

H. Health and Hygiene

This segment consists of 20 clock hours, and includes not only the basics of sanitation and universal precautions against the spread of disease, but also elements, of self-care: emotional and physical self-care, and sensitivity to and respect for boundaries.

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1a H&H: Disease & Prevention

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The information in 1a and 1b, will not appear on our tests unless it is repeated in a future class (the exception is kinesiology-deltoid).

Introduction

Massage is one of the safest, least intrusive, and most effective treatments for pain and discomfort in health care and self-care.

However, clients are susceptible to infection and injury from massage, and they may present with contraindications, or experience medical emergencies such as hypoglycemia or a heart attack.

To reduce the risk of infection, a system of infection control is needed to protect clients and massage therapists and to minimize disease transmission.

Minimizing Disease Transmission

- Handwashing, including nails
- Disinfecting contaminated linens, surfaces, and reusable objects (like your table, lubricant container, etc.)

Hippocrates, the father of Western medicine, is frequently quoted as saying physicians should “do no harm”. Likewise, massage therapists across the globe must adopt policies of impeccable cleanliness and adherence to standard precautions to safeguard against infection.

1a H&H: Disease & Prevention

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Definitions

Disease is a condition of abnormal function involving anatomic structures or body systems. Diseases are characterized by a recognizable set of signs and symptoms and can be caused by heredity, infection, diet and lifestyle, and environmental factors.

Pathology is the study of disease.

Syndrome is a group of signs and symptoms that occur together and characterize a particular condition, suggest an underlying disease, or increase the risk of disease development.

Prognosis is a prediction of how the disease will progress and the chances of recovery based on the person's condition and the usual course of disease as observed in similar situations.

Signs are objective evidence obvious to someone other than the affected individual. Signs can be observed and measured. For example, fever, swelling, rashes, high blood pressure, pulse, etc.

Symptoms are subjective evidence perceived by an individual, and examples include stomachache, headache, nausea, pain, anxiety, etc.

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Definitions continued.

Etiology means the causes or origins of disease.

Idiopathic is a disease that does not have a known cause.

Complications are conditions that arise as a disease progresses.

Epidemiology is the study of occurrence, distribution, and transmission of diseases in human populations.

An **endemic disease** is one that is found regularly in people within local geographic regions or specific races of people. For example, malaria, which is more common in certain parts of Africa.

Epidemics are reported occurrences of disease that affect a large number of people at the same time within a geographic region, but, unlike a endemic, epidemics eventually subside. For example, in 2010, California had a whooping cough/pertussis epidemic.

Pandemics are reported occurrences of disease that affect a large number of people in many geographic regions, often worldwide. For example, HIV infection.

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Definitions continued.

Morbidity has 2 definitions.

1. It indicates the number of individuals affected by a particular disease within a certain population or geographic region. For this definition, examples are the numbers of elderly citizens with Alzheimer disease and the number of Native Americans who have type 2 diabetes.
2. The disease state. Alzheimer disease and type 2 diabetes are each example of morbidities.

Which definition of morbidity is being used is determined by its context.

A person can have several morbidities. When this occurs, the person is said to have **comorbidities**. An example of a comorbid disease is a person diagnosed with diabetes and later diagnosed with high blood pressure.

Mortality indicates the number of deaths within a certain population or geographic region.

Incidence is the number of new cases in a particular population during a specific period, usually a calendar year.

Prevalence refers to the number of all existing cases (new and old) of a disease within a particular population.

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History of Disease (short stories)

Early humans had shorter life spans, but not because of epidemics: their primary problem was just finding enough food to eat.

Some lived in small groups and moved frequently. They had few problems with accumulating waste or contaminated water or food.

The shift from the hunter-gatherer mode of living to an agricultural model provided a more secure supply of food.

Domesticated animals provided food and labor but they also carried diseases that could be transmitted to humans and additional waste.

Living in larger groups and staying in the same place meant more opportunities for the transmission of diseases.

Garbage and waste accumulated, and rodents and insects were attracted to these settlements, providing more sources of disease.

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History of Disease (short stories) continued,

Leprosy was the first or one of the earliest recorded diseases, spread by humans departing to other countries. Hundreds of thousands of people around the world still suffer from leprosy, which attacks a person's skin and nerves.

The bubonic plague (1347-1700s) was caused by the bacteria that lived in the intestines of fleas. It was transmitted to rats by flea bites. It spread to humans who would experience headache, high fever, delirium, and sometimes death.

Typhoid 'Mary' Mallon (1869-1938) worked in various domestic positions for families prior to settling into her career as a cook.

As a healthy (asymptomatic) carrier of salmonella typhi, her nickname had become synonymous with the spread of disease, as many were infected due to her denial of being ill.

In 1907, about 3,00 New Yorkers had been infected by salmonella and it's thought that Mary was the reason for the outbreak. Immunization was not developed until 1911, and antibiotic treatment was not available until 1948.

If Mary Mallon had washed her hands diligently (most did not at this time), she may have never infected so many people.

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Scope of Practice

Scope of practice refers to actions a person is licensed and qualified to perform as a health professional.

Permission must come from three sources: yourself, the massage therapist (you), your client, and your local legislation (TDLR).

If you having the training to perform a procedure or service, and if you, your client, and your local laws all agree that it is a good idea, then you are acting within your scope of practice.

Client Variables

When we have a client who is not in perfect health, how do we determine how to serve their best interests?

Some variables that impact our decisions include:

- Client Goals
- Stage of condition, inflammatory state
- Communicability
- Medications and side effects
- Client resilience

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Client Goals

This is generally the reason why the client is coming to you.

We must prioritize this goal in our session planning, and that reason may or may not have anything to do with their ongoing health conditions.

For example, someone who recently had their knee replaced, woke up with neck pain from sleeping wrong, came to you to alleviate the neck pain. Now you know your client's goal. Their knee should not be the main focus of this session.

Stage of condition, inflammatory state

When a person pursues massage therapy to help with a specific problem, our job is to evaluate how the condition affects their body, and whether this informs our decision about bodywork.

A client may want massage to help with pain related to rheumatoid arthritis, but is also having a flare-up. Massage would need to be gentler than you might work if they were in remission.

Communicability

In some situations, massage can offer benefits for a client, but the associated hazard to the therapist is not acceptable.

Someone with the flu, who is coughing, sneezing, and achy, may enjoy some gentle touch that helps clear sinuses and improve sleep quality. But if the client is still contagious, then the risk to the therapist outweighs the benefit to the client.

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Medications and side effects (more in class 24a)

Medications add an additional set of variables to our decision-making process.

For clients who use medication to manage their conditions, we need to know what that drug is for, what side effects it might have, and how these issues impact the client's quality of life and their tissues.

Some medications alter the integrity of their skin, others may promote dizziness or lethargy. We gather this information to determine what changes we need to make to our session plan.

Client resilience

All of our clients, but especially those with chronic conditions, have good days and bad days.

Days where they feel ready for anything and days where they feel frail and fragile. We must meet our clients at their current level of energy and adjust our work to not overwhelm their capacity for adaptation.

This is a moving target and requires sensitivity and versatility in technique.

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Accommodations of technique

This refers to any special skills or modalities that might be more suitable than others for a given situation.

Within those hands-on skills we can also adjust for:

- Areas of the body to focus on, to avoid, or to treat with special care
- Pressure and speed
- Frequency and duration

Accommodations of environment (more in 2b)

This addresses what we can do to make our workspace friendlier to our clients who may have limitations.

- Temperature: table warmer, blankets, fans, thermostat
- Ambient factors:
 - Sounds- music, clocks, shuffling feet, squeaky tables
 - Odors- body, bath products, lubricants, diffusers, food, trash
 - Light- too much, too little, shining in someone's eyes
- Privacy: It is normal to expect a massage session to be conducted in complete privacy. Seated massage and some situations (like our student clinic) may be done in a quasi-public area.
- Level of undress: 'Undress to your level of comfort' is commonly said to clients during the interview. Some may take it all off, while others may remain clothed. We need to be able to meet them where they are. This may vary session to session, clients have no obligation to be consistent in deciding what their comfort level is from one day to the next.

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Accommodations of environment (more in 2b), continued

- Timing: Most clients don't have major health issues related to what time of day they receive massage, but some do.
 - The easiest example would be someone who takes insulin to manage their diabetes. It is generally a good idea to schedule the massage in the middle of their eating cycle rather than when they are already hungry (potential low blood sugar exacerbated by massage) or when they've just taken a dose of insulin with a meal (massage may impact insulin uptake).

Accommodations with equipment (more in 2b)

How we use our tools to create the best and safest experience for our clients with health challenges.

- Positioning, bolsters, and other support
- Furniture
- Lubricant
- Tools

Accommodations with equipment

Many massage places offer add-on services, from hot towels to hot stones. These can be wonderful additions to practice, but some services are specifically geared toward clients with pathologic challenges.

- Needing help to get on or off the table
- Canes, walkers, wheelchairs, crutches, prosthetics
- The state of the parking lot or bathrooms

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Accommodations with service

A number of people can benefit from some recovery time after a massage, for example:

- Someone on a medication that makes them feel more fatigued
- Those with numbness or diminished feeling in their feet
- The ones who fall asleep and need to reorient themselves
- Someone who experiences a drop in blood sugar or blood pressure

Careful use of appropriate accommodations can help ensure the safety of massage therapy. Sometimes things can go awry, however, and when this happens it is called an adverse effect.

Adverse Effects or Adverse Event

Every health care intervention has the potential for a negative outcome. The more invasive the intervention is, the higher the risks may be for a bad outcome.

The most common adverse effect from massage is mild soreness for a day or two.

Massage therapy is not risk free, however, and one of the reasons pathology courses are required is to help therapists to avoid causing adverse effects. We want to work safely, especially when our clients are not in perfect health.

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Mitigate Risks

Wash your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Wear a mask

- When wearing a mask, make sure it covers your mouth and nose at all times.
- Wear a mask at school if someone asks you to, regardless of whether that is a classmate, client, or instructor.
- If you were ill and you are allowed back on campus, you may be instructed to wear a mask for a number of days.

If you have allergies, sniffles, congestion, or other symptoms, don a mask, which can be found at any entrance to the school.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them.
- Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant like 70% alcohol.
- TLC has staff that clean and sanitize the school throughout the day.
- That doesn't mean you shouldn't be vigilant in your own areas and wiping behind you. The more WE all do the less risk.

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Practice a healthy lifestyle

When you can, staying healthy yourself, reinforcing your own immune system gives everyone better odds of not contracting any unwanted illnesses or pathogens.

Immune system considerations

- Don't Smoke.
- Eat a diet high in fruits and vegetables.
- Limit your white sugar intake.
- Limit Dairy intake.
- Exercise regularly.
- Feel good in your skin.
- If you drink alcohol, drink in moderation.
- Get adequate sleep.
- Take steps to avoid infection, such as washing your hands frequently, and cooking meats thoroughly.
- See a professional in needed.
- Manage your mental health.

PPE (personal protection equipment)

All of these are readily available to you and everyone who steps through our doors.

- Masks
- Gloves
- Disinfectants

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What the Massage Therapist Should Do

- The following information can be useful for you to use in your own massage practice during any health emergency from something as periodic as an influenza season to a pandemic.
- It's what we do here and what will be expected from you during your time here at TLC

Before you come to campus

Students should their well-being each school day and ensure that they are not presenting with contagious conditions that could compromise yourself or those around you.

- If you are presenting with fever (99.6 or higher) or any other cold, illness, or COVID symptoms- you must not come to the school and need to contact Markd@tlcschool.com and notify your instructor.

On Campus

Students are be expected to wear TLC provided masks when it is required, while in the building (except when drinking) and on school property. The red, yellow, and green cards outside of the classrooms and doors will indicate what is acceptable that day.

The main entrance is to be used by clients and visitors only. Students must use the student entrance unless told otherwise.

Some days, you may be required to have your temperature checked.

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In the Classroom

Each classroom has two “Clean Stations” consisting of: wall mounted protective glove boxes, wall mounted mask boxes, hand sanitizer, shelf mounted cleaning products with 80/20 alcohol solution. Specially designed air purifiers have been placed in the classroom and clinic areas.

Lecture chairs and tables will need to be sprayed and wiped down with the provided solution. Be sure to wipe where hands commonly touch like under the front of the seat or behind the back rest.

Students should sanitize their holsters and lubricant containers every session.

Upon table set up, students will disinfect all contents/equipment they will be using prior to the start of their practice session.

This includes: tables, table legs, height adjustment knobs, any smooth surface, clipboards, pens, etc.

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Handwashing Protocol

1. Water should be warm to hot, but not scolding (avoid too much heat and burning yourself).
2. Apply a palm full of soap in a cupped hand.
3. Begin to cover all surfaces of the hands, forearms, and elbows with soap.
4. Rub hands palm to palm to create a lather.
5. Rub right palm over left dorsum (top) of hand with interlaced fingers and vice versa.
6. Rub palm to palm with fingers interlaced.
7. Rub backs of fingers and nails/nail beds to opposing palms with fingers interlocked.
8. Clean under your nails.
9. Rotational rubbing of left thumb clasped in right palm and vice versa.
10. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.
11. Rubbing palm vigorously up and down forearm and rotational palm scrubbing of elbow of left arm and vice versa.
12. Rinse elbow, forearms, and hands in that order.
13. Once thoroughly rinsed and soap free, dry hands first with a paper towel, then use that paper towel(s) to turn off faucet.

Waste Disposal

Dispose all gloves, masks, paper towels, disinfectant wipes, etc. into biohazard cans located in each classroom.

Avoid putting food products into them to minimize odors.

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2b H&H: Introduction to Touch

A Guide for Reflection

Provided courtesy of Dani Kopf

From the day we are born, we are associated with the sense of touch. We develop memories associated with touch, both good and not-so-good, but many are memorable.

This worksheet will help you tap into your sense of those memories so you may begin to understand how touch informs you. How we respond to touch affects us as massage therapists and our clients.

Really take your time with these questions and allow yourself to learn from them.

- **Think about your positive experiences with touch.**
What are some that come to mind?

- **What are your personal boundaries with touch? Do you like to touch others? Do you like to be touched? Is it okay if people you don't know well touch you?**

- **Describe your personal comfort zone within which some people are welcome and others are not.**

- **How do you respond when an unwelcome person enters this zone?**

- **How do you handle experiences of negative touch?**

- What do you consider to be the difference between “personal” touch and “professional” touch?

- Consider your experiences with professional touch therapies. What physical changes did you notice? What changes did you notice in your inner state of being?

- What is your preference in the spectrum of professional touch, and why?

- What do you most want to communicate to others through your touch as a massage therapist?

- How sensitive do you consider your touch to be at this point?

- List ways in which you can increase your sensitivity of touch.

3a H&H: Self Care – Health, Wellness, Nutrition, and Stress Reduction

Salvo: Chapter 4

Introduction

Every occupation can be stressful and therefore every one requires self-care.

Ideally, this Self-Care segment, the overall study of anatomy and physiology, receiving and giving of massage, and your future practice will stimulate higher and higher levels of wellness and self-care for you!

Why health and wellness are important elements when practicing massage therapy as a career:

- It can be strenuous.
- It can be emotionally challenging.
- You want enjoyment and longevity in your career!
- A balanced practice will support a balanced life and vice versa.

Make health a priority for yourself and a context for lifelong learning and growth!

Health and Wellness

Health A condition of physical, mental, and social well-being and the absence of disease.

Wellness An expression of health in which the individual is aware of, chooses, and practices healthy choices, creating a more successful and balanced life.

3a H&H: Self Care – Health, Wellness, Nutrition, and Stress Reduction

Salvo: Chapter 4

Health and Wellness, continued

Wellness Model (this is one model among many possible)

- **Emotional** Awareness and acceptance of the feelings and emotions of yourself and others.
- **Environmental** Recognize our interdependence with the environment. Help take care of world around you (as well as within you)
- **Intellectual** Be open to new ideas. Stimulate your mind and curiosity.
- **Occupational** Choose satisfying work. Receive regular massage sessions.
- **Social** Cultivate and enjoy your friendships.
- **Spiritual** Connect with higher a power. Consider meditation, prayer, etc.
- **Physical** Proper nutrition, regular exercise, adequate sleep, and avoidance of bad habits.

Physical Wellness

Recommended 30 - 60 minutes of moderate physical activity daily.

Physical fitness programs include:

- Cardio or endurance training
- Stretching and balancing poses
- Core strengthening exercises
- Strength training

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Stretching and Strengthening Activities for LMTs

- Warm-up
- Finger stretch
- Hand swishing
- Wrist circles
- Rubber band stretch
- Ball squeeze
- Reach and pull

Nutrition

Nutrition The way our bodies take in and use food.

Diet Food or drink consumed to supply the processes of nutrition.

Nutrient Substance that provides nourishment and affects metabolic processes such as cell growth and repair. Examples: protein, carbohydrates, fat, vitamins, minerals, water, and dietary fiber.

- **Protein** Composed of amino acids. Assist growth and energy needs. Help build and repair tissues and blood. Help form antibodies to fight infections.
- **Carbohydrates (AKA: saccharides, sugars)** Most common and preferred source of energy for the body.
- **Fats (AKA: triglycerides)** Energy source that acts more as a reserve stored for later use. Protect and insulate the body.
- **Vitamins** Water or fat soluble. Essential for metabolic reactions in the body.
- **Minerals** Chemical elements found in nature. Vital in regulating many body functions.
- **Water** Most important nutrient. Regulates body temperature and transports all other nutrients. Recommended half ounce per pound of body weight per day.
- **Dietary fiber (AKA: roughage)** Found in the walls of plant cells. Types: soluble and insoluble.
 - **Soluble dietary fiber** Reduces cholesterol levels.
 - **Insoluble dietary fiber** Acts as a laxative.

3a H&H: Self Care – Health, Wellness, Nutrition, and Stress Reduction

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Sleep

Sleep is a recurring state of relaxation characterized by an altered state of consciousness, inhibited sensory activity, muscular inhibition, and reduced interactions.

- Sleep allows the body to rest, recharge, and heal from the day's wear and tear.
- The amount and quality of sleep you get daily affect many aspects of your life.
- Adequate sleep is important for learning and memory, regulating metabolism, mood, health, and safety.
- Sleep deprivation contribute to slips / falls and errors in judgment, including road accidents.

Stress Reduction

Stress The response of the body to any demand placed on it. Up to a certain point it is healthy.

- Most stress-diseases related to psychological stress (this relates to our perceptions of and attitudes toward stress, as much or more than the circumstances!)
- What are three circumstances that are currently causing you stress?
- What are some of your usual perceptions or attitudes that may add to your stress?

Stress Reduction Techniques

- Deep breathing modulates your stress response dramatically.
- Affirmations. What beliefs may or may not be serving you? What positive statements, thoughts or beliefs could help you change your attitude?
- Prioritize. Manage your time and space.
- Meditation
- Enjoy yourself!

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

Salvo: Chapter 2

Introduction

Interpersonal skills help form an important relationship between therapists and clients. This therapeutic relationship is the basis of all treatment approaches regardless of their specific aim.

Research has found repeatedly that development of a positive alliance is one of the best predictors of positive outcomes in therapy.

The Therapeutic Relationship

Therapeutic relationship Relationship between therapist and client that seeks to support the therapeutic goals of the client.

Empathy Ability to understand the unique world of another.

- Empathetic listening = trying to understand the other person.
- Experience the client's world as if it were your own.
- Client perceives our empathy both verbally and nonverbally.

Acceptance Accepting the client for who they are.

- Physical, mental, spiritual, and emotional aspects.
- Unconditional positive regard.
- Valuing clients because their humanity warrants your care.
- Nondiscrimination with respect to race, nationality, gender, religion, or sexual preference.

Safety Freedom from danger.

- Scope of practice = safe treatment of client conditions.
- Professional boundaries = predictable and safe interactions.
- Communication = sessions based on client goals.

Trust Willingness to be vulnerable to the actions of another.

- Earned by responsible acts of both parties.
- Grows when risk taking is met with responsible behavior.
- Often results in better therapeutic outcomes for the client.
- Behave consistently in a professional manner.

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

Salvo: Chapter 2

The Therapeutic Relationship, continued

Respect Consideration / thoughtfulness exhibited by words / actions.

Demonstrated by:

- Informed consent.
- Protecting client information.
- Modifying massage in response to client request.
- Maintaining professional boundaries.
- Valuing client's personal space, privacy, time, and financial restrictions.
- Draping the client.
- Acknowledging and not abusing the power differential.
- Not denigrating other therapists or methods.
- Not performing services for which we are not licensed.
- Referring clients to the appropriate health care provider.
- Show respect for the diversity of different cultures.

Power differential Imbalance of power between client and therapist.

- Client has a particular need and comes to the therapist for help.
- Therapist has knowledge, skills, and abilities in a specific area.
- Client is vulnerable = needs help, undressed, and lying down.
- Perceived therapist authority = positioned over the client.
- Vulnerability of client puts therapist in a position of power.
- Does not empower the client to say no easily to the therapist.

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

Salvo: Chapter 2

Legal Versus Ethical Issues

Legal issues Associated with laws, rules, and regulations.

Ethical issues Associated with human duty, appropriate right conduct, and responsibility.

Disclosure and Confidentiality

Disclosure Honest and open sharing of personal knowledge, as well as ideas and insights.

Confidentiality Non-disclosure of privileged information. There are exceptions:

- Obligation to the law
 - Client records can be subpoenaed by court order.
- Obligation to others:
 - With the client's written permission, information can be released to other healthcare providers.
 - When there is a threat to self or others, suspicion of child or elder abuse or neglect, or when a medical emergency exists.

Boundaries

Boundary Parameters indicating a border or limit.

Characteristics of Healthy Boundaries

- Awareness: avoid mood altering substances.
- Congruency: boundaries are compatible with core values.
- Mutuality: respect for the boundaries of others.
- Protection of worth and uniqueness of self and others.
- Flexibility and Adaptability: based on different situations/people.

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

Salvo: Chapter 2

Types of Boundaries

Physical boundaries

- Create a safe space around us.
- Help define the who, when, where, how and under what circumstances we feel safe with touch.
- They change quickly in massage relationships.
- Depth, duration, and sensitive areas.
- Inadvertent touch, scents, and draping.
- Hugging: only clients who request one.

Intellectual boundaries

- Encompass our beliefs, thoughts, and ideas.
- Agreement with others = safety, validation, and closeness.
- Disagreement = challenged, rejected, and vulnerable.
- Posters, calendars, and art can be offensive to clients.
- Don't disregard personal beliefs or ideas of clients.

Emotional boundaries

- “Seek not, forbid not.”
- Since clients may feel vulnerable or exposed after sharing feelings, refrain from bringing it up in subsequent sessions.
- If your client had an emotional release during a session, gain consent before working on that area again.
- Not within our scope of practice:
 - Encouraging clients to share emotional content.
 - Processing the emotions.
 - Delving for deeper held emotions.
 - Offering unsolicited insight or advice.
 - Intentionally evoking emotional responses in the client.

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

Salvo: Chapter 2

Types of Boundaries, continued

Time boundaries A contract with the client for our time.

- Be ready when client arrives with music playing and table dressed.
- Begin and end the session on time.
- Focusing on the client during the session.
- No phone calls or texting during the session.
- Have policies for:
 - Late client
 - Late therapist
 - Sessions running over time
 - Early client
 - Cancellations
 - No-shows
 - Office hours

Location boundaries

- Social settings are not appropriate for massage.
- Don't give your professional opinion or advice socially.
- Office space = clean, professional, and barrier-free.
- Out-calls: inform a colleague of location and time.

Appearance boundaries

- Instills a sense of trust.
- Appropriate for your locality and workplace setting.
- Neat, clean, no scents or odors, nails trimmed, hair pulled back.

Financial boundaries

- Fees, when and how to pay.
- Trades with other therapists.

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

Salvo: Chapter 2

Boundary Management

After boundaries are established, they need to be managed throughout the course of the therapeutic relationship. When our clients see us in settings outside of side of our office, we must still exhibit professionalism. Boundary violations vary widely and range from mild inconsiderateness to the more serious sexual misconduct.

Learning to Say “No” Firmly restate your boundaries when clients request that you bend the rules on their behalf.

Professional Distance When space is provided for clients to relax and be themselves, healing is more likely to occur.

Crossing Boundaries: Common Mistakes

- Lack of proper training and experience
- Intentionally evoking an emotional release
- Asking a client to be your friend
- Making comments about a client’s appearance
- Ignoring contraindications

9a H&H: Therapeutic Relationships – Introduction, Confidentiality, and Boundaries

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Boundary Management, continued

Client Neglect Unintentional physical or emotional harm resulting from the therapist's insensitivity or lack of knowledge. Example: mistaking a cyst for a trigger point.

Client Abuse Physical or emotional harm sustained from deliberate acts of the therapist. Consciously takes advantage of a client emotionally, physically, mentally, sexually, or financially.

Emotional abuse

- Careless statements have the potential to impact clients deeply.
- Example: "You are the tightest person I have ever worked on."

Physical abuse

- Disregarding a client's request for lighter pressure

Sexual abuse

- Verbal advances
- Leaning your body against your client during the massage

Financial abuse

- Over-charging a client
- Accepting expensive gifts

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11a H&H: Infection Control

Salvo: Chapter 9

Introduction

A system of infection control is needed to protect clients and minimize disease transmission. These measures include hand hygiene and sanitary lubricant dispensing. Part of client safety includes good personal hygiene on the part of the therapist.

Types of Disease

Autoimmune disease Overactive immune system attacks the body.

- Examples: rheumatoid arthritis, lupus, and multiple sclerosis.

Cancer Abnormal cells metastasize (grow or spread) into tumors.

- Examples: lung cancer and malignant melanoma.

Deficiency disease Lack of dietary nutrients interferes with growth and metabolism. Examples: scurvy, rickets, beriberi, and pernicious anemia.

Degenerative disease Overuse or aging deteriorates organ function. Examples: osteoporosis, Alzheimer, Parkinson, and osteoarthritis.

Genetic disease Caused by abnormalities in inherited genetic material. Examples: Turner syndrome, Down syndrome, hemophilia, and albinism.

Metabolic disease Abnormal metabolic processes disrupt homeostasis.

- Examples: Cushing disease and diabetes mellitus.

Infectious disease Disease caused by pathogens.

- Examples: impetigo, malaria, influenza, lice, and mad cow disease.

Disease Awareness

Pathogen Infectious agent capable of causing disease.

- Examples: virus, bacteria, fungi, protozoa, prions, and pathogenic animals.

11a H&H: Infection Control

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Disease Causing Agents (pathogens)

Virus Non-living entities that can only replicate themselves within the cell of a living.

- Examples: common cold, influenza, AIDS, herpes simplex, and viral hepatitis.

Bacteria Unicellular organisms.

- Examples: boils, tuberculosis, Lyme disease, and strep throat.

Fungi Warm, moist environments promote their growth.

Include molds and yeast.

- Examples: ringworm, athlete's foot, jock itch, and thrush.

Protozoa Pathogen that can only survive in a host organism.

- Examples: trichomoniasis, amoebic dysentery, African sleeping sickness, and malaria.

Prions Pathogens composed of misfolded proteins. Involved in central nervous system diseases that are rare, currently untreatable, and fatal.

- Examples: bovine spongiform encephalitis (mad cow disease), and Creutzfeldt-Jakob disease.

Pathogenic animals Pathogens that rely on a host for nourishment.

- Examples: tapeworms, hookworms, lice, and scabies.

Disease Transmission

1. **Direct contact** Most common route of disease transmission. Types:

- a. **Person to person** Direct contact disease transmission from an infected person to an uninfected person by physical contact (including sexual), and through blood transfusions.
- b. **Animal to person** Direct contact disease transmission that includes touching and a bite or scratch from an infected animal.
- c. **Parent to fetus** Direct contact disease transmission in which pathogens cross the placenta and can infect an unborn child.

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Disease Transmission, continued

2. **Vehicle transmission** Infectious organisms are transmitted in or on a common _____ objects _____ such as food, water, keyboard or doorknob. Examples: Salmonella, gastroenteritis, and some cases of influenza.
3. **Vector transmission** Disease transmission involving _____ stings _____ or _____ bites _____ from insects and/or animals that act as intermediaries of disease exchange between two or more hosts. Examples: malaria (mosquitoes), Lyme disease (ticks), Rocky Mountain spotted fever (ticks).
4. **Respiratory droplets** Disease transmission spread through the _____ air _____ propelled by _____ coughing _____ or sneezing. Examples: colds.
5. **Infection** The period after disease transmission. Pathogens use host resources to _____ multiply _____ which interrupts normal functioning of the host.

Host Defenses

- **Natural defenses**
 - Barriers Intact skin and mucosa.
 - Chemicals Digestive enzymes and vaginal secretions.
 - Reflexes Coughing and sneezing.
- **Immune response** Host defense in which infection triggers the production of white blood cells that destroy pathogens.
- **Fever (AKA: pyrexia)** Elevated body temperature.
- **Inflammation** Protective mechanism in response to pathogens or tissue damage. Stabilizes the injured area. Contains infection. Initiates healing.
 - Heat
 - Redness
 - Swelling
 - Pain
 - Loss of function (rarely seen unless inflammation is severe)

Immune system suppressors Chronic stress, malnutrition, radiation, certain medications, and pre-existing conditions (diabetes, AIDS).

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Contraindications

Contraindication The presence of a disease or condition that makes it unsafe to treat a particular client in the usual manner. Usually determined during the intake. Types:

- **Local contraindication** Factor or condition in which massage can be administered safely while avoiding an area of the body. Examples: recent injury, inflammation, tender with pressure, lump, lesion, suspicious mole, or localized skin rash.
- **Regional contraindication** Factor or condition in which massage can be administered safely while avoiding a body region.
- **Absolute contraindication** Factor or condition for which receiving massage might put you or your client at serious health risk or the client's condition may be made worse with massage; massage is not advised. Examples: reported disease that is highly contagious, widespread infection or inflammation, fever, exacerbated chronic disease, and medical emergency.

Infection Control for Massage Therapists

Ways that infection can spread in a massage context

- Unknowingly massage over an infectious rash.
- Fluid from a boil may seep and enter broken skin.
- Client with a cold sore touches their lip. Later you massage their hands. Later by you touch your lip before you have washed your hands.
- Contact with contaminated linens, massage tools, and open containers of massage lubricant.

Using sanitation to break the chain of infection

- **Remove the infectious agent** Hand washing. Disinfecting linens and surfaces.
- **Create a barrier against entry** Gloves and bandaids.
- **Prevent disease transmission** Dispensing uncontaminated massage lubricant.

11a H&H: Infection Control

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Infection Control for Massage Therapists, continued

Hygiene Guidelines

- Keep hair clean and off your face and pulled back.
- Fingernails should be clean, short, and without colored polish.
- Wear clean clothes with short sleeves.
- No wristwatches or ornate jewelry while massaging.
- Bathe daily. Use an antiperspirant or deodorant if necessary.
- Brush your teeth at least twice a day, and floss daily.
- Shave or keep facial hair trimmed and groomed.
- Control heavy perspiration with sweatbands.

Hand Hygiene

Human hands are the number one source of disease transmission. Cleaning your hands with soap and water or hand sanitizer is the best measure to prevent infection.

When to wash hands:

- After using the toilet
- Before, during, and after food preparation
- Before eating
- Before inserting or removing contact lenses
- After touching animals or animal waste
- Before and after caring for or visiting someone who is ill
- Treating wounds
- Handling something that could be contaminated
- After sneezing or coughing

11a H&H: Infection Control

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Hand Hygiene, continued

Hand washing

1. Wet hands, forearms, and elbows with warm running water.
2. Lather up to the elbows briskly for 15 seconds. Friction is essential.
3. Rinse thoroughly.
4. Use paper towels to dry your hands and forearms.
5. Use a paper towel to turn off the water and to open and close doors.

Hand sanitizer If hands are visibly soiled, wash them with soap and water before using hand sanitizer.

Standard Precautions for Massage Therapy

1. Use clean linens to cover or drape everything that touches your client.
2. Disinfect contaminated linens:
 - Using gloves, remove the linens from the table.
 - Wash with hot water, detergent, and 1/4 cup of bleach. Dry using hot air.
 - Using a new pair of gloves, clean massage table with soap and water.
 - Disinfect the massage table using 1:10 solution of bleach and water.
 - Wash and dry your hands.
3. Disinfect contaminated massage tools:
 - Using gloves, immerse 10 minutes in 1:10 solution of bleach and water or a 1:7 solution of isopropyl alcohol and water.
 - Wash and dry your hands.
4. Use flip-top, pump mechanism, or single-use quantities of lubricant to avoid cross-contamination.
5. Clean hands by washing with soap and water or using hand sanitizer.
6. Use gloves when therapist has open wound on hands.
7. Do not massage if ill or symptoms (sneezing, coughing, fever, or runny nose).
8. Do not massage clients who are ill or experiencing symptoms.
9. Maintain a clean and sanitary office and treatment environment.
10. Do not massage while under the influence of alcohol or recreational drugs.
11. Follow a personal health plan and get regular physical examinations.

15a H&H: Compassionate Care for All People

No Labels on the Table

In today's world, we are now experiencing greater visibility of many people who are ready to claim their authentic selves.

This includes (but is not limited to) people historically deprived of equal treatment based on their race, ethnicity, body size, religion, sexual orientation, or gender.

Our hope is that you will receive this information with an open mind and an open heart. Whether you agree/disagree or approve/disapprove, we are still talking about people who warrant our empathy and care.

No one can be the massage therapist for everyone. You can choose not to work with someone. If you choose to deny anyone service or refer out, do so with tact and compassion.

Published in ABMP Massage and Bodywork Magazine: March/April 2017 Issue

The Transgender Client: What MTs Should Know By: Ellen M. Santistevan

Understanding the Gender Spectrum

Biologists now recognize that both sex and gender exist on a spectrum. Many people are accustomed to the idea that sex and gender fit comfortably into one of two boxes, but that doesn't make it true.

The best current estimate of the adult transgender population is, on average, about 0.6% of the US population. The number of intersex people is about 1.7% of the population.

While that may not sound like a lot, think of it this way: the population of the United States is about 319 million - that means there are almost 2 million transgender and over 5.4 million intersex members of our national population.

These are not small numbers! As acceptance becomes more common place and more people identify themselves as transgender, the numbers may climb.

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Terminology

Ally: An ally is a person who advocates for or supports a marginalized group but is not themselves a member of the group.

Cisgender: Noting or relating to a person whose gender identity corresponds to that person's biological sex assigned at birth.

Gender Binary: The idea that there are only two genders, and that they are distinct, opposite, and disconnected from each other.

Gender Expression: How a person chooses to present their gender identity.

Gender Neutral: Someone who does not identify with any gender. May use neutral pronouns such as they / them / theirs.

Gender Non-conforming: Someone who is not interested in conforming to societal views of how any one gender should be portrayed.

Intersex: A general term used for people who are born with a variety of conditions in which the reproductive or sexual anatomy do not fit typical definitions of female and male. Intersex conditions can be anatomical or genetic and may manifest in a variety of ways. Many genetically intersex people will never know of their condition.

Sex: Male/Female. Refers to our biological and physical anatomy. Biological sex is used to assign gender at birth. For most people, sex and gender are aligned.

Transgender: Noting or relating to a person whose gender identity does not correspond to that person's biological sex assigned at birth.

Trans man (FTM, F2M): A person whose assigned sex at birth was female but identifies as male.

Trans woman (MTF, M2F): A person whose assigned sex at birth was male but identifies as female.

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Understanding the Gender Spectrum

Many of us (especially those of us over 30) were never exposed to the idea of gender spectrum at any point in our education. That is changing as science improves and younger generations are embracing the diversity of the human species.

It is still up to us as health-care professionals, however, to continue to study and learn about the great variety of humanity so that we may knowledgeably treat our clients with compassion and openheartedness.

There is still a lot of misinformation and fear surrounding the transgender community. Even though there has been a lot more openness and visibility in the last few years.

Challenges for Transgender Community

Transgender and gender non-conforming people report the highest rates of discrimination and barriers to health care, and have the highest rates of suicide, substance abuse, and homelessness.

The majority of transgender and gender non-conforming people have suffered from touch-related trauma, sex abuse, bullying, or harassment, all of which make it more difficult to accept nurturing touch even in a therapeutic setting.

A person in survival mode may not be comfortable with touch. The potential (however slight) of exposure may also deter them from seeking bodywork.

The mental and emotional cost of coming out to yet another professional presents a real barrier to accessing bodywork for the transgender community.

If they experienced abuse or harassment, the negative feelings may be amplified.

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Become Informed

Gender identities and gender expression are not pathologies.

Sexual orientation and gender are not the same. Sexual orientation is whom you are attracted to; gender is who you know yourself to be.

The words lesbian, gay, bisexual, and asexual indicate sexual orientations. The words transgender and intersex are gender related and are medical terms.

Not all transgender people identify as being part of the LGBTQ community. Once a person has come to a level of comfort with their body by bringing it and their mind into closer alignment, they may simply identify themselves as male or female, without the trans identifier.

Most importantly, transgender patients and clients should not be placed in the position of training their providers about their physical health-care needs.

It is our responsibility to get informed!

Physical Considerations

It's important to remember that a transgender person may choose not to change the way they dress or act, and may not undergo medical treatments or procedures.

This may be simply by choice or because treatments and procedures are often cost-prohibitive and not covered by insurance.

You might have clients who bind, tuck, or use prosthetics or padding.

Each of these has physical impact beyond the concealment of birth gender. Each person will be at a different stage of their personal evolution and have different needs and abilities to trust a practitioner. Demonstrating respect at all stages of the therapeutic session goes a long way toward building trust.

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Hormone Replacement Therapy (HRT)

For a transgender person taking estrogen and/or androgen-blockers, the most notable changes will be the development of breasts, loss of body hair and muscle mass, softer skin, and the redistribution of body fat from the abdomen to the hips, thighs, and buttocks.

For a transgender person taking testosterone, the most noticeable effects will be the development of facial and body hair, an increase in muscle mass, and the redistribution of body fat toward the abdomen and around the internal organs. Many transgender people will have a hysterectomy within five years of starting hormone therapy because of severe, persistent pelvic pain.

Post Surgery

As massage therapists, we are most likely to see only 'top' surgeries, that is, mastectomies and breast enlargements. If you see a client with scar adhesions, loss of sensation, or blocked lymphatic flow, you can treat them just like you would anyone else.

Implants are placed either subcutaneously or submuscularly, and have a lifespan of approximately 16 years. Revisionary surgery within 5 years occurs about 25 percent of the time, usually for requests in size change, leakage or rupture, or capsular contracture. Complications include seroma, hematoma, infections, changes in texture, rippling, displacement of the implant, rupture, or excess scarring; nipple numbness is also a somewhat common side effect.

Generally, breast augmentation surgery has a shorter recovery time and fewer side effects than mastectomy, although if implants were placed submuscularly, the recovery time will be longer and the discomfort greater. Self-massage of the breasts will be recommended by the surgeon to start 3-5 days post-op.

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Draping

Never make assumptions about your client's body or their comfort level. Don't assume that you know their anatomy under the drape. In the interview, discuss how you can respect their modesty and physical privacy.

Are they comfortable with their glutes being draped? Or would they rather it only go to cheek height or mid-thigh?

When working on the chest, should they be draped or covered? How high are they comfortable receiving work near the adductors?

If they are uncomfortable, how can they signal the therapists if they don't feel empowered to do so?

Using proper draping techniques and offering clothed treatment options demonstrates your respect for a person's body and their boundaries.

Single-stall restrooms or non-gendered restrooms make it clear you respect all people's biological needs.

A Respectful Practice

Language can be used to empower or dis-empower your client. It is very important that we as therapists work actively to empower and respect all our clients. By creating an inclusive practice, you will be creating a universally safer place for all of your clients.

Your session with any client begins with your intake form. You might include a question about pronouns and allow the client to indicate how they like to be referred to. Consider:

Gender: _____ Pronouns: _____

15a H&H: Compassionate Care for All People

Being Trauma Informed

Survivors of Abuse by Ben Benjamin PhD.

<http://www.learningmethods.com/pdf/ethics-survivors%20of%20abuse.pdf>

<https://massagefitnessmag.com/massage/why-massage-therapy-needs-to-be-trauma-informed/>

The Substance Abuse and Mental Health Services (SAMHSA) Administration defines trauma as follows:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Types of Trauma

There are variety of sources for trauma. Some are:

- ACE – Adverse Childhood Experiences
- Emotional, Physical, or Sexual Violence
- World Events
- Accidents
- “Death by a thousand cuts”

15a H&H: Compassionate Care for All People

Being Trauma Informed, continued

Trauma can show up in many ways in the massage therapy setting. From a pause or uneasy feeling to being frozen or paralyzed in shock, numbness or panic. Often the therapist might not be aware of this happening and the client may choose not to disclose that it did.

According to SAMHSA, the key trauma-informed practices are:

Realization: About trauma and people's experiences and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances.

Recognize: The signs of trauma. Emotional trauma symptoms- anxiety and panic attacks, fear, anger, irritability, emotional numbing and detachment, shame and guilt, transference. Physical symptoms- difficulty sleeping or staying asleep, easily startled, edginess, muscle tension, exhaustion, rapid heartbeat, sweating, avoidance, etc. Cognitive- Nightmares, difficulty making decisions or concentrating, intrusive thoughts.

Respond: Using this knowledge to make policies, procedures, and practices.

Resist: Re-traumatization.

15a H&H: Compassionate Care for All People

Being Trauma Informed, continued

In trauma-informed bodywork, the therapist should consider:

Realize - That by providing a safe therapeutic environment, healing is more likely to occur.

Recognize - That both the therapist and the client will learn from each other every session, sometimes for the better, sometimes not. That is ok and is part of the journey.

Respond - Take classes on trauma informed care. Learn to hold space for yourself and others. Keep healthy boundaries.

Resist - Go above and beyond to create a safe space. Check on things that make loud noises (alarms, phones, etc.) or might fall/startle. Be clear on draping and how your client feels safe. Be conscious of the power differential.

No one expects anyone to know everything all of the time. Together with our clients, we will learn and grow, creating new avenues to have a safe and trauma-informed practice.

Invitation Language

Remind your clients that all or most of your directions are optional. Consider making these changes when you speak:

- I invite you to close your eyes and take a deep breath.
- Feel free to close your eyes when you are lying face up on the table.
- You have the option to be massaged with all of your clothes on, some of them on, or without.
- If you're more comfortable, you can have a seat or stand for the interview.

15a H&H: Compassionate Care for All People

Consent

Written- Like check boxes or pictures.

Verbal- They say whether they consent or not, this should be recorded in your SOAP notes.

Informed- Do they know where their glutes, pecs, adductors, etc are? Consider showing them and discussing options.

Physical contact- Consider discussing new or infrequently used techniques or movements before the session that day or before the next visit to give the client time to consider how receptive they are to the technique or movement. An example might be abdominal work or adductor stretches/techniques.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

This class covers sensitive information. Please be kind to yourself and hold space if you need it.

Conflict and Conflict Resolution

Conflicts can arise from vague or nonexistent boundaries or unmet client expectations such as:

- Not starting the massage on time
- Not adequately addressing the client's problem area
- Canceling a client's appointment for the 3rd time this month

Some strategies to help resolve conflicts:

- Identify and accept the problem.
- Communicate with "I" messages.
- Have healthy boundaries.
- Solutions should be in the client's and the relationship's best interest.
- Be open to a variety of solutions.
- Do not take problems and differences personally.
- Take full responsibility for your own behavior.
- Take a break if you or other person is too angry or excessively emotional.
- Look for the lesson after the conflict is resolved.
- Ask client "What you would like for me to do?" Comply within reason.

Incident Report Sign up at <http://evolve.elsevier.com/Salvo/MassageTherapy> to download an Incident Report Form from Chapter 2 then Downloadable Forms. This is not required, but it is a good way to record the facts for later reference.

Conflicts of Interest Be careful with respect to your boundaries and your client's if you or your employer is putting you in the position of being a salesperson for products. This can be a conflict of interest as well as a breaching of boundaries.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

Transference and Countertransference

Transference When a client feels consciously or unconsciously that the therapist is someone other than a health care provider. For instance, they want the therapist to be their friend, not only a health care provider. Often can be transference of feelings or thoughts related to early significant person in their life.

Countertransference When a therapist feels the client is something more than just a client. Can result in the therapist bringing unresolved emotional issues or personal needs into the therapeutic relationship.

Either of these can be positive or negative (e.g. strong attraction or disappointment).

May occur from:

- Inability to maintain professional distance.
- Attention gained from client's transference.
- Clients who act as mirrors of your life.

Signs include:

- Getting involved in a client's personal life.
- Having intense feelings toward a client.
- Thinking excessively about a client.
- Romantic and sexual fantasizing.
- Excusing inappropriate behavior or bending boundaries.

What to do:

- Find other ways to meet personal needs.
- Get help from colleague or counselor.
- May need to terminate the relationship.
- Refer client to another therapist.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

Transference and Countertransference, continued

Seductive Client

Seductiveness arises from:

- Dominance
- Control
- Selfishness
- Not about love or sex

What to do:

- Maintain strict boundaries
- Get help from colleague or counselor
- May need to terminate the relationship
- Refer client to another therapist

Dual Relationships

Dual relationships When we have more than one type of relationship with a client. More than just a therapeutic relationship.

- May thwart professionalism and ability to focus on client's needs. It changes roles and expectations. Boundaries may be harder to manage. Avoid wearing "two hats". When you are a therapist, be a therapist.
- When you are a friend, be a friend. When you are a family member, be a family member. Maintaining boundaries is your responsibility, not the client's responsibility.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

Dual Relationships, continued

Friendship

- Most common dual relationship.
 - May be difficult to remain in therapist role if client is a friend.
 - Sessions may become social affairs rather than professional events.
 - Therapist may not focus on client's needs.
-
- Get explicit understanding concerning the difference between the professional role you will play as their therapist. They must understand and agree regarding that position and their role as a client to keep clear boundaries and clear roles.
 - Get clarity and agreement beforehand regarding how much you will charge, scheduling appointments, respecting your time by being on time, not canceling without sufficient notice, honoring all of your policies.
 - Do not confuse therapeutic relationship with intimate relationships.
 - Some Codes of Ethics recommend discontinuing client-therapist relationship for a minimum of 6 months before either party might initiate something other than the therapeutic relationship.
 - If you are dually licensed, consider carefully the varying boundaries of each and consider the possibility of keeping these roles clearly separated. For example, seeing someone one time for a nutritional consult if you are a licensed nutritionist and at a separate time for massage therapy.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

Sexual Misconduct

Sexual misconduct Any sexual contact between the therapist and client or _____sexualizing_____ of the therapeutic relationship.

- Ranges from: innocent comments about client's body, dating a client, sexual harassment, to offering clients sexual services.
- Feelings of sexual attraction toward clients and vice versa are normal, acting out the attraction is inappropriate.
- Get professional help when needed.
- Potential for sexual misconduct is in every profession not just massage.

Negative Perceptions of Massage Illusion of massage as euphemism for prostitution is perpetuated by media.

- Society sexualizes touch.
- As we become mainstream, negative perceptions will fade but if you encounter a negative perception, respectfully and professionally respond based on fact.

Examples of Sexual Misconduct

- Flirting or seductive gestures.
- Telling sexual jokes.
- Failure to ensure privacy through proper draping practices.
- Entering room before client is completely draped or dressed.
- Masturbation, intercourse, and rape.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

Sexual Misconduct, continued

Precautions

- Avoid terms of endearment.
- Avoid suggestive wording in ads.
- Avoid secluded office with unknown clients.
- Realize issues involved with home office.
- Screen out-calls carefully. Get a referral.
- Avoid unconscious sexual signals (e.g. choice of clothing, aromas, inadvertent body contact).

Erections

- Ignore it? - difficult
 - Move to very distal area – e.g. the feet, stimulating circulation elsewhere and giving person a chance to redistribute their attention.
 - Ask the person to roll over?

If there is one or more instances when you suspect sexualizing of the massage and the relationship, then a conversation is necessary and the session, at least temporarily, discontinued.

18a H&H: Therapeutic Relationships – Conflict, Transference, Dual Relationship, and Sexual Misconduct

Salvo: Chapter 2

Sexual Misconduct, continued

The Massage Rules in Texas – “A licensee shall immediately discontinue the massage therapy session, activity or the professional relationship when a client initiates any verbal or physical contact with the licensee that is intended to arouse or gratify the sexual desire of either person. “

Terminating a Session

- Remove hands from client, step back toward ____door____. Tell client the massage is over. State that you will wait.
- Avoid answering questions until client is dressed and out of massage room.
- If therapist works alone and is frightened, call 911 and stay on phone until client ____leaves____ or lock yourself in separate room. Document such events and actions taken in an Incident Report.

Never commit inappropriate behavior

Consequences for violating the trust a client puts in you may be:

Client:

- Trauma or heightening of trauma from past events
- Destroying their trust in massage therapy
- Harming their health

Therapist:

- Loss of income, license, and reputation
- Loss of ____marriage____, friendships, and peer relationships
- Lawsuit for ____damages____, fines, attorney’s fees, court costs, jail time

Sexual Misconduct of a Colleague Report any, even second-hand, information about any therapist committing sexual misconduct. Encourage the offended party to report to: 800-803-9202

Texas Department of Licensing and Regulation (TDLR)
<https://www.tdlr.texas.gov/complaints/>

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21b H&H: Emergency Preparedness

Salvo: Chapter 9

Every therapist should have a first aid kit and maintain basic first aid and CPR certification through the American Red Cross or American Heart Association.

Cardiopulmonary resuscitation (AKA: CPR) Procedure designed to restore normal breathing after cardiac arrest that includes the clearance of air passages to the lungs, mouth-to-mouth method of artificial respiration, and heart massage by the exertion of pressure on the chest.

First Aid Emergency care or treatment given to an ill or injured person before regular medical aid can be obtained.

First Aid Kit

- First aid manual
- Sterile gauze
- Adhesive tape
- Adhesive bandages in several sizes
- Elastic bandage
- Antiseptic wipes
- Liquid soap
- Antibiotic cream
- Hydrocortisone cream (1%)
- Antiseptic solution such as isopropyl alcohol or hydrogen peroxide
- Acetaminophen and Ibuprofen
- Tweezers
- Sharp scissors
- Safety pins
- Disposable instant cold packs
- Calamine lotion
- Disposable gloves (at least two pairs)

When you encounter an unconscious adult:

1. First try to rouse the person because he may be just resting.
2. If he cannot be roused to consciousness, then call 911.

When you call 911:

1. Say what the emergency is including the condition of the victim.
2. Say where the emergency happened using a street address.
3. After the emergency, write an incident report of the event.

21b H&H: Emergency Preparedness

Salvo: Chapter 9

Choking Trachea is blocked and the affected person cannot breathe.

Causes

- Talking while eating can lead to inhaling at the same time as you swallow.
- Client in supine position tries to speak and chew gum at the same time.

Signs and Symptoms

- Appears distressed, grasps their throat, not be able to inhale or exhale.

First Aid Measures (Heimlich maneuver)

1. Help them sit upright and encourage coughing, if they cannot cough or speak, use the Heimlich maneuver.
2. From behind, wrap your arms around their waist. If they are standing, put your leg between their legs to prevent them from falling should they become unconscious.
3. Make a fist and place the thumb side of your fist against the upper abdomen, below the rib cage and above the navel. Grasp your fist with your other hand and press into the upper abdomen with a quick upward thrust. Do not squeeze the rib cage; confine the force of the thrust to your hands.
4. Repeat until object is expelled.
5. If they become unconscious, call 911 immediately.

Heimlich Maneuver (if you cannot reach around the person)

1. Place them on their back.
2. Facing them, kneel astride their hips.
3. With one of your hands on top of the other, place the heel of your bottom hand on the upper abdomen below the rib cage and above the navel.
4. Use your body weight to press into their upper abdomen with a quick upward thrust.
5. Repeat until object is expelled.
6. If they become unconscious, call 911 immediately.

21b H&H: Emergency Preparedness

Salvo: Chapter 9

Hypoglycemia Low blood sugar. This may occur in people with diabetes.

Insulin shock (AKA: insulin reaction) Severe low blood sugar. May result from not treating hypoglycemia and may lead to coma and death.

Causes

- Consuming a smaller-than-usual meal
- Delaying or missing meals
- Increase in physical activity over a person's norm
- Taking too much medicine (i.e., insulin or certain diabetes pills)

Signs and Symptoms

- Mental confusion, disorientation, and slurred speech; the person may appear intoxicated
- Visual disturbances
- Sweaty, cool, pale skin
- Tremors or shaking
- Irritability or fatigue
- Seizures and loss of consciousness, though uncommon

First Aid Measures

- If they are conscious, give them sugar cubes, cake frosting, 4 oz. of orange juice or 6 oz. of non-diet soda.
- Repeat this step after 10 minutes if they don't report feeling better.
- When they feel better, offer a snack that includes protein and carbohydrates such as 6 crackers with cheese or peanut butter.
- If they become unconscious or if giving anything by mouth is unsafe, call 911 immediately.

21b H&H: Emergency Preparedness

Salvo: Chapter 9

Stroke (AKA: cerebrovascular accident or brain attack) Sudden disruption in blood flow to the brain.

Causes

- Blood clot or hemorrhage from a broken blood vessel

Signs and Symptoms

- Sudden or transient weakness, numbness, or tingling in the face, an arm or leg, or on one side of the body
- Temporary loss of speech, failure to comprehend, or confusion
- Sudden loss of vision
- Sudden severe headache
- Unusual dizziness or loss of balance

First Aid Measures

- Call 911 immediately

21b H&H: Emergency Preparedness

Salvo: Chapter 9

Heart attack (AKA: myocardial infarction) Death of heart muscle from interrupted blood supply.

Causes

- Occluded coronary arteries as a result of blood clots due to atherosclerosis
- Occluded coronary arteries as a result of floating blood clots (emboli) that become lodged

Signs and Symptoms

- Chest pain described as crushing, burning, vise-like, heaviness, or fullness
- Discomfort in other areas of the upper body such as the left arm, shoulder, neck, or jaw
- Shortness of breath, profuse sweating, fatigue, or dizziness
- Nausea and indigestion (more common in women)
- Anxiety or fear

First Aid Measures

- If they complain of chest pain that lasts for more than a few minutes, especially with the other signs listed above, call 911 immediately.
- If they become unresponsive before EMS arrives, begin CPR if you are qualified.
- When EMS arrives, give them any relevant information regarding the incident, medication information such as nitroglycerin that they took recently.

21b H&H: Emergency Preparedness

Salvo: Chapter 9

Seizure Explosive episodes of uncontrolled and excessive electrical activity in the brain. May be subtle and consist of abnormal sensations, or it may produce overt involuntary repetitive movements and loss of consciousness. Once a seizure begins it cannot be stopped.

Causes

- Physical stimuli, loud noises, bright lights, or stress
- Seizures are more likely when a person stops taking their medication

Signs and Symptoms for Tonic-Clonic Seizures

- Tonic phase includes general tone increase and muscular contraction causing air to be forced out of the lungs. This lasts 10 seconds.
- Clonic phase is alternating contraction and relaxation of muscles that gradually subside in several minutes. The person is often confused, weak, drowsy, and has no memory of the event.

First Aid Measures

- Remain calm and begin to time the seizure.
- Clear the area of objects (if possible).
- Gently place them on the floor.
- Place a cushion or soft material under their head.
- Lift the chin slightly to open the airway.
- If the person is choking or vomiting, roll them onto their side.
- Remain with them until the seizure has ended.
- If the seizure lasts for more than 5 minutes or immediately repeats, call 911 immediately and then roll them onto their side and speak calmly until EMS arrives.
- Inform EMS how long the seizure lasted and the symptoms exhibited.

33a H&H: Communication Skills

What does Communication mean to you?

- 1.
- 2.
- 3.
- 4.
- 5.

Aspects of Communication to Consider

1. Intention?
2. Message received?
3. Shared experience?

<u>Results of Successful Communication</u>	<u>Results of Unsuccessful Communication</u>
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33a Communication Skills

Skills or Attributes for Successful Communication

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Skills or Attributes for Unsuccessful Communication

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Constructive Criticism

Descriptive

Specific

About behavior that the person can control now

Considers the needs of the both people

Solicited or in response to a specific question

Well-timed, earliest opportunity

An amount that can be useful

Concerns WHAT and HOW

Authentic

Versus

Destructive

Evaluative, judgmental

General

About the person, personally

Aims to hurt or gain advantage

Imposed on others

Before it is ready to be heard

Everything

Focuses on WHY

Lacking compassion