop, practitioners must complete a minimum of 60 hours of face-to-face training and 15 hours of supervised clinical practice, the content of which must include comprehensive training in Infection Control and Workplace Health and Safety principles.

Practitioners of Dry Needling must also demonstrate a thorough knowledge of Skin Penetration legislation.

STATUTORY REQUIREMENTS

Specific Skin Penetration Acts are in force in NSW, ACT and Western Australia. Practitioners in these states will need to comply with the terms of their relevant State Skin Penetration Act, including the Infection Control and Workplace Health and Safety principles laid out in the legislation. Full text of the relevant Acts and Regulations is available online from the Australian Legal Information Institute (see website links below).

Under the terms of this policy, Dry Needling practitioners in Queensland, South Australia, Victoria, Tasmania and the Northern Territory will need to demonstrate compliance with the requirements of the NSW Public Health Skin Penetration Regulation 2000, under the Public Health Act 1991, including the Infection Control and Workplace Health and Safety principles laid out in the legislation.

The following is a state-by-state overview of legislation and codes that apply to the practice of Dry Needling. The standards in this policy should be applied in association with official statutes and guidelines in your jurisdiction.

NSW

- Public Health Skin Penetration Regulation 2000

- NSW Health Skin Penetration Code of Best Practice

ACT

- Skin Penetration Procedures Act 1994
Queensland
- Environmental Protection (Waste Management) Regulation 2000

Victoria
- Health (Infectious Diseases) Regulations 2001

South Australia
- Guidelines on the Safe and Hygienic Practice of Skin Penetration

Please note: WorkCover SA does not endorse the delivery of dry needling by massage therapists and therefore such services are not payable if provided by a massage therapist.

Western Australia
- Health (Skin Penetration) Procedure Regulations 1998

**POLICY**

Massage therapists are required to:

**Premises**
- ensure that the treatment area is constructed of suitable materials. All floors, floor coverings, walls, ceilings, shelves, fittings and other furniture should be smooth, impermeable and easily cleaned. Flooring should be of a colour and type that allows for easy identification and removal of sharps should they be dropped.
- provide adequate lighting
- register the premises with the local authorities (municipal council).

**Infection control**
- comply with the infection control statutes and guidelines in their state
- demonstrate knowledge of and compliance with standard infection control precautions
- use single-use equipment (needles, swabs and gloves)
- disinfect the area of skin to be penetrated.

**Hand washing**
- wash their hands
  - before and after working with a client
  - after visiting the bathroom
  - after smoking
  - after meal breaks
  - after blowing their nose or touching any part of the body
  - after handling soiled equipment including jewellery, towels and cloths
  - before putting on and after removing gloves
  - after contact with blood or body substances
  - whenever they are visibly soiled
  - any other time infection risks are apparent.
**Handling and disposal of sharps**

- place sharps in an Australian Standard (AS 4031) specified, disposable sharps container immediately after use
- seal and dispose of sharps containers in accordance with the environmental protection authority requirements in their state. Disposal of sharps into the general waste stream is dangerous and illegal
- ensure that there is an accessible sharps container for the disposal of sharps as close as practical to the point of generation
- ensure that the sharps container is not accessible to clients and visitors, particularly children
- ensure that sharps containers are not overfilled
- ensure that sharps are not forced into the sharps container
- retain records of hazardous waste disposal for three years on the business premises where it was generated. Records including the generation, storage, treatment or disposal of the waste is required.

**Informed consent**

- obtain written informed consent before embarking on a course of Dry Needling treatments
- advise the client of the evidence-based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge.

**Record keeping**

- keep records of the date, time and details of the specific Dry Needling procedures performed.

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**Massage therapists do not:**

- practise Dry Needling in carpeted treatment areas
- use needles in a mobile practice
- re-use any Dry Needling equipment
- dispose of sharps in the general waste stream
- perform needling without written informed consent
- claim they are doing acupuncture.

Approved: 17 September, 2012
PURPOSE
Massage therapists are informed of their legal and ethical responsibilities in relation to working with minors, and can apply this knowledge in accordance with the policy.

BACKGROUND
Child protection is covered under state/territory legislation in Australia. As such, there is no single national framework setting out the requirements for obtaining Working With Children Checks or Police Checks. Each state/territory has its own procedures. It is therefore necessary for the massage therapist to fulfill the requirements that are in effect in their specific jurisdiction.

MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT
Mandatory reporting is the legal requirement to report suspected cases of child abuse or neglect. Since child protection is a state/territory responsibility, the designated groups of people mandated to notify their concerns to the appropriate statutory child protection authority - known as mandatory reporters - differs between states/territories.

Massage Therapists are included under the definition of Mandatory Reporters in NSW, South Australia and Northern Territory. However, regardless of the statutory requirements, AMT believes that massage therapists have an ethical duty to report suspected child abuse or neglect to the appropriate statutory child protection authority in their state/territory.

STATUTORY REQUIREMENTS
The following is an overview of the states/territories legal requirements for massage therapists working with children, including mandatory reporting requirements:

ACT
- In the ACT a minor is legally defined as a person less than 18 years of age.
- The Working with Vulnerable People (Background Checking) Act 2011 does not currently capture massage therapists. There is no legal statute in the ACT requiring massage therapists to undergo a Working with Children or Police Check. Individual employers may have a screening process in place.
- Massage therapists are not defined as mandatory reporters in the ACT.
- The Working with Vulnerable People (Background Checking) Act 2011 may apply to therapists who specialise in the treatment of people with disability. Please contact the Office of Regulatory Services for more information and clarification: http://www.ors.act.gov.au/community/working_with_vulnerable_people

Relevant Acts:
- Children and Young People Act 2008
- Working with Vulnerable People (Background Checking) Act 2011
NSW

- In NSW a minor is legally defined as a person less than 16 years of age. However, the NSW Working with Children Check provisions apply to persons less than 18 years of age.

- The NSW Working With Children Check is an employer driven "point-in-time" system entailing background checks of employees and the exclusion of prohibited persons from child-related occupations. This check would only apply to massage therapists employed in childcare settings, such as childcare centres, schools and pediatric wards, and the screening would be undertaken by the employer.

- Self-employed massage therapists who have direct unsupervised contact with minors in their practice will need to obtain a Certificate for Self-Employed People. However, please note that AMT requires therapists to have a parent, legal guardian or caregiver present at all times during treatment of persons under 18.

- Please visit the NSW Working with Children website for information about how to apply for a Certificate: https://check.kids.nsw.gov.au/#self-employed

- Massage therapists fall under the definition of Mandatory Reporters in NSW. This means that Massage Therapists are legally required to report suspected child abuse to the NSW Department of Community Services.

Relevant Act:
- Children and Young Persons (Care and Protection) Act 1998

Victoria

- In Victoria a minor is legally defined as a person less than 18 years of age.

- Massage therapists are not currently captured by the Victorian Working with Children Act. A Working with Children Check would only apply to massage therapists who are employed in childcare settings, such as childcare centres, schools and pediatric wards, in which case a Working with Children Check would be required. Please visit the Victorian Working with Children website for information about how to apply: http://www.justice.vic.gov.au/workingwithchildren

- Massage therapists are not defined as mandatory reporters in Victoria.

Relevant Act:
- Working with Children Act 2005

Queensland

- In Queensland a minor is legally defined as a person less than 18 years of age.

- Massage therapists are required to apply for a Working With Children Check, known as a "Blue Card". Valid for two years, Blue Cards entitle individuals to engage in child-related occupations/volunteering.

- The Queensland Blue Card is administered by the Commission for Children, Young People and Child Guardian. Please visit the CCYPCG website for information about how to apply: http://ccypcg.qld.gov.au

- Massage therapists are not defined as mandatory reporters in Queensland.

Relevant Act:
- Child Protection Act 1999
South Australia

- In South Australia a minor is legally defined as a person 18 years or less.

- Under the Children’s Protection Act 1993, all organisations that provide health services wholly or partly to children must lodge a statement outlining their child safe environment policies and procedures with the Department for Families and Communities.

- Self-employed massage therapists fall under the definition of a health service organisation and are therefore required to lodge the child safe environment compliance statement. This compliance statement sets out the minimum requirements your organisation/business must meet to demonstrate that appropriate policies and procedures are in place to establish and maintain a child safe environment.

- Massage therapists can lodge a compliance statement online or download the relevant documentation from the Department for Families and Communities (DFC) website: http://www.dfc.sa.gov.au/pub/Default.aspx?tabid=927

- The DFC website includes information and templates to assist organisations in developing child safe policies and procedures.

- The Department of Families and Communities is also phasing in a requirement for employers to conduct criminal history assessments on staff and volunteers working with children. For massage therapists employing staff and/or volunteers, this requirement was phased in at 30 June 2012.

- Self-employed massage therapists are not required to undergo a criminal history check, but may choose to do so voluntarily.

- Massage therapists fall under the definition of Mandatory Reporters in South Australia.

This means that Massage Therapists are legally required to report suspected child abuse to the Department of Children, Youth and Family Services.

Relevant Act:
- Children’s Protection Act 1993

Western Australia

- In Western Australia a minor is legally defined as a person less than 18 years of age.

- Massage therapists are not currently captured by the West Australian Working with Children Act. A Working with Children criminal check would only apply to massage therapists who are employed in childcare settings, such as childcare centres, schools and pediatric wards, in which case a Working with Children Check would be required. Please visit the WA Working with Children website for information about how to apply: http://www.checkwwc.wa.gov.au/checkwwc

- Massage therapists are not defined as mandatory reporters in Western Australia.

Relevant Act:
- Working with Children Act 2004

Tasmania

- In Tasmania a minor is legally defined as a person less than 18 years of age.

- There is currently no legal statute in Tasmania requiring massage therapists to undergo a Working with Children or Police Check. Individual employers may have a screening process in place.

- Massage therapists are not defined as mandatory reporters in Tasmania.

Relevant Act:
- Children, young persons and their families Act 1997
Northern Territory

- In the Northern Territory a minor is legally defined as a person less than 18 years of age.

- The Working with Children Clearance Notice applies to massage therapists seeking employment in childcare settings such as childcare centres, schools and pediatric wards. For information on how to apply, please visit the Northern Territory Working with Children website: http://www.workingwithchildren.nt.gov.au/

- Anybody with reasonable grounds is legally required to report child abuse or neglect in the Northern Territory to the Department of Health and Families.

Relevant Act

- Care and Protection of Children Act 2007

POLICY

When treating a minor, massage therapists are required to:

- comply with relevant local statutes relating to child protection, mandatory reporting and working with children

- seek informed consent for treatment from a parent, legal guardian or caregiver

- have a parent, legal guardian or caregiver present throughout the treatment

- report suspected child abuse to the appropriate statutory child protection authority in your state.

Massage therapists do not:

- have unsupervised contact with a minor.

PRINCIPLES

Massage therapists should be mindful of the following principles in relation to the treatment of minors:

- Children are people too. Involve minors in the decision-making process as much as possible. Empower children by explaining the treatment in age-appropriate terminology and seek consent for treatment from them too, wherever practicable.

- Respect boundaries. Children may feel uncomfortable about some elements of the treatment, such as removing clothing or lowering/adjusting underpants to access the lower back muscles, and working close to the groin and buttocks. Massage therapists should look for signs of discomfort and be flexible in their approach. Therapists should develop strategies to work with the particular sensitivities of each client.

REFERENCES

- ACT Office of Regulatory Services website

- NSW Working with Children Check website

- Victorian Department of Justice website

- Queensland Commission for Children and Young People and Child Guardian website

- West Australian Working with Children check website

- Northern Territory Working with Children website

- The Australian Institute of Family Studies website

- The Department of Families and Communities website.

Approved: 17 September, 2012