

FIFTH EDITION

Theory & Practice *of* Therapeutic Massage

Mark F. Beck

Photography by Yanik Chauvin

**Theory & Practice of
Therapeutic Massage
5th Edition
by Mark F. Beck**

President, Milady: **Dawn Gerrain**

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Director of Beauty Industry Relations:
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Executive Marketing Manager:
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Welcome to the new *Theory & Practice of Therapeutic Massage*, Fifth Edition. It is very exciting to present the new edition of this classic text, containing all of the vital material of the past editions that you have come to trust, plus new information essential to today's student of massage.

The text is primarily written for massage students in 500- to 1,200-hour massage programs and their instructors. This comprehensive text is also an important reference for massage therapists who want to refresh and expand their knowledge of the massage profession. *Theory & Practice of Therapeutic Massage*, Fifth Edition, is a basic textbook and starting point for students entering the massage profession. It contains the essential knowledge base for a massage therapist in an easily accessible form, as well as being a treasure trove of vital information for many possible career paths within the massage profession.

As more states regulate massage, massage education is becoming more standardized and organized, with a core body of knowledge reflected in licensing requirements, the National Certification Examination and the Federation of State Massage Board's Licensing Examination. Although most massage training takes place in one of many private massage schools, more massage programs are being offered in community colleges and business/career schools. All of these programs depend on solid core curriculum materials augmented with ancillary products. *Theory & Practice of Therapeutic Massage* and its ancillary products fit these programs perfectly, providing instructors and students with easily accessible materials that contain the fundamental knowledge base needed to become a successful massage practitioner.

Most massage education in the United States begins with a 500- to 1,000-hour program that lasts 6 months to 1 year. Programs include instruction in anatomy, physiology, kinesiology, ethics, sanitation, business practices, and the application of massage technique; most also include clinical practice. Many schools include instruction in some specialty techniques. Most of these programs provide a good foundation for a student to begin the journey as a massage professional. *Theory & Practice of Therapeutic Massage* is an excellent core textbook for these programs, because it contains all of the vital information about these basic subjects in one text.

Graduating from massage school is a first and important step in becoming a successful massage professional. The journey continues as the new professional therapist gains experience by performing massages and exchanging with other

therapists while building and expanding a knowledge base through continuing education and personal study. In the massage profession, there are many paths and a wide variety of techniques. Although *Theory & Practice of Therapeutic Massage* provides the strong foundation that a student requires for entering the massage field, the text also provides introductions into several areas within the profession, with chapters devoted to spa massage, lymph massage, clinical massage techniques, therapeutic procedure, athletic massage, and massage in medicine. The somatic modalities chapter has been augmented with expanded discussions on chair massage, reflexology, Asian bodywork, and chakra balancing. Although entire books have been written on many of these subjects, this book provides enough of an overview of these modalities for the student to get a sense of whether he or she might want to pursue further study of a particular specialty. There is a lifetime of learning condensed into this text, and it is only the beginning of what is possible. There is always more to learn.

HISTORY OF THEORY & PRACTICE OF THERAPEUTIC MASSAGE

Frank Nichols was the author of the 1948 publication of *Theory & Practice of Body Massage* by Milady Publishing. Initiated in 1984, the first edition of *Theory & Practice of Therapeutic Massage* was a revision of the Nichols book and a collaborative effort of several writers under the editorial direction of Bobbi Ray Madry of Milady Publications, when Milady was a small, stand-alone publisher. It was not until the text was ready to go to the printer that I was asked for permission to use my name as the author because I was the largest contributor and they could not use Frank Nichols' name. Little did I know that I would become the author of *Theory & Practice of Therapeutic Massage* and would still be working on the project more than 25 years later.

I am honored to be involved in the continuing evolution of *Theory & Practice of Therapeutic Massage*. As an insatiable student of massage, my yearning to learn was only whetted by the 1,000-hour massage apprenticeship program I completed in 1974. Reading numerous books on topics such as anatomy and natural healing techniques and accumulating hundreds of hours of continuing education while working with a steadily growing clientele created more questions than answers. More schooling in a holistic practitioner program increased my skills. I started teaching massage in 1978 and became a massage school owner and director in 1980. As school director for over 15 years, I developed curricula, taught classes, and continued a part-time clinical practice. I served on the boards of state and national massage organizations in different capacities, including secretary of education, secretary of certification, and president. In 1992, I returned to school and earned a bachelor's degree in vocational education, with an emphasis on massage therapy. When Milady Publishing invited me to be a consultant for the revision of Frank Nichols' *Theory & Practice of Body Massage* in 1984, I saw it as an opportunity to participate in the creation of a much-needed textbook for the emerging massage therapy profession. In 1988, *Theory & Practice of Therapeutic Massage* was introduced as the first comprehensive massage therapy textbook on the market. Since then, each new edition

has been expanded and updated in response to the emerging trends and needs of the fastest-growing profession in the United States, including this newest fifth edition.

The first edition provided the industry with a much-needed textbook for massage education. The second edition was updated to contain the vital knowledge and concepts needed by the student to enter the massage profession. The third edition added important features so that the instructor had all the elements to assist the student in gaining the skills and knowledge to become a massage practitioner. The fourth edition strengthened key subjects, including ethics and therapeutic application of massage, and added important chapters to help students to choose a career path as they move into the massage profession. Finally, the fifth edition expands and refocuses the clinical and therapeutic applications of classical, neuromuscular, and lymph massage techniques.

NEW TO THE FIFTH EDITION

The new fifth edition builds on the solid content of the former editions. The text maintains an easily readable style. Revisions have been made throughout the text to reflect the latest industry standards and research. In addition to the basic information for Western/Swedish massage and skills focusing on wellness and relaxation massage, there are several new chapters. Two new chapters have been added to the core of the text that provide important information about clinical skills, including neuromuscular and myofascial techniques as well as lymph massage. Another new chapter discusses special massage considerations for special populations, including prenatal massage, infant massage, massage for elderly clients, and massage for critically ill clients and people with cancer.

Theory & Practice of Therapeutic Massage is full of invaluable knowledge and fundamental concepts for learning massage. Although the text provides excellent information, instruction from a competent instructor and guided practice are required to become proficient at using the techniques described in the text. Hands-on classroom instruction and literally hundreds of hours of practice and application of skills in a clinical setting on real clientele are required to master the techniques.

ORGANIZATION

The text is organized into sections that can be studied sequentially, or better yet, simultaneously.

Part I, The History and Advancement of Therapeutic Massage (Chapters 1 through 3), gives a general introduction to therapeutic massage. Chapter 1 is an overview of the history of massage, which has been practiced in some form since prehistoric times. Chapter 2 discusses the legal and educational requirements to practice massage. Chapter 3 is concerned with professional standards and contains an expanded discussion of ethical considerations in the practice of therapeutic massage.

Part II, Human Anatomy and Physiology (Chapters 4 and 5), is a richly detailed presentation of anatomy, physiology, and pathology, the study of which is a foundation for the understanding and practice of therapeutic massage. Full-color illustrations enhance the descriptions in the text of structure and function, especially of the skeletal, muscular, circulatory, and nervous systems, as well as the other systems of the body.

Part III, Massage Practice (Chapters 6 through 21), combines theory with the practice of massage. Chapter 6 covers benefits, indications, and contraindications of massage. Chapter 7 discusses equipment and supplies, and Chapter 8 addresses hygiene, sanitation, and safety practices. Chapter 9 covers the preliminary consultation, communication skills, and charting for basic wellness massage. Chapters 10 through 12 define the classification of massage movements and describe the application of massage technique and the procedure for a general full-body relaxation massage.

Chapter 13 introduces the student to the therapeutic uses of water and hydrotherapy. Chapter 14 expands on the content of the hydrotherapy chapter and provides insight into the expectations and requirements of spa massage and working in the fast-growing spa industry.

Chapter 15 introduces the student to a variety of clinical massage techniques, including neuromuscular techniques to address trigger points, myofascial techniques, and craniosacral therapy. Chapter 16 is an introduction to lymph massage.

Chapter 17 takes the application of massage to the therapeutic level, in which each client is considered for the specific conditions that he or she brings to the session. Assessment techniques are introduced to determine the client's needs and the specific soft tissues involved, and modalities are indicated to address soft tissue dysfunction.

The remaining chapters in Part III provide fundamental information to enhance and expand the student's skills in several specialty areas. Chapter 18, "Athletic/Sports Massage," introduces students to the fundamentals of sports massage, working with athletes, and the various applications of specialized massage in the sports world. Chapter 19 is a new chapter that discusses massage applications for special populations, including prenatal and infant massage, elderly clients, and critically ill people or those with cancer. Chapter 20 explores medical massage historically and reviews the current use of therapeutic massage as it integrates with modern medicine. Chapter 21 discusses other somatic modalities, including chair massage, reflexology, Asian bodywork techniques, and chakra balancing.

Part IV, Massage Business Administration, is devoted to the business side of a massage practice. Which type of workplace setting appeals to you—sports clinic, day spa, chiropractor's office, your home? Should you start your own business or work for someone else? Learn about licensing, setup costs, bookkeeping, advertising, and other aspects of running a successful business.

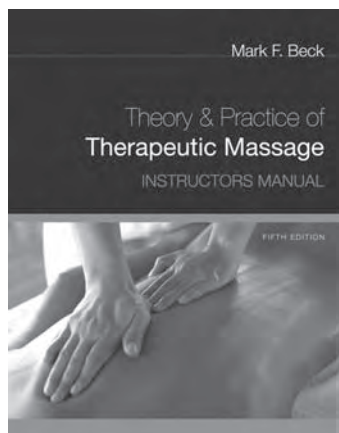
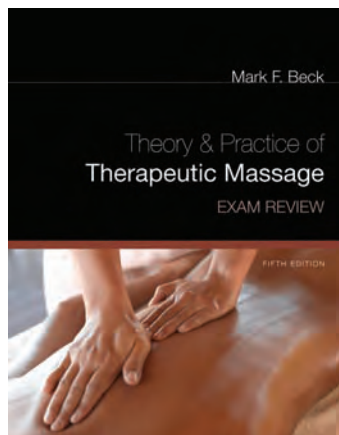
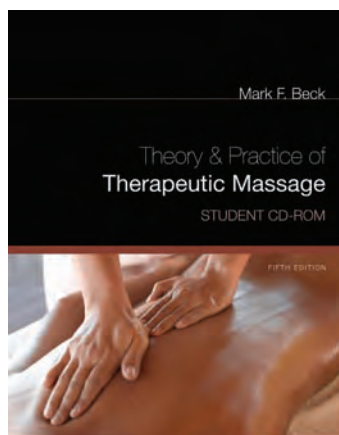
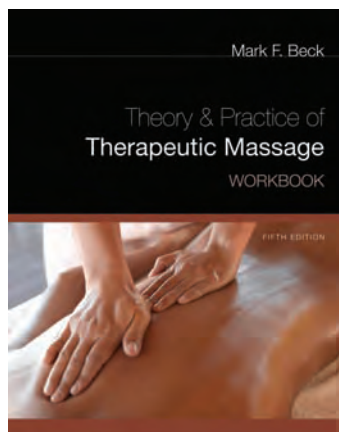
The instructor might design the curriculum so that the student is studying several different sections of the text at the same time. For example, early in the program, the student could study the history of massage, begin the study of anatomy and physiology, and begin learning the classification of massage movements all at the same time. As the program continues, the curriculum might

cover legal requirements and ethics at the same time as benefits, indications, and contraindications, while the study of anatomy and massage techniques continues. When the student has progressed to the point of doing full-body massages, the consultation is covered as the study of anatomy and kinesiology continues. Advanced and specialty applications of massage follow at the same time as business practices and more anatomy, physiology, and pathology.

SPECIAL FEATURES

The textbook is organized and designed to make retention easier and learning more enjoyable.

- *Clear, step-by-step instructions* augmented by hundreds of dynamic full-color photos guide the student through basic and advanced massage techniques.
- *Learning Objectives* at the beginning of each chapter focus student learning and are excellent tools for study and review.
- *Margin glossary terms.* Important terms are highlighted, with definitions conveniently displayed in the page margin for easy referral and study. A comprehensive glossary at the back of the book gives students immediate access to definitions.
- *Charts and tables* emphasize crucial concepts. An extensive table in Chapter 5 illustrates the insertion, origin, and action of skeletal muscles, knowledge essential to the effective practice of therapeutic massage. More than 40 full-color illustrations help the student to identify and locate all the major muscle groups.
- *Informational text boxes and bulleted lists* throughout the text highlight important content for easy reading and enhanced review.
- *Review of specialized massage applications.* In addition to a strong foundation in basic massage, explore the therapeutic application of massage, clinical massage, sports massage, spa massage, massage in a medical setting, lymph massage, soft tissue interventions, chair massage, reflexology, and more.
- *Questions for discussion and review.* At the end of each chapter, test your comprehension and identify which areas need to be reviewed by answering questions covering material in the chapter. The answers are located in Appendix II of the textbook.



EXTENSIVE TEACHING AND LEARNING PACKAGE

Several ancillary materials accompany *Theory & Practice of Therapeutic Massage*, Fifth Edition. These materials are designed to support student learning and to provide massage instructors with everything they need to teach the concepts in the core textbook successfully.

Theory & Practice of Therapeutic Massage, Fifth Edition Workbook

The Workbook is made up of questions that directly correspond to each chapter of the textbook. Questions are in the form of fill-in-the-blank, matching, multiple choice, word reviews, and labeling illustrations. The workbook questions help the student to prepare for certification and licensing examinations.

Theory & Practice of Therapeutic Massage, Fifth Edition Student CD-ROM

This interactive student product was designed to reinforce classroom learning, stimulate the imagination, and aid in preparation for board examinations. Featuring video clips and graphical animations to demonstrate practices and procedures, this exciting educational tool also contains a test bank, learning games, and an audio glossary that pronounces and defines each term. The student CD-ROM is available in two versions: an individual user version and a networkable school version.

Theory & Practice of Therapeutic Massage, Fifth Edition Exam Review

This review book contains questions similar to those found on state licensing examinations for massage therapists. It employs the multiple-choice type question, which has been widely adopted and approved by most state licensing boards. Groups of questions are arranged under major subject areas. Like the core textbook, the Exam Review is also available in Spanish.

Theory & Practice of Therapeutic Massage, Fifth Edition Instructor's Manual

The Instructor's Manual is a comprehensive teaching aid that contains

- lesson plans, each keyed to a section of the text
- an outline of topics to cover in both the theory and practical sessions of each class
- time allotments for each activity
- suggested projects, resources, and assignments
- teaching tips to help instructors engage and instruct students successfully
- skills checklists that can be used to gauge and track students' mastery of specific massage skills
- additional resources and sources for information

- answer key for the student workbook included on the CD-ROM provided with the Instructor's Manual

The *Instructor's Manual* is designed to help massage educators by simplifying and organizing classroom preparation and presentation. Teaching becomes more efficient, more effective, and more enjoyable.

Theory & Practice of Therapeutic Massage, Fifth Edition **Course Management Guide CD-ROM**

The Course Management Guide CD-ROM is an innovative instructor resource to support customized instruction. This CD-ROM for instructors contains excellent tools, including

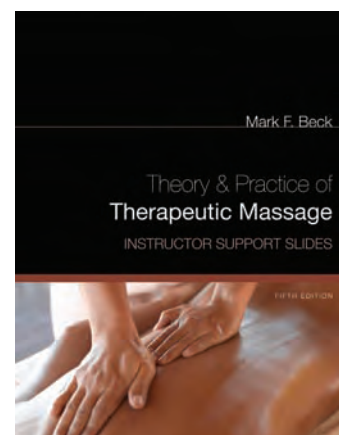
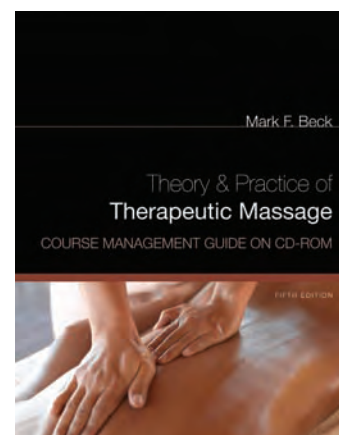
- a detailed lesson plan for each chapter in the book.
- learning reinforcement ideas or activities that can be implemented in the massage therapy classroom.
- the answer key to the review questions from the *Theory & Practice of Therapeutic Massage, Fifth Edition Workbook*
- a *Computerized Test Bank* of over 1,100 questions in multiple-choice, matching, and short-answer format, as well as the accompanying answers, organized by chapter, which can be used to generate quizzes and tests.
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- a *Customizable Syllabus* that instructors can tailor to meet individual teaching styles and course objectives, complete with course schedules, assignments, grading options, paper topics, and more.

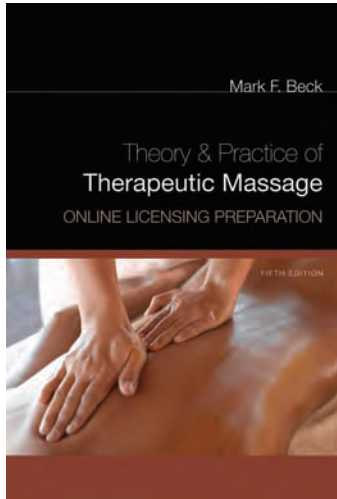
The Course Management Guide CD-ROM is an incredibly powerful resource that instructors can customize to fit their individual instructional goals.

Theory & Practice of Therapeutic Massage, Fifth Edition **Instructor Support Slides**

(Microsoft PowerPoint Presentation)

The PowerPoint® presentation created to accompany *Theory & Practice of Therapeutic Massage, Fifth Edition*, makes lesson plans simple yet incredibly effective. Complete with photos and art, this chapter-by-chapter CD-ROM has ready-to-use presentations that will help to engage students' attention and keep their interest through its varied color schemes and styles. Instructors can use it as is or adapt it to their own classrooms by importing photos they have taken, changing the graphics, or adding slides.





Online Licensing Preparation: Theory & Practice of Therapeutic Massage, Fifth Edition

Online Licensing Preparation: Theory & Practice of Therapeutic Massage, Fifth Edition, provides students with an online alternative for additional preparation for state board examinations. One thousand multiple-choice questions, different from those in the Exam Review, appear with rationales for correct and incorrect choices. Students have the flexibility to study from any computer, whether at home or at school. Because examination review preparation is available to students at any time of day or night, class time can be used for other activities, and students gain familiarity with a computerized test environment as they prepare for licensure.



ACKNOWLEDGMENTS

The author and Cengage Learning wish to express our deep appreciation to the many professional people who have contributed their valuable time and counsel during the preparation of this text. Massage therapy has developed over hundreds of years. There is actually very little information that is unique, original, or new in this text, although each edition has been refined and expanded to contain the fundamental and vital concepts needed for today's serious student of therapeutic massage. Literally hundreds of people have been involved in both the production and the content of this text throughout its history and development. The fifth edition would not be possible without the four editions that preceded it and all of the work and talent of the many individuals that went into those editions. We are indebted to and appreciative of every contributor.

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All of the models in the photos, each one a licensed massage therapist or a student on the road to a massage career, with special thanks to Dale Perry, LMT, CLT, NSMT, for sharing his expertise in lymph massage and Lou Alpy for sharing his expertise in neuromuscular therapy and craniosacral therapy.

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To the many reviewers, for their assistance, comments, and expertise in reviewing the developing text.

REVIEWERS OF THEORY & PRACTICE OF THERAPEUTIC MASSAGE, 5TH EDITION

Garfield Lee Adkins

Institute of Beauty and Massage

Lurana Bain, LMT

Elgin Community College

Susan Beck, BS, NCTMB

Idaho State University

Bernice Bicknase, BS, ACMT

Ivy Tech Community College-Northeast

Monique Blake, LMT, MS

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Barral Institute-Upledger Institute

Scott LaSalle, MSW, LMT, CNMT

Florida Career College

Todd Lorentz, MA, LMT

Natural Health Practitioners of Canada Association

Dave MacDougall, MA, LMT

North Country Community College

Gloria Mathiesen, MA, LMT, NCTMB

Pima Community College

Beverly May, BA, NCTMB, AMTA

Rewood Massage & Sauna

Dale Perry, LMT, CLT

CNW School of Massage Therapy

Susan Pomfret, MA, LMT

Central Arizona College

Donna Redman-Bentley, PT, PhD

Western University of Health Sciences

Teressa Sloan, PhD, DD, NCMT, LMT

Bluegrass Professional School of Massage Therapy

Deborah Valentine Smith, BA, LMT, AOBTA(R)CI,

Dipl. ABT (NCCAOM)

Massage Arts Center of Philadelphia

Heather H. Smith, BS, LMT, SET

Education Affiliates/Florida Career Institute

Anna Stookey, MA, MFT, CHt, CMT

Bodymind Psychotherapist & Massage Therapist

Carolyn Talley-Porter, LMT

Greenville Technical College

Deborah Taylor, LMT, BS

East West College of the Healing Arts

Maureen C. Thacker, BS, LMT, NCBTMB, NCEA

Academy of Career Training

Dawn Turner, RN, LMT, Reiki Master

Mildred Elley

Denise Van Nostran, MM, BM, LMT

Technical College of the Lowcountry

Tamela Voorhees, NCTMB, LMT, AMTA

High Tech Institute

Blayne Wiley, BA, LMT

Eagle Gate College

Tracy Wright, LMT, NCBTMB

Educating Hands School of Massage

I want to acknowledge Frank Nichols, author of the original *Theory & Practice of Body Massage* (1948), for the original work from which *Theory & Practice of Therapeutic Massage* evolved.

Finally, Natasha, wherever you are, thank you for my first real massage and the advice, “Whenever your back hurts like that, find someone who knows how to do massage.”



ABOUT THE AUTHOR

Mark Beck began his massage career in 1974 (more than 35 years ago) after completing a massage apprenticeship under the guidance of Bob Rogers. One of the main things that he gained in his training was the knowledge of how expansive the world of massage is and an insatiable appetite to learn more. He completed a program to become a holistic practitioner in 1979 and has taken hundreds of hours of continuing education classes. He has been the owner and director of two massage schools and has been active in state and national professional massage organizations. He holds a bachelor's degree in vocational education with an emphasis in massage therapy from the University of Idaho. Mark developed the Structural Muscular Balancing Seminars and is coauthor of the *Structural Muscular Balancing Manual*.

Because of a spinal cord injury in 1990, Mark retired from the practice of massage therapy but continues to be an advocate for excellence in massage education. He has also become an ambassador for disability advocacy.



CONTRIBUTORS TO THEORY & PRACTICE OF THERAPEUTIC MASSAGE, FIFTH EDITION

Steve Capellini

Steve Capellini has been a licensed massage therapist since 1984. He has worked in the spa industry for over 25 years as a therapist, supervisor, trainer, manager, and consultant. He has written many articles for industry publications and was a spa columnist for *Massage Today* for 9 years. His books include the new textbook entitled *The Complete Spa Book for Massage Therapists*, *The Royal Treatment*, *Massage Career Guide for Hands-On Success*, and *Massage for Dummies*. He teaches workshops for therapists who plan to integrate spa services into their practices and is currently writing a textbook to complement spa training curricula in massage schools.

Yanik Chauvin

Yanik Chauvin is a former administrative director of a leading massage therapy school in Gatineau, Quebec, Canada. He is also a professional photographer selling massage therapy images through his Web site (www.touchphotography.com) and offering his photography services to various organizations through another site (www.yanikchauvin.com). He specializes in corporate and health-oriented imagery and has been working closely with Cengage Learning since early 2005 as the designer and photographer of the book covers for the complete massage therapy line.

Faye N. Schenkman

Faye Schenkman is a licensed massage therapist in New York and holds a master's degree in Chinese history. She is a diplomate of Asian bodywork therapy and Chinese herbal medicine and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). She is a charter member and certified instructor of the American Organization of Bodywork Therapies of Asia (AOBTA). She is a former faculty member of The University of Illinois Oriental Studies Department and a teacher of Chinese in several New York City high schools. Faye is currently an instructor of Integrative Therapies, Graduate School of Nursing at Columbia University. She is a former Board of Trustees member of the New York College for Wholistic Health Education and Research, and she was director of the Wholistic Health Center at the college for more than 10 years. Faye was also the chair of the Massage Therapy School at New York College, as well as the dean of the Advanced *Amma* program, where she taught Advanced *Amma* Therapeutic Massage, Chinese and Western herbal medicine, Eastern nutrition, and Oriental sciences. Faye has been an advanced practitioner of *Amma* Therapeutic Massage for more than 20 years. She is a cofounder, with her partner Kim Rosado, of Wholistic Healing Arts, LLC, in Huntington, New York, where patients are treated for a wide range of physical illnesses using *amma*, acupuncture, herbal medicine, holistic nutrition, craniosacral therapy, uterine massage, and Qi Gong. Faye and Kim conduct workshops throughout the United States.

LEARNING OBJECTIVES

After you have mastered this chapter, you will be able to:

1. Explain why massage is known as one of the earliest remedial practices for the relief of pain and discomfort.
2. Explain why massage is a natural and instinctive remedy for some illnesses and injuries.
3. Identify three historic Greeks who professed the benefits of exercise and massage.
4. Explain how developments in the nineteenth century influenced modern massage therapy.
5. Describe the basic differences in massage systems.
6. Explain why massage practitioners should understand massage history.

shiatsu

is a massage technique from Japan in which points of stimulation are pressed to affect the circulation of fluids and ki (life force energy).

tshanpua

is a Hindu technique of massage in the bath.

QUESTIONS FOR DISCUSSION AND REVIEW

1. Define massage.
2. How do we know that ancient civilizations used therapeutic massage and exercise in their social, personal, or religious practices?
3. Why is massage said to be the most natural and instinctive means of relieving pain and discomfort?
4. What did the Chinese call their early massage system?
5. Why did the Greeks and Romans place so much emphasis on exercise and massage?
6. Which Greek physician became known as the father of medicine?
7. Why were the Middle Ages also called the Dark Ages?
8. How did the Arabic Empire and the rise of Islam help to preserve the practice of massage?
9. Why was the Renaissance an important turning point for the arts and sciences?
10. How did the invention of the printing press in the fifteenth century help to further the practice of massage and therapeutic exercise?
11. What is the basis of Per Henrik Ling's Swedish Movement Cure?
12. Who introduced the Swedish Movement Cure to the United States?
13. What are some of the reasons for the decline of massage at the turn of the twentieth century?
14. Why did the acceptance of massage and therapeutic exercise increase during World Wars I and II?
15. Why did manual massage become a secondary treatment following World War II?
16. How has more awareness of health and personal wellness in recent years caused a renewed interest in massage and therapeutic exercise?
17. What is the difference between passive and active exercise?
18. Describe the theory on which the Japanese shiatsu system of massage is based.
19. What is the role of proper exercise and use of massage in athletics?
20. Of what benefit is the history of therapeutic massage to the student who wishes to pursue a career in the field?
21. Which massage system is the most widely used in general massage?
22. In what way are the Chinese and Japanese systems similar?
23. Why is massage used as a treatment in sports or athletic medicine?

HOW TO USE THEORY AND PRACTICE OF THERAPEUTIC MASSAGE, 5TH EDITION

Learning Objectives

Before beginning a chapter, review the Learning Objectives for a “road map” of what the chapter will cover. These Learning Objectives cover the main points of each chapter and are also an excellent tool for review and study.

Key Terms and Margin Definitions

The amount of new terminology faced by the massage therapy student can be overwhelming. To help the reader quickly and easily master important terms, new words are bolded in color in the text on their first use. This key term is then defined in the margin, providing immediate access to the definition. All terms bolded and defined in the margin are also included in the text's main glossary, found at the back of the book. Readers are encouraged to use the margin glossary terms while studying and reviewing.

Questions for Discussion and Review

At the conclusion of each chapter are questions to help focus learning and spark thoughtful discussion. These are an excellent review tool and can be done independently or as part of an organized assignment. While the answers to all the questions can be found in the chapter itself, they are also provided at the back of the book for easy reference.

Appendix I: Basic Pharmacology for Massage Therapists

Increasingly, massage therapists are expected to have a basic understanding of pharmacology for certification and licensure. This new appendix on Basic Pharmacology for Massage Therapists is a general introduction to this important information. Covering basics of pharmacology as well as drugs, vitamins and minerals, and herbs, this is an excellent resource.



PHOTO CREDITS

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PART

1

THE HISTORY AND ADVANCEMENT OF THERAPEUTIC MASSAGE



CHAPTER

1

Historical Overview of Massage



LEARNING OBJECTIVES

After you have mastered this chapter, you will be able to:

1. Explain why massage is known as one of the earliest remedial practices for the relief of pain and discomfort.
2. Explain why massage is a natural and instinctive remedy for some illnesses and injuries.
3. Identify three historic Greeks who professed the benefits of exercise and massage.
4. Explain how developments in the nineteenth century influenced modern massage therapy.
5. Describe the basic differences in massage systems.
6. Explain why massage practitioners should understand massage history.

INTRODUCTION

Massage (muh-SAHZH) is defined as the systematic manual manipulations of the soft tissues of the body by movements such as rubbing, kneading, pressing, rolling, slapping, and tapping for therapeutic purposes such as promoting circulation of the blood and lymph, relaxation of muscles, relief from pain, restoration of metabolic balance, and other benefits both physical and mental. (Note: The definition of massage varies according to jurisdiction or source.)

The massage practitioner has been referred to as a *massage technician* or *massotherapist*. In the past, a male massage practitioner might have been called a *masseur* (ma-SUR), and a female practitioner a *masseuse* (ma-SOOS). Today, most professionally trained men and women prefer to be called *massage practitioners* or *massage therapists*. For practical purposes, *massage practitioner* or *massage therapist* are the terms used throughout this book.

The origin of the word **massage** can be traced to at least five sources:

- The Greek root **masso**, or **massein**, which means to touch or to handle but also to knead or to squeeze.
- The Latin root **massa** comes directly from the Greek **masso** and has the same meaning.
- The Arabic root **mass'h**, or **mass**, means to press softly.
- The Sanskrit word **makeh** also means to press softly.

The modern use of the term *massage* to denote using the hands to manipulate the soft tissues is of fairly recent origin. The term was first used in American and European literature in approximately 1875. In America, near the end of the nineteenth century, Douglas Graham from Massachusetts first popularized the use of the word *massage*. The term *massage*, as well as the common names for the strokes (e.g., *effleurage*, *petrissage*, *tapotement*) and frictions, is generally attributed to a Dutch man, Johann Georg Mezger (1817–1893).

massage

is the systematic manual or mechanical manipulations of the soft tissues of the body for therapeutic purposes.

MASSAGE IN ANCIENT TIMES

Although the term *massage* is fairly new, the practice of several of its techniques can be traced back to antiquity. Massage is one of the earliest remedial practices of humankind and is the most natural and instinctive means of relieving pain and discomfort. When a person has sore, aching muscles, abdominal pains, or a bruise or wound, a natural and instinctive impulse is to touch, press, and rub that part of the body to obtain relief.

Artifacts have been found in many parts of the world to support the belief that prehistoric men and women massaged their muscles and rubbed herbs, oils, and various substances on their bodies as healing and protective agents. Many ancient cultures practiced some form of touch or massage. In many groups, a special person such as a healer, spiritual leader, or doctor was selected to administer healing power. Some ancient civilizations used therapeutic massage not only as a pain reliever but also to improve their sense of well-being and physical appearance.

Massage has been a major part of medicine for at least 5,000 years and an important part of Western medical traditions for at least 3,000 years. Massage was the first and most important of the medical arts and was practiced, developed, and taught primarily by physicians. Since 500 B.C., authors have written extensively about massage in medical books. Massage was also a major topic in the first medical texts printed after the invention of the printing press.

Chinese Anmo Techniques

In the British Museum, records reveal that the Chinese practiced massage as early as 3000 B.C. *The Cong Fou* of Tao-Tse is one of the ancient Chinese books that describes the use of medicinal plants, exercises, and a system of massage for the treatment of disease and the maintenance of health. The Chinese continued to improve their massage techniques through a special procedure they called *anmo* or *amma*. This massage technique was developed through many years of experience in finding the points on the body where various movements such as rubbing, pressing, or manipulations were most effective. Today, massage is an integral part of the Chinese health system and is practiced in China's medical clinics and hospitals. A more modern term for Chinese medical massage is **tui-na** (TOOY-nah), which literally means "push-pull." Traditional Chinese Medical practice also includes acupuncture, a method of assessing and treating the physical and energetic body that employs various methods of stimulating acupuncture points, including needles, heat, and pressure. *Acupressure* is derived from acupuncture and is the use of finger pressure and touch on specified points to promote balance.

Japanese Tsubo and Shiatsu

The practice of the *anmo* method of massage entered Japan around the sixth century A.D. (Figure 1-1). The points of stimulation remained much the same as the Chinese pressure points but were called **tsubo** (TSOO-boh). These points are pressed to affect the circulation of fluids and *Ki* (i.e., life force energy also called *chi*) and stimulate nerves in a finger pressure technique that the Japanese

tsubo

are points on the body that are sensitive to pressure applied during shiatsu.

called **shiatsu** (shee-AHT-soo). This massage method has become quite popular in recent years. Early records show that the Japanese published a book on massage, *The San-Tsai-Tou-Hoei*, in the sixteenth century that described both passive and active massage procedures. The art of massage or *amma* in Japan was practiced almost exclusively by blind persons as a way of providing them with a means of income, and this employment was sanctioned and supported by the government.



FIGURE 1-1 A blind practitioner in Japan (ca. 1880).

Indian and Hindu Practices

Massage has been practiced on the Indian subcontinent for more than 3,000 years. Knowledge of massage came to India from the Chinese and was an important part of the Hindu tradition. The *Ayur-Veda* (*Art of Life*), a sacred book of the Hindus written approximately 1800 B.C., included massage treatments among its hygienic principles. In writings dating back to 300 B.C., *The Laws of Manu* (*The Laws of Man*) defined the duties of everyday life. These duties included diet, bathing, exercise, and **tschanpua**, or massage at the bath. *Tschanpua* included kneading the extremities, tapotement, frictioning, anointing with perfumes, and cracking the joints of the fingers, toes, and neck.

Greek Massage and Gymnastics

From the East, the practice of massage spread to Europe and is thought to have flourished well before 300 B.C. The Greeks made gymnastics and the regular use of massage a part of their physical fitness rituals. The Greek priest-physician Asclepius, who lived in the seventh century B.C., was the first in a long line of Greek physicians. He was later worshipped as the god of medicine. He is said to have combined exercise and massage to create gymnastics and founded the first **gymnasium** to treat disease and promote health. The gymnasium and baths became important centers where philosophers and athletes gathered to exercise and discuss ideas. These were places where the young were educated, soldiers trained, and the sick healed. Asclepius's staff, with its entwined serpents, remains today as the symbol of medicine and pharmacy.

The Greek physician Herodicus of the fifth century B.C. prolonged the lives of many of his patients with diet, exercise, and massage by using beneficial herbs and oils. Herodotus, the Greek historian of the time, wrote of the benefits of massage. Hippocrates (460–380 B.C.), a pupil of Herodicus and a descendant in the lineage of Asclepius, later became known as the father of medicine. His famous code of ethics for physicians, the **Hippocratic Oath**, is still in use today. This oath, which incorporates a code of ethics for physicians and those about to receive medical degrees, binds physicians to honor their teachers, do their

shiatsu

is a massage technique from Japan in which points of stimulation are pressed to affect the circulation of fluids and ki (life force energy).

tschanpua

is a Hindu technique of massage in the bath.

gymnasium

is a center where exercise and massage are combined to treat disease and promote health.

Hippocratic Oath

is a code of ethics for physicians.

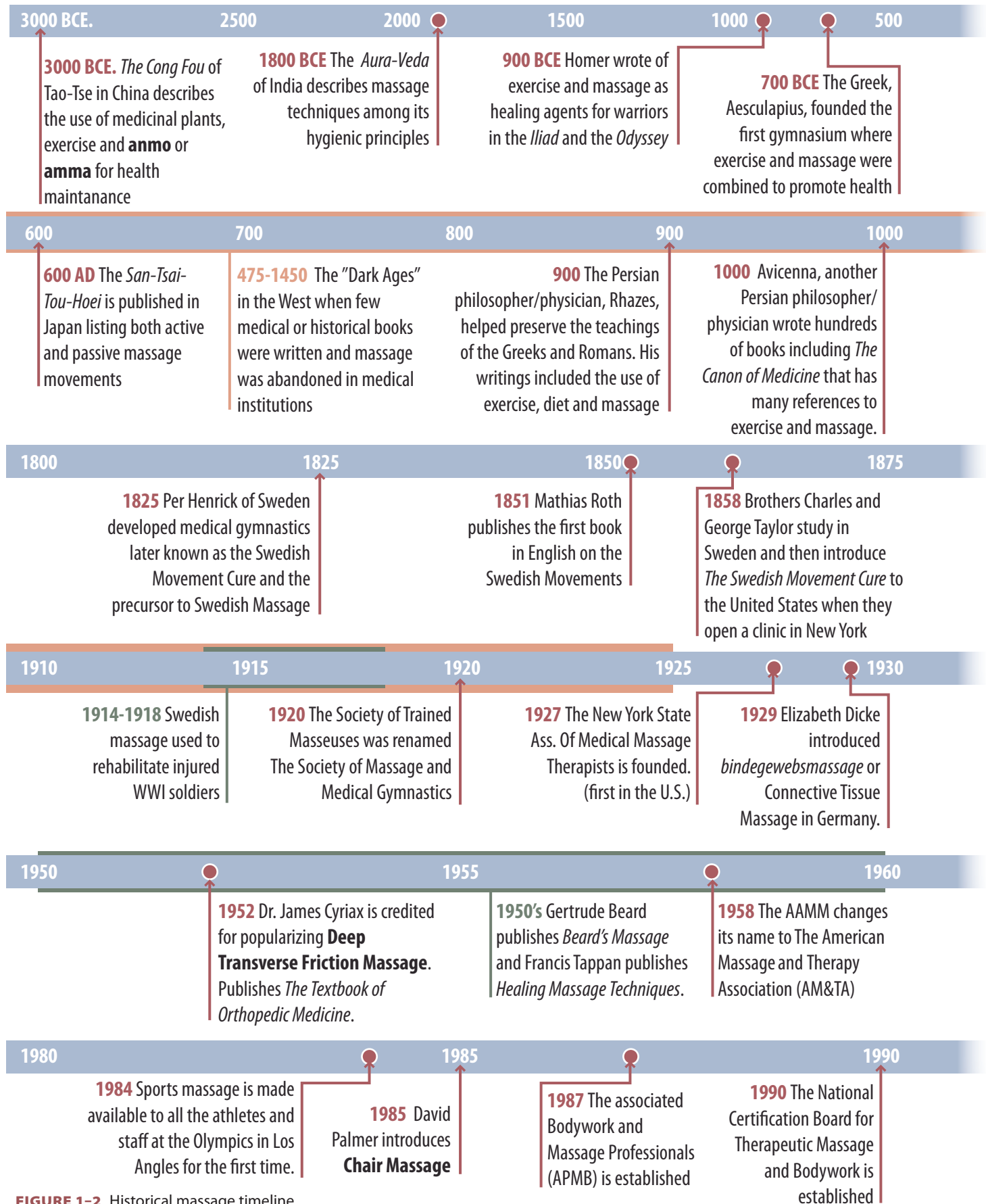
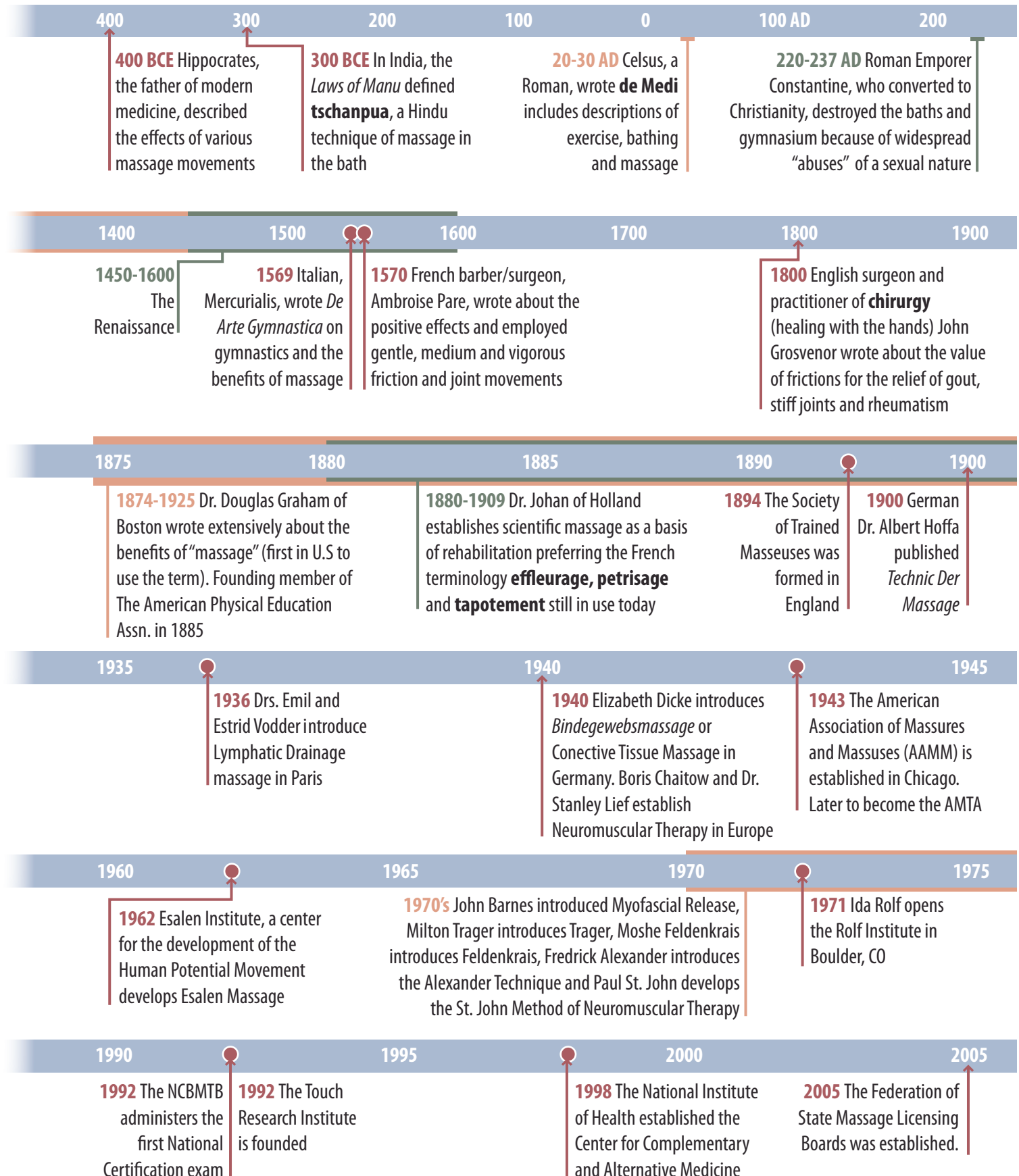


FIGURE 1-2 Historical massage timeline.



best to maintain the health of their patients, honor their patients' secrets, and prescribe no harmful treatment or drug. The Hippocratic Oath can be found in its entirety in most medical dictionaries.

That Hippocrates understood the effects of massage is revealed in one of his descriptions of massage movements. He said, "Hard rubbing binds, much rubbing causes parts to waste, and moderate rubbing makes them grow." Scholars have interpreted this to mean that rubbing can help to bind a joint that is too loose or loosen a joint that is too tight. Vigorous rubbing can tighten and firm; moderate rubbing tends to build muscle. In his writings, Hippocrates used the word **anatripsis**, which means the art of rubbing a part upward, not downward. He stated that it is necessary to rub the shoulder after reduction of a dislocation. This advice can still serve as a valuable guideline for modern practitioners. Hippocrates thought that all physicians should be trained in massage as a method of healing.

anatripsis

is the art of rubbing a body part upward.

Roman Art of Massage and Therapeutic Bathing

The Romans acquired the practice of therapeutic bathing and massage from the Greeks. The Romans built public baths that were available to rich and poor

Box 1.1

The Hippocratic Oath (A classical translation)

I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

Translation from the Greek by Ludwig Edelstein. From *The Hippocratic Oath: Text, Translation, and Interpretation*, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.

alike. A brisk rubdown with fragrant oils could be enjoyed after the bath. The art of massage was also highly respected as a treatment for weak and diseased patients and as an aid to remove stiffness and soreness from muscles.

The Romans, similar to the Greeks before them, used massage as part of their gymnastics. Celsus, who lived during the reign of Emperor Tiberius (about 42 B.C.–A.D. 37), was considered to be one of the most eminent Roman physicians. He wrote extensively on many subjects, including medicine. *De Medicina* discusses prevention and therapeutics extensively and advises using massage, exercise, and bathing. Celsus recommended rubbing the head to relieve headaches and rubbing the limbs to strengthen muscles and to combat paralysis. Massage was used to improve sluggish circulation and internal disorders and to reduce edema. Although circulation of the blood was not completely understood, physicians of the time followed the teaching of Hippocrates and thought that rubbing upward was more effective than rubbing downward.

The Greek physician Claudius Galen (A.D. 130–200), who became physician to the Roman emperor Marcus Aurelius, is said to have discovered that arteries and veins contain blood. William Harvey (1578–1657), an English physician, is credited with discovering the circulation of the blood in 1628, however. Galen was a prolific writer, and his medical texts were the principal sources used for more than 1,000 years. As a physician to the gladiators, Galen gained great knowledge of anatomy. His books on hygienic health, exercise, and massage stressed specific exercises for various physical disorders. Greek and Roman philosophers, statesmen, and historians such as Cicero, Pliny, Plutarch, and Plato wrote of the importance of massage and passive and active exercise to the maintenance of a healthy body and mind. Even Julius Gaius Caesar, Roman general and Emperor of Rome (100–44 B.C.), is said to have demanded his daily massage for the relief of neuralgia and prevention of epileptic attacks.

The Decline of Arts and Sciences in the West

With the decline of the Roman Empire, beginning approximately A.D. 180, the popularity of bathing and massage also declined. According to Richard van Why, “The Roman emperor Constantine (A.D. 228–337) who converted to Christianity, abolished and destroyed the baths and gymnasiums because of widespread abuses of a sexual nature.” Oribasius, Antyllus, Caelius Aurelianus, Aetius of Amida, and Paul of Aegina are some of the medical writers and physicians who lived during the decline of the Roman Empire. They all wrote favorably about the use of massage, exercise, and bathing as therapeutic and conditioning agents.

Little recorded history of health practices during the Middle Ages (also known as the Dark Ages) has survived. This period, between classical antiquity and the European Renaissance, extends from the downfall of Rome in approximately A.D. 476 to about 1450. Both the sciences and the arts suffered severe setbacks during the Dark Ages. Few medical or historical books were written during this time, and much recorded history was lost. This decline was partly because of wars but also because of religious superstitions that made people fear placing too much importance on the physical self. During the Middle Ages in Europe, medical institutions abandoned massage in favor of other remedies.

Laypeople, folk healers, and midwives still practiced massage sporadically, but practitioners were occasionally the objects of persecution.

The Arabic Empire and the Rise of Islam

Beginning in the seventh century, the spread of Islam throughout North Africa, Asia Minor, Mesopotamia, and Persia actually served to preserve much of the Greco-Roman culture. As the Greco-Roman culture fell into decay in the Middle Ages, the Persians continued many of the important teachings of the great physicians and philosophers from the classical era. The Islamic Persian philosopher/physician *Rhazes*, or *Razi* (A.D. 860–932), was a follower of Hippocrates and Galen and a prolific writer. He wrote several books, the most important of which was an encyclopedia of Arabic, Roman, and Greek medical practices that esteemed the use of exercise, diet, and massage in the treatment of disease and the preservation of health. Another prominent Persian philosopher/physician, Avicenna (A.D. 980–1037), authored the *Canon of Medicine*, which is considered to be the most important single book in medical history. Avicenna was an ardent follower of Galen, and his text made numerous references to the use of massage, exercise, and bathing. Eventually these volumes paved the way for the Renaissance as these writings returned to the West through trade and conquest.

The Renaissance Revives Interest in Health Practices

The Renaissance (1450–1600) revived interest in the arts and sciences. After a long intellectual slumber, the classical writings of the ancient Greek, Roman, and Persian masters were rediscovered and studied as a basis from which to develop new ideas. Once again, people became interested in the maintenance and improvement of physical health and appearance. By the second half of the fifteenth century, the printing press had been invented, which led to the publication of many scholarly writings in the arts and sciences. The greater availability and distribution of printed materials also helped to stimulate interest in better health practices.

The Growth and Acceptance of Massage as a Healing Aid

By the sixteenth century, medical practitioners began to reinvent and employ massage as part of their healing treatments. Ambroise Paré (1517–1590), a French barber-surgeon, one of the founders of modern surgery and inventor of the ligation of arteries, described the positive effects of massage in the healing process in one of his publications. He classified massage movements as gentle, medium, and vigorous frictions and employed flexion, extension, and circumduction of joints. His concepts were passed down to other French physicians who believed in the value of physical therapeutics. During his lifetime, Paré served as personal physician to four of France's kings. He is credited with restoring the health of Mary, Queen of Scots (1542–1587) by use of massage. In 1569, Mercurialis (1530–1606), a professor of medicine at the University of Padua, Italy, published a book, *De Arte Gymnastica*, on gymnastics and the benefits of massage when integrated with other therapies for the body and mind.

The sixteenth, seventeenth, and eighteenth centuries witnessed an expansion in all fields of knowledge. Emerging literature from English, French, German,

and Italian authors reestablished massage as a preferred scientific practice for the maintenance of health and the treatment of disease.

Frictions, manipulations, anointing, bathing, and exercise were regarded as important tools in the medical armamentarium. These subjects were taught in institutions of higher learning to physicians and other practitioners of the healing practices and were based in the sciences of anatomy, physiology, and pathology, as these specialties were known in that day and age.

Throughout history, a variety of massage or hands-on healing has been practiced by laypeople or commoners. Because it was often practiced by folk healers and midwives, it was passed on as an art and a gift. A body of knowledge was never established and codified, however, so that techniques were lost and rediscovered through the ages.

THE DEVELOPMENT OF MODERN MASSAGE TECHNIQUES

In the early part of the nineteenth century, John Grosvenor (1742–1823), a well-respected English surgeon and a practitioner of **chirurgy** (healing with the hands), emphasized to his colleagues the value of friction in the relief of stiff joints, gout, and rheumatism. His efforts helped to further the belief in massage as an aid to healing.

Per Henrik Ling (1776–1839) of Smaaland, Sweden, a physiologist and fencing master, is known as the father of physical therapy (Figure 1-3). Ling systematized and developed movements that he found to be beneficial in improving his own physical condition, calling the system of movements **medical gymnastics**. He based this system on the developing science of physiology. The Ling System's primary focus was on gymnastics as applied to the treatment of disease and consisted of movements classified as active, duplicated, and passive. *Active movements* were performed by the patient and could be referred to as exercise. *Duplicated movements* were performed by the patient in cooperation with the therapist. These correspond to modern resistive or assistive exercises. *Passive movements* were performed by the therapist to the patient and would be considered range-of-motion therapy and massage. In 1813, Ling established the Royal Swedish Central Institute of Gymnastics, which was chartered and financed by the Swedish government. Ling died in 1839, but his students published his works posthumously. The Ling System, more commonly called *Swedish Movements* or the *Movement Cure*, spread throughout Europe and Russia. By 1851, there were 38 institutions for education in the Swedish Movements in Europe, most of them located in Germany. These schools were generally open to learned men. The programs were as long as three years, with classes lasting six to eight hours a day.

Mathias Roth, an English physician, studied under Ling at the Royal Central Institute and in 1851 published the first book in English on the Swedish Movements. He established the first institute in England to teach Swedish Movement Gymnastics and gave private instruction to Charles Fayette Taylor, a New York physician, who in 1858 introduced the methods to the United States. In the United States, the technique became known as the *Swedish Movement Cure*. Charles's brother, George Henry Taylor, attended the Dr. Sotherberg Institute in Stockholm



FIGURE 1-3 Per Henrik Ling (1776–1839), known as the father of physical therapy.

chirurgy

is healing with the hands.

medical gymnastics

gymnastics applied to the treatment of disease consisting of active, duplicated, and passive movements.

and completed full training in the Swedish Movements. The brothers returned to the United States and started an orthopedic practice in New York, where they specialized in the Swedish Movements. Within a year they had dissolved their joint practice, but both continued to practice and write about the Swedish Movement Cure. In 1860, George Henry published the first American textbook on the Swedish Movement Cure and established the Improved Movement Cure Institute in New York City. Charles Fayette wrote many articles and published a textbook introducing the Swedish Movements in 1861. Both brothers practiced and taught the cure until their deaths in 1899. Thus it was the competitive Taylor brothers who introduced the Swedish Movement Cure to the United States and brought massage more into public and medical acceptance.

effleurage

is a succession of strokes applied by gliding the hand over an extended portion of the body.

petrissage

lifts, squeezes, and presses the tissues.

tapotement

movements include tapping, slapping, hacking, cupping, and beating.

Modern Massage Terminology

Modern massage terminology is credited to Dr. Johann Mezger (1839–1909) of Amsterdam, Holland, who established the practice and art of massage as a scientific subject for physicians in the remedial treatment of disease. He was acknowledged by many of the authors of his day as the founder of scientific massage. Through Mezger's efforts, massage became recognized as fundamental to rehabilitation in physical therapy. Mezger's preference for the French terminology has remained an influence to this day (thus the use of the terms **effleurage**, **petrissage**, **tapotement**, and even *massage* itself). The word *massage* was not used in the United States until 1874, when Douglas Graham from Boston and Benjamin Lee and Charles Mills from Philadelphia published articles using Mezger's terminology. Dr. Douglas O. Graham was a practitioner and a historian of massage who wrote extensively about the subject from 1874 to 1925, more than 50 years. He was a founding member of the American Physical Education Association. Dr. John Harvey Kellogg (1852–1943) ran the Battle Creek Sanitarium in Battle Creek Michigan and wrote extensively on the benefits of massage and hydrotherapy (Figure 1-4). In 1929, Kellogg published *The Art of Massage: A Practical Manual for the Nurse, the Student and the Practitioner*. He was the author of numerous magazine articles and the editor of the popular magazine *Good Health*.

By the early part of the twentieth century, physicians in medical schools in Germany and Scandinavia were including massage in their teachings as a dignified and beneficial asset in the medical field. In 1900, the distinguished German physician Albert J. Hoffa published *Technik Der Massage*. The publication remains one of the most basic books in the field and contains many of the techniques used in Swedish massage.

Throughout Germany, Denmark, Norway, and Sweden, physicians recommended therapeutic exercises, massage, and baths for the restoration and maintenance of health. These physicians thought that massage helped the body to rid itself of toxins, relieved ailments such as rheumatism, and promoted the healthy functioning of all body systems.

In 1894, a group of women formed the Society of Trained Masseuses in England. By 1920, this society had grown in members and prestige. Later, the society became known as the Chartered Society of Massage and Medical Gymnastics; it was registered in 1964 as the Chartered Society of Physiotherapy.



FIGURE 1-4 Dr. John Harvey Kellogg (1852–1943).

THE DECLINE OF MASSAGE IN THE TWENTIETH CENTURY

The beginning of the twentieth century brought with it a decline in the scientific and medical use of massage. There were several reasons for this decline. The increasing popularity of massage in the nineteenth century precipitated an increase in not only qualified practitioners and schools but also lay practitioners and unscrupulous schools.

A special inquiry by the British Medical Association in 1894 revealed numerous abuses in the education and practice of massage practitioners, which dealt a severe blow to the profession's reputation. The inquiry found many schools using unscrupulous recruitment practices and offering inadequate training. As a result, graduates were unqualified or incompetent and in debt to the school. To repay that debt, students and graduates were required to work in clinics that offered poor massage and often were no more than houses of prostitution. Other abuses included false certification and deceptive advertising, in which exorbitant claims were made that were totally unfounded and untrue. The reputation of massage was damaged among physicians and the general public alike.

Technical innovations also had a detrimental affect on massage. The invention of electricity and various electrical apparatuses (e.g., the vibrator) greatly diminished the use of hands-on therapy in favor of these new electrical modalities (Figures 1-5a and b and Figure 1-6). This trend continues to this day.

Technical and intellectual advances in medicine resulted in new treatment strategies based more on pharmacology and surgical procedures. The old ideas of treating disease through diet, exercise, and bathing gave way to the more sophisticated practices of modern medicine. Physicians no longer learned massage as a part of their training, nor did they employ trained therapists. The place of massage in nursing was reduced to no more than the administering of a back rub.

CONTEMPORARY DEVELOPMENTS IN MASSAGE

Several important developments during the second quarter of the twentieth century continue to influence modern massage.

An Austrian named Emil Vodder (1897–1986) and his wife Astrid developed a method of gentle rhythmic massage along the superficial lymphatics that accelerates the functioning of the lymphatic system and effectively treats chronic lymphedema (limf-e-DEE-muh) and other diseases of venous or lymph circulation. Today this system is widely known and taught as **Dr. Vodder's Manual Lymph Drainage**.

Dr. Vodder's Manual Lymph Drainage

is a method of gentle, rhythmic massage along the superficial lymphatics that aids in lymphatic system functioning and treats chronic lymphedema..



FIGURES 1-5A, B Electric vibrators from the early twentieth century. A. The Star Electric Vibrator (ca.1918). B. The New Lite vibrator by Hamilton Beach (ca.) 1902.



FIGURE 1-6 Mechanical vibrator with advertisements demonstrating its use

Connective Tissue Massage

is massage directed toward the subcutaneous connective tissue, thought to affect vascular and visceral reflexes related to a variety of pathologies and disabilities.

Deep Transverse Friction Massage

is massage that broadens the fibrous tissues of muscles, tendons, or ligaments, breaking down unwanted adhesions and restoring mobility to muscles.

In the 1940s, a German, Elizabeth Dicke (1884–1952), developed *Bindegewebsmassage*, or **Connective Tissue Massage**, which was later popularized in England by Maria Ebner. *Bindegewebsmassage* is directed toward the subcutaneous connective tissue and is thought to affect vascular and visceral reflexes related to a variety of pathologies and disabilities. This method continues to be widely employed in many countries for pathologic conditions of circulation or visceral disease.

Dr. James H. Cyriax (1905–1985), an English orthopedic physician, is credited with popularizing **Deep Transverse Friction Massage**. This method broadens the fibrous tissues of muscles, tendons, or ligaments, breaking down unwanted fibrous adhesions and thereby restoring mobility to muscles in a way that cannot be achieved by passive stretching or active exercise. Transverse friction massage retains its popularity today in physical therapy and massage therapy regimes as an effective treatment in the restoration and rehabilitation of muscle and soft tissue injuries.

Two American physical therapists who have had a major impact on massage therapy in the United States are Gertrude Beard and Frances Tappan. Both devoted much of their lives to promoting massage as an important part of the health care system. Tappan's book, *Healing Massage Techniques*, and Beard's *Massage* remain as standards in the massage industry.

Massage played an important role immediately after World War I (1914–1918), when it proved beneficial as a restorative treatment in the rehabilitation of injuries. In World War II (1939–1945), massage was again employed on an even larger scale in the hospitals of the Armed Forces. In the years after World War II, however, manual massage played a secondary role in physical therapy as more mechanical and electrical means of stimulation and rehabilitation gained popularity. During the postwar recovery, massage was directed more toward relaxation and athletic activities and less toward rehabilitation. Most practitioners were employed in athletic clubs, YMCAs, or as trainers for athletic teams.

A MASSAGE RENAISSANCE IN THE UNITED STATES

Beginning in approximately 1960, another massage renaissance began in the United States and continues to this day. With the decline of the use of massage in conventional or allopathic medicine came a surge of interest in the use and value of massage in the paraprofessional and lay public. Several factors precipitated this trend. Increased awareness of physical and mental fitness, as well as the increasing cost of conventional medicine, opened the way for viable alternatives in health care. The development of the wellness model, which emphasized prevention and recognized the importance of controlling stress, advocated the value of massage.

The psychological benefits of touch and its proven use in the treatment of pain returned massage to a place of prominence in the health care system.

In 1962, Esalen Institute in Big Sur, California, was founded and soon became a popular center for the burgeoning human potential movement. Some of the early leaders included Aldous Huxley, Alan Watts, Abraham Maslow, and Fritz Pearls (father of Gestalt). Esalen was one of the first places where contemporary massage and bodywork were taught. Moshe Feldenkrais, Milton Trager, and Ida Rolf taught at Esalen as well as many others. Esalen massage was developed at the Institute. Esalen massage is a deeply relaxing experience based on Swedish massage, with influences of meditation, gestalt, Oriental techniques, polarity, Trager, and yoga. Today, Esalen Institute continues to offer hundreds of seminars a year, and Esalen massage is always available to participants and guests.

The human potential movement and interest in Eastern practices, preventive health, and wellness led to the publication of numerous books and the development of a wide variety of bodywork modalities. During the 1970s and 1980s, a significant rise in the popularity of massage as well as several other forms of bodywork occurred in the United States. Several professional associations and numerous schools emerged to teach and promote a variety of massage disciplines.

In 1943, the American Massage Therapy Association (AMTA), the oldest national professional massage association in the United States, was established in Chicago by graduates of the College of Swedish Massage. The original name of the organization was the American Association of Masseurs and Masseuses (AAMM). In 1958, the AAMM changed its name to the American Massage and Therapy Association and then in 1983 simplified the name to the American Massage Therapy Association. The association's popular publication, *The Massage Therapy Journal*, carries a variety of articles that are of interest to the massage professional. The Association of Bodywork Professionals (ABMP) and the International Massage Association (IMA) were both created in the 1980s to offer an alternative for massage professionals to obtain professional liability insurance. The ABMP also publishes *Massage and Bodywork Magazine* and offers several membership benefits, including networking, marketing, and business tools to practitioners of all the diverse bodywork modalities. The American Organization for Bodywork Therapies of Asia (AOBTA) also originated in the 1980s as a professional membership organization for practitioners of Asian body therapies. In 1985, *Massage Magazine* began publication as an independent trade magazine to bring the science, art, and business of massage to the general public. In 2000, *Massage Today* began publication as a no-cost subscription available to anyone in the massage industry, with news of current events as well as articles from industry leaders.

Articles about massage have appeared in a wide variety of news magazines, including *Time*, *Life*, and *Newsweek*. Newspapers ran common interest stories about massage or massage practitioners. Most of these articles were about the practitioners and the positive effects and benefits of massage. Massage therapists in communities gave presentations at club meetings and gatherings about the positive aspects of massage. As the public became more aware of the effects and benefits of therapeutic massage, the unfortunate association between massage and prostitution dissipated.

During the 1970s and 1980s, the growing popularity of massage continued, with more people receiving massage and more people choosing to learn massage, either for personal satisfaction or to become massage practitioners. Massage training programs varied widely in content and length, with

classic Swedish or Western massage being at the core of most of the curriculums. Early programs were as short as 100 hours for an introductory course. Adult education programs at community colleges or universities sometimes had “Friends and Family” massage classes that were as short as a weekend or a few evening classes. Training for those wishing to practice massage tended to be somewhat longer, with the length and content often determined by local or state licensing requirements. In 1990, the establishment of the *National Certification Board for Therapeutic Massage and Bodywork* required an applicant to have a minimum of 500 hours of training from a state-recognized school to take the *National Certification Examination*. Massage school curriculums tended to be between 500 and 600 class hours, with courses consisting of anatomy, physiology, business practices, and massage techniques. A few schools offered longer, more comprehensive programs of up to 1,000 to 1,200 class hours. Massage training was done mostly at private massage schools or through apprenticeships. Many private massage schools were established after 1970, with more than 1,000 schools in the United States by the year 2000. With the growing popularity of massage and massage education, and the increase in states regulating massage, private business schools and public community colleges began offering accredited massage training programs.

sports massage

is a method of massage designed to enhance an athlete's performance.

Massage was consistently becoming more visible, accessible, and popular with the American public. Massage of athletes became more commonplace. Athletes at organized runs, marathons, and triathlons lined up after their events to receive their postevent massage at the **sports massage** tent. At the 1984 Summer Olympics, sports massage services were made available to the athletes for the first time. Since that time, athletic massage has been part of every Summer and Winter Olympics. Many professional and even semiprofessional athletic teams, including baseball, football, basketball, hockey, and tennis, either employed or provided for the services of sport massage therapists. Serious athletes from a variety of sports would seek out the services of a skilled massage therapist to help maintain the highest level of performance while addressing the myriad physical and sometimes emotional conditions that accompany the sport.

Whereas sports massage teams at athletic events provided relief to athletes from the rigors of competition, another type of massage team began appearing at the sites of disasters. Specially trained emergency response massage teams coordinated with the Red Cross to provide the relief of massage to firefighters, emergency workers, and sometimes the victims of disasters such as floods, wildfires, or earthquakes. Team members set up massage tables or chairs in relief areas where emergency workers could take much-needed breaks from the long, intense hours at the scene and enjoy a few minutes of caring and rejuvenating massage before heading back to the front lines.

chair massage

takes place in a chair, which is a better choice for people unable to or not amenable to receiving full-body massage on a table.

Seated massage, or **chair massage**, was a great innovation that helped to demystify massage and make it more accessible to a wider audience. Introduced in 1985 by David Palmer, chair massage is performed with the client clothed and seated on a special massage chair. This innovative massage application brought massage out of the studio and into the public arena. Massage no longer required a table, sheets, lubricants, or the removal of clothing. Suddenly, massage could be practiced in corporate offices, teacher's lounges, shopping malls, airports, health fairs, state legislatures, and on the street. Massage was less of a mystery and therefore less threatening and safer. In the 1990s, corporate massage became more popular, and therapists started taking massage chairs into

offices, schools, hospitals, or other workplace settings to offer 15-minute massage breaks. Finally, massage was coming out!

In the late 1980s, efforts to return massage and bodywork to the mainstream of health and wellness care prompted members from the various disciplines to come together and share ideas. In 1988, Robert Calvert (1946–2006), editor of *Massage Magazine*, created a forum called Head, Heart and Hands that had three gatherings, one in the center of the country, one on the East Coast, and one on the West Coast, in an attempt to discuss common issues and organize massage on a national level. In 1991, a Federation of Bodywork Organizations was formed to ensure equitable recognition of the different forms of bodywork in the development of standards and legislation.

The trend toward massage regulation steadily progressed during the final quarter of the twentieth century. Most massage regulation from the 1950s through the 1970s consisted of local ordinances initiated to control prostitution. Since the 1980s, most massage legislation has been practitioner based, focusing on educational standards, scope of practice, title protection, and protecting the public from harm. The AMTA, in cooperation with individual state organizations, actively pursued state legislatures to enact state licensing for massage therapists. In 1985, only ten states regulated massage. By 2009, 42 states and the District of Columbia had state-wide massage licensing.

In 1988, the AMTA provided funding for the development of a National Certification for Massage Therapists. In 1990, the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) became an independent certifying entity, and the first examinations were administered in 1992. The National Certification Examination (NCE) was originally designed to be a voluntary examination that a practitioner could take to become recognized as being nationally certified in therapeutic massage and bodywork. Since its inception, however, several states that license massage have adopted the NCE as part of their licensing requirements. As of the publication of this text, 35 of the 42 states requiring massage licensing use the successful completion of the National Certification Examination as a qualification for licensing. As a result, many massage schools' curricula are guided by the requirements and content of the exam.

In 2005, the Federation of State Massage Therapy Boards (FSMTB) was established when members from 22 state massage therapy licensing agencies convened in Albuquerque, New Mexico, where bylaws were unanimously adopted and the first board was elected and installed. Among the most significant concerns were the need for a valid and reliable licensing examination and the desire to bring commonality to licensing requirements, to assist with reciprocity and professional mobility of massage practitioners between licensed states. The federation promotes networking and communication between state massage licensing boards and has developed a comprehensive licensing examination (MBLEx) for use among the member states. The MBLEx is a 125-item multiple-choice test with 13 percent of its content devoted to the topic of ethics, reflecting the Federation's commitment to professionalism and client safety. As of 2009, 30 of the 42 regulated states are members of the FSMTB, and 18 states use the MBLEx.

The recognition, acceptance, and growth of massage continued through the 1990s. In 1990 and 1997, surveys by David Eisenberg, MD, published in the

New England Journal of Medicine and the *Journal of the American Medical Association* respectively, indicated that an increasing number of Americans were using complementary and alternative medicine (CAM) therapies and paying for them at a rate estimated at \$27 billion in 1997, which exceeded the out-of-pocket expenditures for all U.S. hospitalizations. The same studies showed that massage was the third most common CAM modality used after chiropractic and relaxation practices such as deep breathing and meditation.

Another phenomenon that began in the 1990s and has continued into the new century is the proliferation of massage research. Research, which is funded by various sources, validates the effects and benefits of massage and helps to legitimize massage in the eyes of the medical community and the public. Some of the leaders in promoting massage research include the Touch Research Institute (TRI), the Massage Therapy Foundation, and the National Institutes of Health (NIH) Center for Complementary and Alternative Medicine.

TRI was founded in 1992 under the direction of Tiffany M. Fields, in collaboration with the University of Miami Medical School expressly to study the effect of touch therapy on human well-being. Studies at TRI have shown that massage can induce weight gain in premature infants, alleviates depressive symptoms, reduces stress hormones, alleviates pain, and positively alters the immune system in children and adults with various medical conditions.

In 1990, the AMTA Foundation was formed as an independently governed public charity to advance the knowledge and practice of massage by supporting scientific research, education, and community service. The foundation accepts and solicits donations, then grants funds for research, community service, and

Box 1.2

The Federation of Therapeutic Massage, Bodywork, and Somatic Practice Organizations

In 1991, the Federation of Therapeutic Massage, Bodywork and Somatic Practice Organizations was formed to ensure equitable recognition of all forms of bodywork in the formation of public wellness policy and practice. The federation's vision is to promote networking, share expertise, and create programs that advance the fields of touch and movement, and to encourage coalitions in the development of appropriate legislation. Members of the federation include these organizations:

- American Massage Therapy Association (AMTA)
- American Organization for Bodywork Therapies of Asia (AOBTA)
- American Polarity Therapy Association (APTA)
- American Society for the Alexander Technique (AmSAT)
- Feldenkrais Guild of North America (FGNA)
- International Somatic Movement Education and Therapy Association (ISMETA)
- The Rolf Institute
- United States Trager Association

educational scholarships. The foundation also provides direct consultation to the medical and research community and educates massage therapists about research methods. In September 2004, the AMTA Foundation was renamed the Massage Therapy Foundation.

In 1998, the NIH established the National Center for Complementary and Alternative Medicine (NCCAM; <http://nccam.nih.gov>). The NIH started providing grants for the research of complementary medicine modalities to verify the effectiveness of their use. Massage research also continues to advance through other funding sources.

With the continuing research, the growing number of states requiring massage licensing, and the development of more sophisticated educational standards, massage continues to emerge as a recognized and respected allied health profession.

MASSAGE SYSTEMS

The methods of massage generally in use today descend directly from the Swedish, German, French, English, Chinese, and Japanese systems.

1. The Swedish system is based on the Western concepts of anatomy and physiology and employs the traditional manipulative techniques of *effleurage*, *petrissage*, vibration, friction, and *tapotement*. The Swedish system also employs movements that can be slow and gentle, or vigorous and bracing, according to the results that the practitioner wishes to achieve.
2. The German method combines many of the Swedish movements and emphasizes the use of various kinds of therapeutic baths.
3. The French and English systems also employ many of the Swedish massage movements for body massage.
4. Acupressure stems from the Chinese medical practice of acupuncture. It is based on the traditional Oriental medical principles for assessing and treating the physical and energetic body and employs various methods of stimulating acupuncture points to regulate *Qi* (the life force energy). The aim of this method is to achieve therapeutic changes in the person being treated as well as to relieve pain, discomfort, or other physiologic imbalances.
5. The Japanese system, called *shiatsu*, a finger pressure method, is based on the Oriental concept that the body has a series of energy points (*tsubo*). When pressure is properly applied to these points, circulation is improved and nerves are stimulated. This system is said to improve body metabolism and to relieve a number of physical disorders.

At the time of publication of this text, there are more than 70 styles or modalities of massage therapy being practiced in the United States, most of which have developed since the 1960s. It is not practical to describe or list all of them; however, the following is a small sample of systems that have gained recognition as beneficial forms of massage.

Sports massage refers to a method of massage especially designed to prepare an athlete for an upcoming event and to aid in the body's regenerative and restorative capacities following a rigorous workout or competition. This effect

is achieved through specialized manipulations that stimulate circulation of the blood and lymph. Some sports massage movements are designed to break down lesions and adhesions or reduce fatigue. Sports massage generally follows the Swedish system, with variations of movements applied according to the judgment of the practitioner and the results desired. Sports teams, especially those in professional baseball, football, basketball, hockey, ice skating, and swimming, often retain a professionally trained massage practitioner. Athletes, dancers, and others who must keep muscles strong and supple are often instructed in automassage (i.e., how to massage one's own muscles) and in basic massage on a partner. (See Chapter 18)

polarity therapy

uses massage manipulations derived from Eastern and Western practices.

rolfing

aligns the major body segments through manipulation of the fascia or the connective tissue.

reflexology

stimulates particular points on the surface of the body, which in turn affects other areas or organs of the body.

Polarity therapy is a method developed by Randolph Stone (1890–1971) using massage manipulations derived from both Eastern and Western practices. Exercises and thinking practices are included to balance the body both physically and energetically.

Dr. Milton Trager developed the Trager method, which uses movement exercises called mentastics and a massage-like, gentle shaking of different parts of the body to eliminate and prevent pent-up tensions.

Rolfing is a systematic program developed from the technique of structural integration by Dr. Ida Rolf. Rolfing aligns the major body segments through manipulation of the fascia (**FAH**-shuh) or the connective tissue.

The **reflexology** method originated with the Chinese and is based on the idea that stimulation of particular points on the surface of the body has an effect on other areas or organs of the body. Dr. William Fitzgerald is credited with first demonstrating the effects of reflexology in the early 1900s. Eunice Ingham worked for Fitzgerald, and in the 1930s, she systemized the technique (popular today) that focuses mainly on the hands and feet. (See Chapter 21)

Box 1.3

Valuable Massage Therapy Websites

American Massage Therapy Association	www.amtamassage.org
Association of Massage and Bodywork Professionals	www.abmp.com
American Organization of Body Therapies of Asia	www.aobta.org
International Massage Association	www.imagroup.com
National Certification Board for Therapeutic Massage and Bodywork	www.ncbtmb.org
Federation of State Massage Therapy Boards	www.fsmtb.org
Federation of Therapeutic Massage, Bodywork and Somatic Practice Organizations	www.federationmbs.org
The Massage Therapy Foundation	www.massagetherapyfoundation.org
Touch Research Institute	www6.miami.edu (in the search field enter “touch research” and select the Touch Research Institute link)
National Center for Complementary and Alternative Therapies	nccam.nih.gov

Touch for Health is a simplified form of applied kinesiology (ki-nee-see-AHL-o-jee; principles of anatomy in relation to human movement) developed by Dr. John Thie. This method involves techniques with both Eastern and Western origins. Its purpose is to relieve stress on muscles and internal organs. There are also several styles of bodywork and alternative health-related practices that use specialized kinesiology (a form of muscle testing) to derive information about the conditions of the body or how a particular substance or type of treatment might affect it.

Neuromuscular techniques originated in Europe around 1940 with the work of osteopaths Drs. Stanley Lief and Boris Chaitow. Western approaches have been developed or advanced by Paul St. John, Bonnie Prudden, Janet Travell, Lawrence Jones, Judith DeLany, and Dr. Leon Chaitow, among others. Varieties include Neuromuscular Therapy, Myotherapy, trigger point therapy, muscle energy technique, Orthobionomy, and Strain/counterstrain. Neuromuscular techniques use manipulations common to Swedish massage to systematically activate or sedate neuroreceptors usually located in contractile tissue. Reflex activity tends to normalize contractile tissue and brings the body more toward balance. (See Chapter 15)

Craniosacral therapy has been developed by Dr. John Upledger and researchers at the Upledger Institute in Palm Beach Gardens, Florida. Craniosacral therapy is a gentle, hands-on method of evaluating and enhancing the functioning of a physiologic body system called the craniosacral system. During craniosacral therapy, trained practitioners use a light touch (i.e., equivalent to a nickel's weight) to feel the rhythmic motion theoretically created by the movement of the cerebrospinal fluid within the craniosacral system. Craniosacral therapy treatment techniques are noninvasive and usually indirect approaches, intended to resolve restrictive barriers and restore symmetric, smooth craniosacral motion. Craniosacral therapy is effective for a wide range of physiologic conditions associated with pain and dysfunction and is used as a preventive health practice because of its ability to improve the function of the central nervous system and bolster the body's resistance to disease. (See Chapter 15)

The foregoing is a brief list and does not include the many and varied types of massage and bodywork being practiced today. Although there are many excellent massage methods, the Swedish system is still the most widely used and has been incorporated into many other procedures. Whichever method a practitioner prefers, it is essential to have a thorough knowledge of all technical movements and their effects on the various systems of the body. Practitioners must be thoroughly trained in anatomy, physiology, pathology, medical communication, and technique in schools that are licensed or have credentials meeting the professional standards required by state boards and ethical associations. The objectives of all professional practitioners are generally the same: to provide a service that enhances the client's physical health and sense of well-being.

(For a more concise history of massage, the author recommends *The Bodywork Knowledgebase, Lectures on History of Massage* by Richard P. van Why and *The History of Massage* by Robert Calvert, from which a good portion of this chapter was adapted.)

This chapter is dedicated to the memory of Robert Noah Calvert (1946–2006), massage therapist, educator, author and collector. The artwork in this chapter

Touch for Health

is a simplified form of applied kinesiology that involves techniques having both Eastern and Western origins.

neuromuscular techniques

a group of techniques that assess and address soft tissue dysfunction by affecting the neurologic mechanisms that control the muscle.

craniosacral therapy

is a gentle, hands-on method of evaluating and enhancing the functioning of the craniosacral system.

comes from his expansive collection of massage artifacts with permission of his widow, Judi Calvert.

QUESTIONS FOR DISCUSSION AND REVIEW

1. Define *massage*.
2. How do we know that ancient civilizations used therapeutic massage and exercise in their social, personal, or religious practices?
3. Why is massage said to be the most natural and instinctive means of relieving pain and discomfort?
4. What did the Chinese call their early massage system?
5. Why did the Greeks and Romans place so much emphasis on exercise and massage?
6. Which Greek physician became known as the father of medicine?
7. Why were the Middle Ages also called the Dark Ages?
8. How did the Arabic Empire and the rise of Islam help to preserve the practice of massage?
9. Why was the Renaissance an important turning point for the arts and sciences?
10. How did the invention of the printing press in the fifteenth century help to further the practice of massage and therapeutic exercise?
11. What is the basis of Per Henrik Ling's Swedish Movement Cure?
12. Who introduced the Swedish Movement Cure to the United States?
13. What are some of the reasons for the decline of massage at the turn of the twentieth century?
14. Why did the acceptance of massage and therapeutic exercise increase during World Wars I and II?
15. Why did manual massage become a secondary treatment following World War II?
16. How has more awareness of health and personal wellness in recent years caused a renewed interest in massage?
17. What is the difference between passive and active exercise?
18. Describe the theory on which the Japanese shiatsu system of massage is based.
19. What is the role of proper exercise and use of massage in athletics?
20. Of what benefit is the history of therapeutic massage to the student who wishes to pursue a career in the field?
21. Which massage system is the most widely used in general massage?
22. In what way are the Chinese and Japanese systems similar?
23. Why is massage used as a treatment in sports or athletic medicine?

CHAPTER

2

Requirements for the Practice of Therapeutic Massage



LEARNING OBJECTIVES

After you have mastered this chapter, you will be able to

1. Explain the educational and legal aspects of scope of practice.
2. Explain how state legislation defines the scope of practice of therapeutic massage.
3. Explain why the massage practitioner must be aware of the laws, rules, regulations, restrictions, and obligations governing the practice of therapeutic massage.
4. Explain why it is necessary to obtain a license to practice therapeutic body massage.
5. Explain the difference between certifications and licenses.
6. Give reasons why a license to practice massage might be revoked, canceled, or suspended.

INTRODUCTION

Therapeutic massage is a personal health service employing various soft tissue manipulations for the improvement of the client's health and well-being; therefore, the massage practitioner has an ethical responsibility to the public and to individual clients. In addition to being technically well trained, the practitioner must understand the laws, rules, regulations, limitations, and obligations concerning the practice of massage, especially in the area where he or she chooses to practice.

SCOPE OF PRACTICE

In the world of health care, practitioners can perform certain duties as prescribed by their occupation, their license, and their level of training. For instance, in a health care facility, a nurse's aide can attend to a patient's comfort and care but cannot distribute medications. In some instances, a licensed practical nurse may distribute specified medications except for narcotics, injections, and intravenous (IV) drugs. A registered nurse must oversee these distributions and handle the dangerous drugs and injections, and the orders for any of these agents must come from a physician. According to law, only doctors and nurse practitioners can diagnose illness and other medical conditions and prescribe the medications and course of treatment for those conditions. Each of these practitioners is operating within his or her scope of practice.

Scope of practice defines the rights and activities that are legally acceptable according to the licenses of a particular occupation or profession. The scope of practice of any licensed occupation is described in the legal description and definitions contained in the licensing regulation. The scope is determined in part by the educational focus of the professional training. A professional person's scope of practice is directly related to the skills he or she has gained and the training received. Massage and bodywork encompass a wide range of styles and techniques. Each professional chooses particular specialties or interests within the broader profession and directs the training and practice toward those specialties. A person's scope of practice is also influenced by personal limitations such as belief systems, personal bias, choice of preferred clientele,

scope of practice

defines the rights and activities legally acceptable according to the licenses of a particular occupation or profession.

and physical stature or endurance. By honoring personal scope of practice and respecting other professionals' scope of practice, professional people better serve their clients by providing quality service in what they do best or by referring clients to other professionals when appropriate.

Many occupations and professions have national or state regulatory boards that help to define and enforce adherence to a scope of practice. National or state boards develop and upgrade professional standards and oversee testing and licensing procedures.

At the time of publication of this text, 43 of the 50 states, the District of Columbia in the United States, and 4 Canadian provinces have adopted licensing regulations governing the practice of massage. The definition of massage and the educational requirements contained in those regulations define the scope of practice of massage in those states (See Box 2.1). Whereas there is some basic agreement among those states regarding the need to license massage, there is great diversity in defining the purpose, object, procedure, or educational requirements. With more than 3/4 of the states requiring licenses for massage, there is not a clearly defined scope of practice for massage therapy. Regardless of this fact, massage practitioners must recognize and practice within their legal and professional boundaries and refer clients to appropriately trained and licensed professionals when indicated.

Box 2.1

Legislative Definitions of Massage Therapy

This box contains excerpts from legislative documents from selected states that license massage and define the term *massage therapy*. The educational requirements for licensing and continuing education requirements for license renewal are also listed. These states were selected to show the diversity of the definition of massage therapy and the educational requirements to practice. Become familiar with the laws of the state or municipality where you choose to practice.

Maine

Educational requirement:	500 hours from an accredited school
Continuing education requirement:	None

"Massage therapist" or "massage practitioner" means a person who provides or offers to provide massage therapy for a fee, monetary or otherwise.

"Massage therapy" means a scientific or skillful manipulation of soft tissue for therapeutic or remedial purposes, specifically for improving muscle tone and circulation and promoting health and physical well-being. The term includes, but is not limited to, manual and mechanical procedures for the purpose of treating soft tissue only, the use of supplementary aids such as rubbing alcohol, liniments, oils, antiseptics, powders, herbal preparations, creams or lotions; procedures such as oil rubs, salt glows, and hot or cold packs; or other similar procedures or preparations commonly used in this practice. This term specifically excludes manipulation of the spine or articulations and excludes sexual contact of any kind.

New Mexico

Educational requirement:	650 hours
Continuing education requirement:	16 hours biennial

"Massage therapy" means the assessment and treatment of soft tissues and their dysfunctions for therapeutic purposes primarily for comfort and relief of pain. It is a health care service that includes gliding, kneading, percussion, compression,

Box 2.1 cont'd

vibration, friction, nerve strokes, stretching the tissue and exercising the range of motion, and may include the use of oils, salt glows, hot or cold packs, or hydrotherapy. Synonymous terms for massage therapy include massage, therapeutic massage, body massage, myomassage, bodywork, body rub, or any derivation of those terms. Massage therapy is the deformation of soft tissues from more than one anatomical point by manual or mechanical means to accomplish homeostasis and/or pain relief in the tissues being deformed, as defined in the Massage Therapy Practice Act, NMSA 1978, Section 61-12C-3.E.

Nebraska

Educational requirement: 1,000 hours from an accredited massage school

Continuing education requirement: 24 hours biennial

"Massage Therapist" means a person licensed to practice massage therapy.

"Massage Therapy" means the physical, mechanical, or electrical manipulation of soft tissue for the therapeutic purposes of enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being and may include the use of oil, salt glows, heat lamps, and hydrotherapy. It does not include diagnosis or treatment or use of procedures for which a license to practice medicine or surgery, chiropractic, or podiatry is required nor the use of microwave diathermy, shortwave diathermy, ultrasound, transcutaneous electrical nerve stimulation, electrical stimulation of >35 volts, neurologic hyperstimulation, or spinal and joint adjustments.

The definitions above were attained from the Internet Web site of the various states. Those sites as of July 2009 are

Maine—<http://www.state.me.us>, search for "professional licensing".

New Mexico—<http://www.rld.state.nm.us>

Nebraska—<http://www.hhs.state.ne.us>

LICENSES: THEY ARE THE LAW

In the United States, laws and regulations for massage can fall under the auspices of the state, the county, or the municipality, or they might not exist at all. Where massage laws are in effect, massage practitioners must register with the proper authorities, satisfy certain requirements to obtain a license to practice, and operate their practice in accordance to those regulations. These requirements vary depending on the licensing agency and the original motives for instituting the legislation. Many municipalities adopt ordinances to curb unethical practices, misleading advertising, and the use of the term *massage* to conceal questionable or illegal activities, especially prostitution or illicit drug sales and distribution. This type of licensing often requires mug shots, fingerprinting, and criminal record searches and has little regard for massage proficiency. As massage becomes more recognized as a reputable and respected health care practice, most of these ordinances are being replaced with licensing laws that contain educational, technical, ethical, and sanitation requirements.

Laws and regulations vary greatly from state to state and city to city. Being licensed in one state does not guarantee that the same license is valid or recognized in another state. If your license is from a city, it is almost guaranteed that the only place where that license is valid is in the city where the license was issued. A practitioner who has a license and wishes to practice in another city or state should contact the proper agency in the area where he or she wishes to practice. Usually the county commissioner's office, the city attorney, city clerk, or the mayor's office can provide information about massage regulations. If there is reciprocity between the two licensing agencies, the valid license will

be honored; if not, the practitioner should provide proof of ability to meet any requirements and make applications as required.

In the United States, a growing number of states are adopting legislation that requires all massage practitioners to obtain and maintain a license or registration. These state laws usually take precedence over city and county laws and are professional licenses wherein the applicant must apply and satisfy certain requirements before being issued a license to practice massage. As of the publication of this text, in the United States 43 states and the District of Columbia license massage therapists. Each of these states has an agency or board that oversees the licensing process. The requirements for licensure vary somewhat from state to state, but most require the applicant to be at least 18 years of age, be a high school graduate, complete massage therapy training from a school or program of a minimum specified length that is recognized by the board, and successfully complete a written examination. Of the 43 regulated states (including the District of Columbia), 35 use the National Certification Examination for Therapeutic Massage and Bodywork as a requirement for licensing. In 2007, the Federation of State Massage Therapy Licensing Boards (FSMTB) created the Massage and Bodywork Licensing Examination (MBLEx) as a valid, reliable licensing examination to determine entry-level competence. A growing number of states are joining the Federation and adopting the MBLEx as an alternative to the National Certification Examination. Both the NCE and the MBLEx use a multiple choice format and cover subjects such as anatomy, physiology, kinesiology, pathology, contraindications, assessment, benefits, treatment planning, business practices, and ethics.

Both the NCE and the MBLEx charge a fee to administer the examination. All states that license massage therapists require a fee for the initial license and for either an annual or biennial renewal. The amount of these fees varies according to the state. States that regulate massage require licenses or registrations to be renewed either every year or every other year, and there is a fee to renew the license. It is not necessary to retake the licensing examination; however, many states do require a specified number of continuing education hours. **Continuing education** is any class or workshop that practitioners attend that is related to their profession or practice. The term *continuing education hours* refers to the length of these classes in hours. The massage practitioner's responsibility is to know the licensing requirements where they live and practice according to his or her state and local regulations.

Licensed physical therapists, physicians, registered nurses, osteopaths, chiropractors, athletic trainers, and podiatrists may practice massage as part of their therapeutic treatments. These professionals, however, usually obtain a license specifically for the practice of massage when they wish to be known as massage practitioners. It is outside a massage therapist's scope of practice to perform services that require a professional license to practice, such as chiropractic, acupuncture, and psychotherapy. A massage therapist cannot diagnose illness or prescribe medication or medical intervention. A massage therapist can perform a variety of assessments to determine which therapeutic modalities are most appropriate for soft tissue conditions that a client might have or if a prospective client would be better served by being referred to another professional, however.

Massage establishments must abide by local laws, rules, and regulations. Where it is required, they must be licensed and employ only licensed practitioners.

continuing education

any class or workshop that a professional attends that relates to his or her profession or practice after graduation from the initial training.

In addition to massage ordinances and licenses, local business and zoning laws must be followed when one is setting up a massage business. Most states require massage practitioners to display their licenses at their place of business.

EDUCATIONAL REQUIREMENTS

The educational requirements to practice massage or bodywork vary depending on the discipline or techniques and the licensing requirements of the city or state where the practice is located. There are many disciplines or styles of hands-on therapies in practice, and few of these have clearly defined educational requirements. Professional organizations affiliated with these various disciplines often set educational guidelines that include the length and content of training programs and recognize schools that comply with those guidelines. The American Massage Therapy Association (AMTA) Council of Schools, for example, requires member schools to have a curriculum of at least 500 in-class hours, whereas the Commission for Massage Therapy Accreditation (COMTA) requires that schools have a minimum of 600 classroom hours of training before they can be considered for accreditation. Required subjects include the following:

- Anatomy, physiology, and pathology of the human body
- Knowledge of the effects of massage and bodywork techniques
- Indications, contraindications, and precautions for massage
- Application of massage therapy, including assessment, planning, and performance
- Ethics and development of successful therapeutic relationships with clients

If a license is required to practice massage, an educational requirement is usually included in the licensing legislation. Without a national standard for massage therapy, educational requirements contained in licensing laws vary widely. City or municipal licenses can contain no educational requirement or can require as many as 1,000 hours of training. Of the states that license massage at the time of publication of this text, the educational requirements vary from 500 to 1,000 hours of training; some Canadian provinces require as many as 2,200 hours of schooling.

The National Certification for Therapeutic Massage and Bodywork recommends a minimum standard educational requirement, which has been established as the equivalent of 500 hours of training and includes the subjects of anatomy, physiology, pathology, business practices, massage technique, and ethics.

Educational requirements for licensure and national certification reflect an entry-level knowledge base and are often the basis on which many massage schools build their core curriculum. Although this provides a solid foundation to begin a professional career, it is only the beginning of what is possible. Massage education does not end with graduation and licensure or certification. There is an extensive variety of massage and bodywork modalities available through classes and continuing education seminars to enhance therapists' skills to better serve their clients. Continuing education programs vary in length from a few hours to hundreds of hours or even several years. Modalities introduced in massage school, such as sports massage, orthopedic massage, neuromuscular therapy, myofascial release, and craniosacral therapy, can be enhanced with more extensive training after graduation. Most state massage boards, the National Certification Board,



STUDENT ACTIVITY

1. Determine the massage licensing requirements to practice massage where you currently reside.
2. Choose a neighboring state or a state to which you would like to move and determine the licensing requirements to practice massage in that location.

(Hint: the AMTA maintains a website of all states that regulate massage. (<http://amtamassage.org>, select "Legislation/Regulation")

the ABMP, and the AMTA include continuing education among requirements for license or membership renewal. Dedicated massage professionals expand their technical skills, refresh their interest, improve their businesses, and become better therapists by regularly participating in continuing education courses.

HEALTH REQUIREMENTS FOR PRACTITIONERS

Because massage is a hands-on profession, one involving touch, the massage practitioner should be physically and mentally fit and be free of any communicable diseases. Some state licensing requirements or employers request a health certificate or written confirmation of this fitness from a physician. It is the practitioner's duty to keep him- or herself in top physical condition. Massage is hard work and requires the therapist to stand for extended periods, especially when performing multiple massages. The practitioner must have physical stamina and the ability to concentrate on giving a therapeutic massage.

REASONS WHY LICENSES CAN BE REVOKED, SUSPENDED, OR CANCELED

Because the practice of massage concerns the health and welfare of the public and specifically that of individual clients, the profession must be regulated by the issuance of licenses only to people who have met the requirements to practice. The professional massage practitioner must have integrity, the necessary technical skills, and a willingness to comply with rigid health standards.

The following are grounds on which the practitioner's license can be revoked, canceled, or suspended:

1. Being guilty of fraud or deceit in obtaining a license
2. Having been convicted of a felony
3. Being engaged currently or previously in any act of prostitution
4. Practicing under a false or assumed name
5. Being addicted to narcotics, alcohol, or similar substances that interfere with the performance of duties
6. Being willfully negligent in the practice of massage so as to endanger the health of a client
7. Prescribing drugs or medicines (unless you are a licensed physician)
8. Being guilty of fraudulent or deceptive advertising
9. Ethical or sexual misconduct with a client
10. Practicing beyond the scope permitted by law or performing professional responsibilities that the licensee knows he or she is not competent to perform

LICENSE VERSUS CERTIFICATION

A *license* is issued from a state or municipal regulating agency as a requirement for conducting a business or practicing a trade or profession. A *certification*, on the other hand, is a document that is awarded in recognition of an accomplishment or achieving or maintaining some kind of standard. A certification can be given for successfully completing a course of study or passing an examination

Box 2.2*Licensing versus Certification***Licensing**

Issued by a governmental agency

Required to practice a trade or profession in a regulated jurisdiction

Specifies a scope of practice

Determines minimum requirements for compliance

Must be renewed at predetermined intervals

Certification

Issued by a nongovernmental agency

Voluntary to show proficiency or accomplishment

Some licenses require certification

May show levels of competence beyond what is required for licensure

May indicate membership in an organization

to show a level of proficiency or ability. Certificates are awarded by schools and institutions to show the successful completion of a course of study. Professional organizations have certificates of membership to indicate that the recipient has met the qualifications to become a member. Many professions (the massage profession included) have a national certification program whereby proficiency toward a national standard can be achieved and certified. Since 1992, the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) has administered the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB). Participation in national certification is voluntary; however, several states that license massage require successful completion of the National Certification Examination to be licensed. Successful completion of the National Certification Examination earns the one taking the test the designation of being nationally certified in therapeutic massage and bodywork. In 2005, the National Certification Board added another credentialing examination, the National Certification Examination for Therapeutic Massage (NCETM), which focuses on classic Western massage without the Asian bodywork component. These certifications do lend an air of credibility to a practitioner but do not take the place of a license in locales where a license is required to practice.

QUESTIONS FOR DISCUSSION AND REVIEW

1. Why must the massage practitioner be concerned about the laws, rules, regulations, and obligations pertaining to the practice of therapeutic body massage?
2. What are the legal and educational aspects of scope of practice?
3. Why do laws governing the practice of massage often differ from one state to another?
4. Does having a license in one locale permit a practitioner to practice anywhere? Why or why not?
5. What is the general educational requirement for a license to practice massage?
6. What are the reasons for which a person would receive a certificate?
7. What are the specific grounds on which a practitioner's license may be revoked, canceled, or suspended?

CHAPTER

3

Professional Ethics for Massage Practitioners



LEARNING OBJECTIVES

After you have mastered this chapter, you will be able to

1. Define the meaning of professional ethics.
2. Explain how the practice of good ethics helps to build a successful massage practice.
3. Differentiate between personal and professional boundaries.
4. Designate at least eight areas to consider when establishing professional boundaries.
5. Define a therapeutic relationship and a client-centered relationship.
6. Explain the effects of a power differential in the therapeutic relationship.
7. Explain the effects of transference, countertransference, and dual relationships in the therapeutic setting.
8. Discuss why sexual arousal can occur during a massage session and what to do if it does.
9. Discuss why and how to desexualize the massage experience.
10. Define supervision and its importance to the massage professional.
11. Discuss the importance of good health habits and professional projection.
12. Discuss the importance of human relations and success attitudes.
13. Discuss ways to build a sound business reputation.

INTRODUCTION

When a massage therapy student completes the initial course of study and graduates from massage school, you enter the profession of massage. You become a professional therapist. Being a professional is more than simply having a job. A professional has completed a course of study to gain knowledge in a specific field of practice, usually to provide a service. A profession is usually regulated, is represented by a professional association, and adheres to a **code of ethics**.

Professionalism in massage not only encompasses the application of massage technique to a client but also involves clear communication, managing boundaries, and ethical business practices. Professional standards include educational requirements, scope of practice, state and local regulations, codes of ethics, and standards of practice.

Massage professionals engage in therapeutic relationships with clients. A healthy therapeutic relationship requires an understanding and respect for personal and professional **boundaries**. Personal boundaries provide protection and a sense of self. Each person's set of boundaries is unique depending on life experiences. Professional boundaries are the foundation of an ethical practice. Honoring personal boundaries and maintaining professional boundaries ensure that the therapeutic relationship benefits the client and avoids ethical problems.

code of ethics

a set of guiding moral principles that governs a person's choice of action.

boundaries

are personal comfort zones that help a person to maintain a sense of comfort and safety. They can be professional, personal, physical, emotional, intellectual, and sexual.

Ethics is the study of the standards and philosophy of human conduct and is defined as a system or code of morals of an individual person, a group, or a profession. To practice good ethics is to be concerned about the public welfare, the welfare of individual clients, your reputation, and the reputation of the profession you represent. *Ethics* are moral guidelines that are established by experienced professionals to reduce the incidence and risk of harm or injury in the professional relationship because of an abuse of a position of power. A professional person is one who is engaged in an avocation or occupation requiring some advanced training to gain knowledge and skills. Without ethics there can be no true professionalism.

Ethical conduct on the part of the practitioner gives the client confidence in the place of business, the services rendered, and the entire industry. A satisfied client is your best means of advertising, because that person's good recommendation helps you to maintain public confidence and build a sound business following. The business establishment that becomes known for its professional ethics will stay in business longer than one that makes extravagant claims and false promises or one that is involved in questionable practices. (See Box 3.1 for two examples of ethics codes.)

Box 3.1

Codes of Ethics

Codes of ethics are adopted by professions, professional organizations, and sometimes by state regulatory agencies. This box presents the Code of Ethics of the American Massage Therapy Association and the National Certification Board for Therapeutic Massage and Bodywork.

AMTA Code of Ethics

This Code of Ethics is a summary statement of the standards by which massage therapists agree to conduct their practices and is a declaration of the general principles of acceptable, ethical, professional behavior.

Massage therapists shall:

1. Demonstrate commitment to provide the highest quality massage therapy/bodywork to those who seek their professional service.
2. Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with clients and/or colleagues.
3. Demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness by continued education and training.
4. Acknowledge the confidential nature of the professional relationship with clients and respect each client's right to privacy.
5. Conduct all business and professional activities within their scope of practice, the law of the land, and project a professional image.
6. Refrain from engaging in any sexual conduct or sexual activities involving their clients.
7. Accept responsibility to do no harm to the physical, mental, and emotional well-being of self, clients, and associates.

Box 3.1 (cont'd)*Codes of Ethics***National Certification Board for Therapeutic Massage and Bodywork**

Code of Ethics

revised 6/23/2007

Massage and bodywork therapists shall act in a manner that justifies public trust and confidence, enhances the reputation of the profession, and safeguards the interest of individual clients. To this end, massage and bodywork therapists in the exercise of accountability will:

1. Have a sincere commitment to provide the highest quality of care to those who seek their professional services.
2. Represent their qualifications honestly, including education and professional affiliations, and provide only those services that they are qualified to perform.
3. Accurately inform clients, other healthcare practitioners, and the public of the scope and limitations of their discipline.
4. Acknowledge the limitations of and contraindications for massage and bodywork and refer clients to appropriate health professionals.
5. Provide treatment only where there is reasonable expectation that it will be advantageous to the client.
6. Consistently maintain and improve professional knowledge and competence, striving for professional excellence through regular assessment of personal and professional strengths and weaknesses and through continued education training.
7. Conduct their business and professional activities with honesty and integrity, and respect the inherent worth of all persons.
8. Refuse to unjustly discriminate against clients or health professionals.
9. Safeguard the confidentiality of all client information, unless disclosure is requested by the client in writing, is medically necessary, required by law, or necessary for the protection of the public.
10. Respect the client's right to treatment with informed and voluntary consent. The certified practitioner will obtain and record the informed consent of the client, or client's advocate, before providing treatment. This consent may be written or verbal.
11. Respect the client's right to refuse, modify, or terminate treatment regardless of prior consent given.
12. Provide draping and treatment in a way that ensures the safety, comfort, and privacy of the client.
13. Exercise the right to refuse to treat any person or part of the body for just and reasonable cause.
14. Refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship.
15. Avoid any interest, activity, or influence which might be in conflict with the practitioner's obligation to act in the best interests of the client or the profession.
16. Respect the client's boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and the client's reasonable expectations of professional behavior. Practitioners will respect the client's autonomy.
17. Refuse any gifts or benefits that are intended to influence a referral, decision, or treatment, or that are purely for personal gain and not for the good of the client.
18. Follow all policies, procedures, guidelines, regulations, codes and requirements promulgated by the National Certification Board for Therapeutic Massage and Bodywork.

BOUNDARIES

Any discussion of ethical professional practices must include an understanding of boundaries, both personal and professional. Boundaries delineate personal comfort zones, the realm in which people operate with a sense of safety and control. Boundaries also help to screen input about what is appropriate for our personal comfort. Everyone has boundaries that dictate how they act and interact with the world and other people.

Boundaries are individual, personal, and usually intangible. There are many kinds of boundaries that we establish and maintain in order to keep a sense of comfort and safety. Some of those boundaries may be classified as physical, emotional, intellectual, and sexual. They act as personal protection. A boundary is like a safety net or force field that surrounds every person. Boundaries are contextual depending on circumstances and relationships. The field shifts depending on the situation.

Personal boundaries help to define who we are emotionally, intellectually, and spiritually. They help to determine how and with whom we choose to share our lives and beliefs. Boundaries are defined by our experiences, beliefs and expectations. They separate us as individual persons and provide a framework to safely function in the world. People with a good sense of boundaries are able to claim their own space, embrace their own emotions, be spontaneous, take in information easily, make clear decisions, and be responsive and sensitive to the needs of others.

Some determining factors in the formation of personal boundaries include family, school, or religious upbringing. Cultural and ethnic influences also shape attitudes about relationships, privacy, and touch. Boundaries are flexible, permeable, and constantly changing according to new information. Although many boundaries are established early in our lives, relationships, both good and bad, continue to influence our boundaries and comfort zones in the way that we relate to others.

Personal boundaries vary widely among individual people. Relationships involve the interaction between the boundaries of individual persons. Often, one person in the relationship gives in to the other's wishes or needs, thereby shifting the boundaries. People with whom we interact have different boundaries, and so we must be sensitive and able to respond with understanding. In some situations, we must hold strong boundaries, and at other appropriate times we must be flexible to merge or expand our experience. Many minor boundary fluctuations occur with very little impact, depending on the level of trust in the relationship. When a boundary is severely invaded or violated, this might constitute a situation of neglect or even abuse. Even in the case of minor boundary infractions, there can be a sense of discomfort or confusion.

When we move outside of our own boundaries or push beyond another's, we find ourselves in dangerous territory that can easily lead to disappointment, questionable behavior, emotional turmoil, or abuse.

Professional Boundaries

Professional boundaries are predetermined practices that protect the safety of the client and the therapist. An important aspect of a professional practice

is to recognize, respect, and honor the client's personal boundaries. A new client seeking massage is asked to stretch one's personal boundaries in several ways. The client enters an unfamiliar facility and discloses personal information relative to a physical condition to a practitioner who is a stranger. The client disrobes and lies down on a table under a sheet, rather passively, while the practitioner applies touch and manipulations that sometimes approach levels of discomfort. In each of these activities, the client might move beyond the normal comfort boundary. What allows the client to do this is trust that the massage practitioner will maintain certain professional boundaries.

Professional boundaries are preliminarily outlined in policy and procedure statements that are presented to the client very early in the therapeutic relationship. These boundaries create a stable framework and a safe environment from which to practice.

Cherie Sohnen-Moe and Ben Benjamin, in their exceptional book *The Ethics of Touch*, list eight major areas to consider in establishing professional boundaries: location of service, interpersonal space, appearance, self-disclosure, language, touch, time, and money.

Location

The *location* refers to the therapeutic setting where the massage takes place; it should be professional, safe, and comfortable. Therapeutic massage can be performed in a wide variety of settings, ranging from a medical office, to a cabana on the beach, to an outdoor tent at a marathon, to a client's home, to a cruise ship or a home office. Seated massage can take place just about anywhere a massage chair can be set up. Regardless of the setting, consideration must be taken to ensure safety, comfort, and security for the client and a sense of professionalism from the practitioner that inspires confidence and respect.

Interpersonal Space

Interpersonal space refers to the actual space maintained between the client and practitioner during interactions before and after the actual massage. Creating an appropriate space means maintaining a physical space between the client and practitioner that makes both parties comfortable. Height variation is also considered. Carry on conversations at eye level whenever possible. Sit or stand so neither party must look up or down when discussing topics relevant to the session. Try to complete most of the important conversation before the client lies down on the table. Discussions that take place when both persons are at the same height minimize the power differential.

Appearance

Appearance refers to the way the practitioner looks and dresses when providing or promoting massage. Professional appearance includes appropriate clothing and good personal hygiene (Figure 3-1). The goal is to foster a sense of comfort, trust, and safety in the client. Avoid clothing that is too casual, revealing, or sexually provocative, or that focuses attention on the practitioner instead of the client.



FIGURE 3-1 Professional appearance includes appropriate clothing and good personal hygiene.

Self-disclosure

Seek and provide self-disclosure appropriate to the therapeutic relationship. During the pre-session interview, the client discloses personal information at the request of the practitioner. The extent and depth of that information should cover only what is relevant to the conditions presented for treatment. Avoid probing for personal information that does not pertain to the session.

In an effort to impress or get closer to the therapist, clients sometimes expound on personal and sensitive information. The client might be unclear as to the client's own or the therapist's boundaries and give information in an attempt to gain psychological support or to leverage the practitioner to somehow act on the client's behalf beyond the scope of the therapy session.

The practitioner must also be aware of appropriate self-disclosure practices. Pertinent information regarding training, experience, modalities practiced, treatment plan, appointment policies, and fees are necessary to gain informed consent and confidence from the client. Beyond this, the practitioner must exercise caution that any personal information he or you choose to share somehow benefits the client and the therapeutic goals of the session. Some level of sharing personal experience can actually strengthen the therapeutic relationship, whereas certain personal information tends to direct the focus toward the practitioner rather than the client. This should be discouraged and avoided.

Language

According to Sohnen-Moe and Benjamin, "language is one of the most potent means for creating and maintaining healthy boundaries" (p. 55). Choice of words, voice intonation, and overall skills as a communicator are vital aspects of creating effective boundaries.

Touch

Touch and how it is applied can create a feeling of comfort and safety, or it can be threatening and uncomfortable. Touch is directly related to physical boundaries both on and off the table. Be aware of appropriate touch when greeting and saying good-bye to a client. Is a hug or a hand on the shoulder called for, or is a handshake more appropriate?

On the treatment table, touch boundaries include which parts of the practitioner's body touch the client, which parts of the client's body are and are not touched, and the depth and quality of touch. In the treatment setting, the practitioner uses the body in a nonsexual manner to perform the massage. Predominantly, the hands, forearms and elbows are used. In some modalities such as Thai massage and shiatsu, the practitioner can also use the feet and knees. Care is taken that other body parts do not inadvertently touch the client. Only areas of the client's body that are being therapeutically treated are included in the treatments. The genitals and anus are not included in a therapeutic massage treatment. Women's breasts are included as a part of a massage only when therapeutically indicated and only after obtaining written informed consent from the client before the massage begins. Therapeutic massage does not include any kind of sexually oriented touch.

Quality and depth of touch should be discussed before the session begins and included in the informed consent. Touch that is too light or too deep can cause discomfort, violate boundaries, and be inappropriate. Avoid inflicting excessive pain on a client. Some types of deep tissue work can be quite intense; however, when the pain threshold is crossed, trust is broken and it is difficult or impossible to restore. Whenever any aspect of touch goes beyond or deviates from what was discussed in the original informed consent, there must be clear and complete disclosure with the client so that the client can once again give informed consent. This greatly reduces the possibility of crossing boundaries.

Time

A defining aspect of a professional relationship is time. The client comes for a massage at an appointed time and expects a treatment that lasts a predetermined amount of time. The way in which a practitioner manages time sets clear boundaries. Beginning and finishing sessions on time honors professional and personal boundaries. Adequate time should be scheduled to accommodate a preliminary interview, assessments, undressing, dressing, and closure. Schedule enough time between appointments to complete records, return phone calls, take a break, or accommodate an unexpected late or long appointment. The client should expect to be able to come for, receive, and complete a massage within a certain time frame and can schedule a day around those activities. Establishing and maintaining policies regarding session length, late arrivals, no shows, and missed appointments define boundaries, letting clients know what to expect.

Money

In a therapeutic relationship, the practitioner provides a service that is of benefit in exchange for a set fee. The fee is predetermined and adds value to the client's experience. The amount of the fee is determined based on the service provided and should directly reflect the value of the service. When establishing a fee structure, the practitioner establishes boundaries, further defining a professional practice. Fees that are too low or exorbitantly high for the services rendered are professional boundary infractions. Charging different fees to different populations for the same service should be avoided or done with extreme scrutiny. Clients challenge boundaries by not bringing money or a check to pay for a session, by writing a check with insufficient funds, by being late paying, or by not paying a bill at all.

Be aware of and honor a client's personal boundaries. Respect a client's comfort levels with respect to room temperature, level of dress or undress, amount of pressure used during the massage, and parts of the body to omit or give extra attention. Early in the therapeutic relationship, the practitioner can help the client to become more aware and responsive to boundary issues and at the same time reduce the chance of inadvertently invading or violating those boundaries with a statement like: "At any time while we are together, if I ask, say, or do anything that causes any discomfort at all, please let me know what it is." This empowers the client and provides the opportunity to discuss and clarify the reason for whatever might be the cause of the discomfort so that the session can be adjusted to better serve the needs of the client.

When applying any technique that might be in any way intrusive, such as ischemic compression on a trigger point or approaching a sensitive area on the body, a similar statement informs and empowers the client with more control over the session.

Recognizing and honoring a client's boundaries and maintaining clear professional boundaries are the cornerstones for building and maintaining an ethical professional practice.

THE THERAPEUTIC RELATIONSHIP

The *therapeutic relationship* is a practitioner/client relationship that is client centered, in which all activities benefit and enhance the client's well-being and maintain or promote individual welfare. Therapeutic relationships directly influence people's mental, emotional, and physical well-being. Inherent in the therapeutic relationship is an implicit contract between the therapist and the client. The client comes by appointment to a prearranged location, receives an agreed-on treatment, for a specified length of time and an agreed-on fee. The client expects to receive treatment to address certain conditions or otherwise enhance the state of wellness in accordance with the knowledge of the therapist and dependent on the therapist's skills and education. It is the responsibility of the practitioner to provide an environment that is secure and safe. Clients put trust in the practitioner to always act in the client's best interests.

A client enters a therapeutic relationship expecting to gain from the skills of the practitioner. A central goal in developing a therapeutic relationship is to create a safe environment, a place where any client is secure enough to allow healing to occur; a place that is safe enough to be vulnerable, to be open, to release, to relax, be nonthreatened; a place of trust or a safe haven in which to unwind. The client assumes there is safety from physical, emotional, or sexual impropriety.

Confidentiality in the practitioner/client relationship is the foundation of safety, protection, trust, and respect. It helps to provide an environment for the client to relax, open, release, transform, and heal. To uphold confidentiality, the practitioner keeps all personal information regarding any client, including the fact of being a client, private except with permission of the client or in certain circumstances required by law. The client should sign a release of medical information before the practitioner confers with other health care providers concerning the client. (This is discussed on pages 51 and 633.) There is a legal requirement that the practitioner report to authorities situations of imminent or life-threatening danger by or to a client or situations of child abuse. This requirement is known as *the duty to warn and protect*. Clients must be informed about the limits of confidentiality near the beginning of the initial interview or assessment.

In a client-based relationship, a good litmus test to determine whether an activity or procedure is appropriate is to ask "To whose benefit is the questioned activity?" If the answer is not "the client's," the decision should be not to proceed.

In the therapeutic relationship, being sensitive to, respecting, and maintaining both personal and professional boundaries is critical to avoiding potential ethical dilemmas.

Power Differential

Throughout their lifetimes, people experience many kinds of relationships. Relationships include those with friends, schoolmates, siblings, parent/child, romantic partner, spouse, employer/employee, and therapist/client. Each kind of relationship involves various levels of intimacy, commitment, and responsibility, and in each there is a balance or imbalance of power. In some relationships, such as friendships or romantic couplings, the balance of power is fairly even or shifts back and forth according to what is happening at any given moment. In relationships such as parent/child, teacher/student, or employer/employee, there is an evident power differential in which more authority is held by the person on one side of the relationship, whereas the other person is in a more vulnerable or submissive role. With that power comes responsibility.

Practitioner/client relationships by their very nature exhibit a power differential. The client seeks out the services of the practitioner because of the practitioner's knowledge, skill, and authority. The practitioner is in a place of power to provide actions or services to enhance the well-being of the more vulnerable client. Owing to the nature of the massage session, the practitioner stands over the client who is lying unclothed (although draped) on a massage table. The client literally looks up to and submits to the ministrations of the practitioner. The client is often passive while the practitioner actively uses the hands to manipulate the client's body. There is an inherent power differential favoring the practitioner, whereas the client is in a more vulnerable position. Because of the power differential, the client might quietly succumb to the actions of the practitioner rather than articulate any discomfort. If the client thinks that the practitioner is "all knowing," the client might not speak up when needs are not being met or when the practitioner does or does not do something that crosses or violates the client's boundaries.

Because we are human, it is inevitable that boundaries are crossed or even violated. When subtle boundary crossings occur, they can be experienced as a feeling of discomfort or unease on the part of either party owing to the action usually of the other. These small discomforts should be noted and articulated. When the practitioner notices signs of discomfort such as withdrawal or fidgeting during the interview or grimacing during the session, you should encourage the client to articulate those feelings. The practitioner can help to balance the power differential by discussing treatment options with the client and giving a choice on how to proceed at the beginning of the session. Establishing a policy early in the therapeutic relationship that encourages the client to speak up anytime there is discomfort of any kind during the course of treatment empowers the client to better direct the experience and reduces the likelihood of personal boundaries being severely crossed. Clear communication is the most effective tool to both prevent and clarify boundary issues.

In the therapeutic relationship, the practitioner holds the advantage in the power differential and therefore has the responsibility to establish and maintain a safe and healthy therapeutic environment where the client's well-being, safety, and comfort are the focus of all activities. It is the role of the practitioner to ensure that the power differential is not abused to the client's detriment.

The practitioner has the responsibility to be sensitive to, to respect, and to maintain both personal and professional boundaries, even if the client initiates the questionable activity.

Transference

When a client seeks the services of a professional, an authority figure, someone to whom the client can defer judgment, that client enters a relationship in which it is comfortable to respond as done with other authority figures in the past. There is sometimes an unconscious tendency for the client to project onto the practitioner attributes of someone from a former relationship. The client might also seek more out of the relationship than is therapeutically appropriate. Psychotherapists have been aware of this type of phenomenon since the time of Freud. When a client tries to personalize the therapeutic relationship, it is known as **transference**. Transference involves misperceptions that the client might have toward the practitioner or therapist. Those misperceptions can be positive or negative. Transference can surface in any relationship in which there is a power differential. This occurs quite unconsciously. Transference usually tends to diminish the effectiveness of the therapeutic relationship.

The therapist should be aware of the signs of transference and take necessary measures to reduce its occurrence.

Transference usually happens at an unconscious level. Some signs of transference include the following:

- The client attempts to become more personally involved with the practitioner.
- The client asks personal questions not related to the reason for the visit.
- The client might vie for extra time during or at the end of the session.
- The client might invite the practitioner to social activities, or try to get closer physically, socially, or emotionally.
- The client brings or offers gifts or favors.
- The client proposes friendships or sexual involvement.
- The client might become more demanding of the practitioner's time and attention or even become angry, disappointed, or rejected if the practitioner does not respond.
- The client might want to adore, befriend, and please the practitioner or berate and mistrust the practitioner.

All of these behaviors are signs of transference. They are not necessarily about the practitioner but are related to the power differential and the attempts of the client to personalize the therapeutic relationship.

Ultimately, it is the responsibility of the practitioner to maintain clear professional boundaries when transference occurs to uphold a healthy therapeutic relationship.

Countertransference

Occasionally, transference works in the other direction—the practitioner begins to personalize or take the relationship with the client personally. When the practitioner tends to personalize the relationship, it is known as

transference

happens when a client personalizes, either negatively or positively, a therapeutic relationship by unconsciously projecting characteristics of someone from a former relationship onto a therapist or practitioner.

countertransference. Countertransference involves misperceptions of the practitioner toward the client. It is usually unconscious and always detrimental to the therapeutic process.

Signs of countertransference include the following:

- Strong emotional feelings toward the client, either positive or negative.
- Thinking excessively about a client between sessions.
- Dressing in a special manner when a certain client is coming.
- Making special provisions or spending extra time with a client.
- Fantasizing or having sexual feelings toward a client.
- Yawning excessively during an appointment.
- Dreading an upcoming appointment with a client.
- Negative reactions to a client, such as:
 - Feeling guilty, frustrated, or angry if a client does not respond to treatment.
 - Feeling anger or disappointment if a client is late or cancels.
 - Experiencing fatigue, disappointment, depression, or even infatuation after a session.

Any strong feelings toward a client can signal countertransference. Feelings range from love, sexual attraction, and a need to rescue, to avoidance, aggravation, and anger.

Many times a client's transference, when unrecognized, will spawn countertransference on the part of the unwitting practitioner. This is nearly always a recipe for disappointment and possible disaster for the practitioner.

Transference and countertransference are natural, unconscious phenomena that occur in therapeutic relationships in which there is a power differential. If not recognized and effectively defused, the result has a negative impact on the relationship, possibly emotionally harming the client and potentially devastating the professional's practice.

Maintaining healthy professional boundaries is the best defense against transference and countertransference. When boundaries are stretched or when a professional is tempted to move beyond those boundaries, it is a warning sign to assess motivations and how one is operating as a professional and seek supervision.

In a relationship in which there is a power differential, it is ultimately the responsibility of the person in the more powerful role to provide a safe, secure environment. The practitioner is therefore responsible for recognizing and ensuring that transference and countertransference issues are not acted out in a manner that is in any way harmful to the client or the therapeutic relationship. In some circumstances, this requires discontinuing the relationship and referring the client to another practitioner.

Dual Relationships

The therapeutic relationship is a practitioner/client relationship that is client centered, which means every activity of the relationship is directed to the benefit of the client in exchange for the predetermined fee for service.

A *dual relationship* is any situation that combines the therapeutic relationship with a secondary relationship that extends beyond the massage practitioner/client relationship. Dual relationships span a broad spectrum.

countertransference

happens when a therapist or practitioner personalizes a therapeutic relationship by unconsciously projecting characteristics of someone from a former relationship onto a client. This is almost always detrimental to a therapeutic relationship.

Dual relationships usually involve various dynamics with complicated tendencies that affect both sides of the relationship. There is increased potential that evolving circumstances in one relationship can adversely affect the other. Because the numerous risks of dual relationships are generally not favorable to a healthy therapeutic relationship, Dual or multiple relationships are preferably avoided.

Awareness of dual relationships and potential pitfalls originated in the field of psychology, in which strong standards now exist that discourage or even prohibit dual relationships. Numerous cases of sexual impropriety stemming from dual relationships between therapists and clients in the 1960s and 1970s were documented, prompting authorities and regulators in the mental health professions to establish regulations that dissuade practitioners and therapists from engaging in dual relationships with patients.

Dual relationships can arise when someone whom the practitioner knows becomes a client, such as a family member, a friend, a work associate, or someone from the practitioner's club, organization, or church. This situation is especially common for students who are eager for bodies to practice on or for new practitioners in the beginning stages of building a practice.

In smaller communities, the chance of a client and practitioner interacting socially increases. When encountering a client in a social setting, to uphold and honor confidentiality, it is professionally and ethically proper to engage the client only if the client initiates the contact. If the client initiates the conversation, limit the interaction to social discussion and steer clear of therapy-related topics unless the client introduces them.

In rare cases, if not exploitive or sexual, and when well managed, the dual relationship can benefit or at least not interfere with the therapeutic relationship. The fact that someone already knows the practitioner might influence the decision to call for a massage appointment. In some cases, knowing someone's personal life circumstances can help when designing a personal care plan.

There are several factors to consider concerning dual relationships. Which came first, the therapeutic relationship or the social relationship? Who initiated the secondary relationship? What is the nature of the nontherapeutic relationship? Relationships of a sexual or romantic nature are never appropriate. What is the reason for or nature of the therapeutic relationship? What is the frequency or how intimate is the nontherapeutic relationship? Can the relationships be separate and independent? Remember, the best interest of the client must always be served in the therapeutic relationship.

Another type of dual relationship develops when we barter either work or services for our services. When we barter health services, for instance, we switch from the role of therapist to the role of client, while the other party does the same. This has the potential to become complicated if one party does not feel to be receiving or giving equally. Work barterers can become difficult if the quality of work does not meet the expectations of the therapist or hard feelings arise over the seemingly inequitable number of hours of work in exchange for a one-hour massage.

The classic dual relationship, however, and the one of more concern, is when a client and practitioner take on another relationship role. The relationship begins when a prospective client makes an appointment and comes in for a session.

An attraction, one for the other or mutual, results in a social or romantic relationship outside or beyond the therapeutic relationship.

If the feelings or attractions are on the part of the client, the practitioner must clearly state professional boundaries and the responsibility to uphold them. If the feelings are on the part of the practitioner, then you should seek out supervision to clarify the origin of the feelings and strengthen your boundaries, or refer the client to another practitioner for the sake of the safety of both parties.

Because of the power differential in the therapeutic relationship, it is the practitioner's responsibility to act ethically. The practitioner can pose questions such as: how will the client-centered therapeutic relationship be affected? Will the dual relationship improve or enhance the client's well-being? Choices must be made that maintain and enhance the well-being of the client. The professional is ultimately responsible for maintaining boundaries even when the client initiates the activities. It is the practitioner's responsibility to inform the client of the possible positive and negative implications of pursuing the relationship. If there is a strong mutual attraction, both parties should openly discuss the ramifications and complexities before proceeding. It is important to carefully examine the motives of entering the nontherapeutic relationship. Mutual and equal consent is essential. Without good communication, feelings are hurt, which leads to all aspects of the relationship suffering. Before becoming involved or pursuing any social relationship, the client/practitioner relationship should end. The practitioner should seek supervision with peers or a supervisor to explore the source of the feelings. If the feelings persist and the client seeks the practitioner outside of the therapeutic setting, the practitioner should use extreme caution before establishing any social relationship. It is usually a good idea to wait a period of time after the professional relationship is discontinued before continuing a personal or romantic relationship. Dual relationships are a normal part of human interaction but are nearly always detrimental to the therapeutic relationship.

ETHICAL TOUCH

The massage practitioner is a professional who is engaged in the business of giving appropriate, nurturing, and ethical touch. The massage or bodywork profession is unique in that human touch is the primary vehicle whereby services are performed. Whether it is relaxation, wellness massage, sports massage, Therapeutic Touch, or the specifically applied soft tissue manipulation of clinical massage, it is the beneficial human response to skillfully applied touch that is the basis for the success of the massage profession.

In *Touching: The Human Significance of the Skin*, Ashley Montague presents compelling anthropologic evidence that touch is an essential element for healthy growth and development. He illustrates the importance of how, from a very early age, positive touch affects human physical and emotional health throughout our lives. This book is highly recommended for anyone entering any touch or health profession.

Multiple studies by Tiffany Fields and her colleagues at the Touch Research Institute in Miami, Florida, show that the positive touch of massage reduces

stress and lowers blood levels of cortisol and norepinephrine, while increasing levels of serotonin and dopamine. Low levels of serotonin and dopamine are evident in people who suffer from depression, whereas significantly higher levels are associated with elevated moods.

The United States, however, is mostly a low-touch society. Usually infants and young children are the only ones who receive a significant amount of positive touch. By the time that they enter school, children are taught to “keep their hands to themselves.” Beyond the adolescent years, positive touch primarily occurs with a handshake, an occasional pat on the back or hug, in contact sports, in romantic relationships, or in touch-related therapies. For many adults, the only experience of caring touch is related to romantic relationships, happens only in the most intimate settings, and is often associated with sexual activity.

In the therapeutic setting, the practitioner is the giver, and the client is the recipient of touch. The massage professional’s business is to provide caring, compassionate touch to the client. Massage therapists practice it every day and are comfortable administering touch as therapy. The client’s experience of touch is personal, individual, and dependent on a multitude of factors. The way in which the client perceives and responds to touch not only depends on which techniques are applied but also on who the client is, personal history, and the individual circumstances that the client brings to the table. Perceptions are also influenced by ethnic, cultural, familial, or religious backgrounds, as well as previous experiences involving touch, both good and bad. Every client comes with a personal reason for seeking massage. It is the practitioner’s responsibility to be sensitive to the individual client’s needs and boundaries.

The touch professional is unique in that the primary means in which services are rendered is through caring touch. The practitioner applies skilled touch to assess and treat the client in exchange for some kind of remuneration. Although there is some verbal communication, usually at the beginning of a therapy session, touch is the primary means of communication between the client’s body and the practitioner’s hands. The practitioner feels the conditions of the soft tissues of the client and applies appropriate touch to soothe and normalize the tissues. How that touch is perceived depends on the intention of the giver, which body part does the touching, the quality of touch (including pressure and movement), which part of the body is touched or the sequence in which parts of the body are touched, verbal communication that accompanies the touch, previous experience of the recipient with the giver, or similar touch modalities. The client might have different reactions to touch applied to different areas of the body. Some areas of the body, such as the anterior torso or face, are more vulnerable and must be approached with caution and sensitivity. Certain areas can trigger an emotional response because of a previous experience such as trauma, surgery, or abuse. During a full-body massage, the practitioner applies massage to nearly every skin surface of the client’s body, except the genitals and other sensitive areas. This gives the client the opportunity to literally get in touch with or become conscious of the entire body.

Generally, reactions to therapeutically applied touch are positive unless the touch is perceived as threatening or is more intimate than expected. Physical and sexual abuse is common in our society. People who have been victims of abuse at one extreme perceive a touch as threatening or, on the other hand,

might have great difficulty setting appropriate boundaries. Some types of therapeutic touch can be perceived as invasive, like the touch experienced in some medical procedures or settings.

Touch can be classified as hostile, aggressive, casual, pleasurable, sensual, erotic, and therapeutic. Touch is considered hostile or aggressive when it is applied to do harm to or dominate the receiver. That is not appropriate in the therapeutic setting. If a practitioner harbors any ill will toward or is angry or upset with a client, it is wise to refer that client to another practitioner or at least postpone any therapy session until the difficulties are resolved. Even though the practitioner does not employ any aggressive or harmful manipulations, the intention with which touch is applied might carry elements of the hostility.

Professional massage does not include touch that is intentionally sexual or erotic, although sometimes a client might perceive touch to be erotic that is not applied with that intention. Clients might bring sexual issues into the session in the way of a history of abuse, a sexual disorder, or poor sexual boundaries. The client might project sexual issues onto the therapist, or the practitioner might have sexual feelings toward the client. Sexual feelings are normal, healthy, and pleasurable. In a therapeutic relationship, however, acting out those feelings is always inappropriate and detrimental to the relationship. Sexual intimacy, including seductive behavior or language, is never appropriate in a therapeutic relationship. In a therapeutic setting, touching the genitals, erotic touch, or touch with the intention of sexual arousal is never appropriate. Touch is never used with the intent of sexually stimulating a client. As a practitioner, you are responsible to maintain clear sexual boundaries regarding your own actions and to monitor and prohibit any sexual behavior on the part of the client.

Clear communication with a client, stating how, where, and which forms of touch will be used, informing the client of any changes in the treatment plan, and getting consent from the client help to create a safe environment. Always impress on clients that there is always the option to say no to any portion of the session.

Touch and Arousal: The Sexual Response

Massage is a sensual experience. A possible effect of touch during the massage session is sexual arousal. Sexual arousal is a natural physiologic and cognitive response to a stimulation that is perceived as erotic by the body. Sexual arousal does not necessarily correspond to sexual desire or attraction. It is not usually an overt sign or a request to respond sexually to the arousal.

Conditions that can initiate sexual arousal vary. It is possible that the only previous touch experiences of the client have been sexual. The type of touch, the position of the client, the degree of undress, or the way in which draping is done can play a role. The same nerve plexus that controls the genitals also serves the lower abdomen, buttocks, and thighs. Slow, rhythmic massage of those areas can initiate an arousal response.

Sexual arousal is quite obvious in men in the form of a penile erection. Arousal is more difficult to recognize in women. Proper draping conceals most signs of a woman's arousal. Visual signs include a slight flushing in the face or fidgeting. During a massage, a spontaneous erection or arousal might become uncomfortable or even fearful for the practitioner, the client, or both.

The appropriate response to sexual arousal depends on the circumstance. If there is apparent discomfort or embarrassment on the part of the client or practitioner, take immediate steps to defuse the situation. If the practitioner has been massaging an area adjacent to the genitals, usually discontinuing the massage, re-draping the area, and moving to a less vulnerable and sensitive area of the body remedies the situation. Usually sexual arousal passes quickly when the initiating stimulus is removed. The practitioner can open a dialogue with the client acknowledging the reaction. Reassure the client that it can be a natural response to touch stimulation and give the client the opportunity to respond. It might be helpful to simply have the client turn face down and continue the massage. If there are no other signs of discomfort by either party, the session can continue and the arousal might simply dissipate.

It is the practitioner's responsibility to act in a nonsexual manner, clarify to the client that there is no sexual intent or involvement in the relationship, and maintain appropriate boundaries.

In the case that the client indicates—verbally or nonverbally—persistent sexual intent, it is the practitioner's responsibility to stop the session and reestablish clear professional boundaries, wherein sexual activity is not part of the relationship. If the client agrees, the session can continue if the practitioner feels comfortable enough to resume. If the client persists with any sort of sexual intent, the session is terminated. The practitioner can state, "I no longer feel comfortable with this massage, and the session is now over." At this point, the practitioner tells the client to get dressed and leaves the room.

Desexualizing Massage

In today's society, touch is often sexualized. The media predominantly portrays touch as either sexual or violent. Even touch involving massage in the media often has a sexual context. For many years, massage was related to sexual activities in massage parlors. Therapeutic massage has made great strides in shedding the massage parlor persona; nevertheless, there are still those who use massage as a front for erotic and sexual endeavors. The massage profession has worked hard to separate itself from these practices; however, there is still the occasion when a new prospective client calls for an appointment seeking services that include sexual massage. It is usually easy to recognize these callers. Use a simple question such as "What type of massage services are you seeking?" or "What conditions would you like to address during the massage?" Responses to this type of question usually reveal the caller's intentions. If the caller is seeking sexual services, a simple statement such as "I am a health professional and do not provide any kind of sexual services," or "I practice only therapeutic massage and do not engage in sexual practices of any kind" either ends the conversation or clarifies your policy. If and when such people do come in for an appointment, they know what to expect.

Clarity in advertising and communication greatly reduces the incidence of callers wanting illicit or sexual massage. A clear statement of your policies is usually sufficient to deter sexual advances in the office.

Occasionally, a client attempts to sexualize the therapy session. Sexual comments, overt advances, or requests for sexual favors can be prompted by

physical attraction, by former experiences, or because sexual abuse has blurred the client's perception of appropriate boundaries. Because such acts can cause confusion, anger, or other emotional response, it is the responsibility of the practitioner not to succumb to the client's suggestive behavior and to redirect the therapeutic process, reestablish boundaries, and educate the client about appropriate behavior and the limits of the relationship. Remind them that professional therapeutic massage does not include any kind of sexual practice or intentional erotic stimulation. The firm statement "I am a professional massage practitioner, and I do not offer any type of sexual activity" might be all that has to be said. If the client persists, the practitioner must end the session and the relationship. The practitioner can state discomfort with the client's comments and intentions and therefore has terminated the session. The practitioner then instructs the client to dress and leave, and then promptly leaves the treatment room. The practitioner should document in the session notes what took place and which actions were taken.

Supervision

When a therapist finds oneself involved in instances of transference, countertransference, or dual relationships, a common and helpful activity to pursue is supervision. Supervision means meeting with a professional or peer group to discuss questionable or uncomfortable situations that can occur during professional interactions. Supervision also helps when dealing with issues of confidentiality, prejudice, guilt, intimacy, sexuality, and with many other difficulties that surface when working with clients. Supervision has been practiced in the mental health professions for decades. It has more recently become an important aspect of the wellness professions, especially for those who practice body therapy.

Supervision can take place with a counselor who is familiar with supervision, the massage profession, and with issues involving transference and countertransference; with a mentor, who is more experienced, who is trusted, and who understands supervision and the pitfalls of transference and countertransference; or with a peer group, made up of other practitioners with similar backgrounds and experiences. Supervision is an opportunity to explore why transference or countertransference happens in certain situations and to gain insight into how to respond to feelings positively when they surface.

Mental health professionals often include supervision as one of many services. Psychotherapists, psychologists, and mental health counselors practice supervision within their professions and might be available as supervisors to other health care providers. A good supervisor is trained in issues of transference and countertransference, is familiar with the massage therapy profession, and is an invaluable model and support in helping to establish and maintain healthy personal and professional boundaries.

Massage practitioners new to the profession often find a more experienced therapist who becomes a mentor. A mentor can be very helpful, providing insight into many aspects of developing a successful massage business or practice. A trusted mentor can also be a great asset in handling difficult clients, with special circumstances, or with issues of transference and countertransference.

Supervision in a peer group is done with a small group of practitioners and offers the possibility of sharing stories and scenarios with colleagues who might have similar experiences and have ideas on how to work with difficult situations. It offers a chance to explore problematic situations in a supportive atmosphere. Supervision through a small group of practitioners who practice similar styles of therapy creates a support system in which one can learn from another's experience and, in doing so, not feel as isolated and alone when handling difficult situations.

Peer group supervision consists of several people practicing similar forms of therapy who agree to meet regularly and consistently, using an agreed-on format in an atmosphere of honesty, warmth, respect, openness, and confidentiality. Some advantages of peer supervision are that it offers multiple perspectives on any situation, decreases professional isolation while increasing professional support and networking opportunities, and is generally free.

A professional clinical supervisor initially might help to start the peer group and establish a format to examine issues. After that, the supervisor might be called in to rejoin the group occasionally to delve more deeply into issues or concerns of the group.

Regular supervision offers a way to improve therapeutic relationships with clients. Seeking supervision is not looking for someone to tell the practitioner what to do. A good supervisor points out strong points and helps to shore up mistakes or pitfalls that a practitioner might stumble into when handling issues of transference and countertransference in the practice of massage therapy. Rather than dictate which action a practitioner should take, a good supervisor helps the practitioner to explore the internal underlying issues related to the problem; defines appropriate boundaries related to the client and practitioner, and helps to devise appropriate actions to maintain healthy therapeutic relationships (see Box 3.2).

Box 3.2

Reasons for Supervision

Some reasons to seek supervision include the following:

- You have a client or clients who are difficult or controlling.
- Difficult or confusing situations arise in your practice.
- Clients challenge professional or personal boundaries.
- You experience feelings of exhaustion or burnout at the end of a session or day.
- You sense disappointment, depression, agitation, or ill will related to a client.
- You are working with clients who have been sexually or physically abused.
- You stretched or crossed a professional boundary with a client.
- You are attracted to a client or a client is attracted to you.
- Sexual or romantic feelings enter into a therapeutic relationship.
- You have strong feelings toward a client, either positive or negative.
- You have feelings for a client that alter the way in which you work with that client.
- You have feelings of infatuation, intimidation, powerlessness, anger, or frustration toward any client.
- You change your regular care protocol for a particular client.
- You have feelings for any client that come up outside of the therapy session.

A practitioner who uses supervision must have permission from the client to specifically discuss the client's case with a supervisor, or the practitioner must not identify the client specifically when discussing issues relating to that person. Supervisors are sworn to the same or even more rigid rules of confidentiality as are practitioners.

When working with clients who have been sexually abused or are mentally ill (e.g., depressed, bipolar, or schizophrenic), supervision with someone familiar with these conditions is invaluable to help the practitioner to understand possible reactions these clients might have to bodywork.

Supervision should offer a trusted, shame-free environment in which to sort out emotional or boundary issues that arise in the professional arena. Proper supervision is self-care for the practitioner.

ETHICAL BUSINESS PRACTICES

Ethics are the basis for standards of acceptable and professional behavior by which a person or business conducts business. The following are ethical standards of practice to which you as a massage professional should adhere:

1. Treat all clients with the same fairness, courtesy, respect, and dignity.
2. Provide the highest quality care for those who seek your professional services.
3. Have knowledge of and always stay within the limitations of your scope of practice.
4. Respect and protect client confidentiality. Solicit only that information from the client that is relevant to the therapeutic relationship. Never share a client's name, condition, or any information from conversation or written forms with anyone outside the therapy session without the client's written approval. Obtain a "Release of Medical Information" form, signed and dated by the client, before conferring with any other health care provider for the purpose of aiding the quality of service to the client.
5. Set an example of professionalism by your conduct at all times.
6. Be respectful of the therapeutic relationship, and maintain appropriate boundaries.
7. Be aware of the effects of transference and countertransference and avoid dual relationships that might adversely affect the therapeutic relationship.
8. In no way allow or encourage any kind of sexual activity in your practice. Do not participate in any sexual relationship with a client at any time during the term of the therapeutic relationship.
9. Do not participate in the practice of massage when under the influence of drugs or alcohol.
10. Retain the right to refuse or terminate service to any client who is sexually inappropriate, abusive, or under the influence of drugs or alcohol.
11. Disclose to clients adequate information regarding your qualifications, the massage procedures, and the expected outcome, and obtain an informed consent from the client or an advocate (in the case that the client is under the age of 18 or is not competent) before providing treatment.

- Respect the client's right to refuse, terminate, or modify treatment regardless of prior consent.
12. Provide massage services only when there is a reasonable expectation that it will be advantageous to the client.
 13. Represent your education, professional affiliations, certifications, and qualifications honestly and provide only those services that you are qualified to perform.
 14. Respect and cooperate with other ethical health care providers to promote health and wellness, and refer to appropriate medical personnel when indicated.
 15. Maintain accurate and truthful client records and make them available to review with the client.
 16. Provide adequate draping procedures so that the client feels safe, secure, comfortable, and warm at all times (Figure 3-2).

FIGURE 3-2 Always follow and regularly practice appropriate and adequate draping procedures.



17. Provide a safe environment, employ hygienic practices, and use universal precautions.
18. Charge fair prices for all services. Disclose fee schedules and discuss any financial arrangements in advance of the session.
19. Know and obey all laws, rules, and regulations of your city, county, and state pertaining to your work.
20. Strive to improve the credibility of massage as a valuable health service by educating the public and medical community as to its benefits.
21. Be fair and honest in all advertising of services.
22. Communicate professionally on the telephone, in personal conversations, and in letters.
23. Refrain from the use of improper language and any form of gossip.
24. Eliminate prejudice in the profession and do not discriminate against colleagues or clients.

25. Be well organized so that you make the most of your time.
26. Maintain your physical, mental, and emotional well-being so that you are looked on as a credit to your profession. Seek out and use supervision when indicated and appropriate.
27. Dress in a manner that is professional, modest, and clean.
28. Continue to learn about new developments in your profession by participating in local and national professional associations and pursuing continuing education and training.
29. Keep foremost in your mind that you are a professional person engaged in giving an important and beneficial personal service. Operate all aspects of your business with honesty and integrity.
30. Do your utmost to keep your place of business clean, safe, comfortable, and according to all legal requirements.

Remember that people judge you by first impressions (see Box 3.3).

Box 3.3

Personal Hygiene and Health Habits

To inspire confidence and trust in your clients, you should project a well-groomed, professional appearance at all times. In a personal service business, personal health and good grooming are assets that clients admire and are essential for your protection and that of the client.

Your personal health and grooming habits should include the following:

1. Bathe or shower daily and use deodorant as necessary.
2. Keep your teeth and gums healthy. Visit your dentist regularly.
3. Use mouthwash and avoid foods that contribute to offensive breath odor.
4. Keep your hair fresh and clean, and wear an appropriate hairstyle. Hair should be worn in a style that you do not have to touch during a massage session. In addition, your hair must not touch the client during the session.
5. Avoid strong fragrances such as perfumes, colognes, and lotions.
6. Keep your hands free of blemishes and calluses. Use lotion to keep your hands soft and smooth.
7. Keep your nails clean and filed so that they do not extend to the tips of the fingers. Sharp nails should never come in contact with the client's skin. Do not wear nail polish.
8. Wear appropriate makeup in appropriate colors for your skin tone. Be sure makeup is applied neatly.
9. Keep facial hair neat and well groomed. If you prefer the clean-shaven look, be sure to shave as often as necessary.
10. Avoid gum chewing in the presence of clients.
11. Do not smoke before doing massage. The odor that lingers on hands and breath can be offensive to the client.
12. Keep your face clean and free of blemishes.
13. Practice all rules of sanitation for the client's and for your own protection.
14. Have a complete physical examination by a physician before beginning work as a massage practitioner. Continue to have checkups, follow your physician's advice, and do all that is possible to maintain optimum health.
15. If you perspire heavily, take precautions so that your perspiration does not drop on your client.
16. Take time for relaxation and physical fitness. Receive massages regularly. A regimen of daily exercise is recommended. This may be accomplished by participation in active sports of your choice (e.g., swimming, tennis), working out at the gym, or by devising a set of beneficial exercises that you can do at home.

Box 3.3 (cont'd)*Personal Hygiene and Health Habits*

17. Eat a well-balanced, nutritious diet. Maintain your normal weight for your height and bone structure.
18. Be aware of good posture and proper body mechanics when walking, standing, sitting, and working. Poor posture habits such as slouching contribute to fatigue, foot problems, and strain to your back and neck.
19. Wear the appropriate clothing for your profession. Refrain from low-cut necklines and tight or sexually provocative clothing. Clothing should be loose enough to allow for optimal movement. It should be free of accessories that might catch on the massage table or touch the client when you are performing the massage (e.g., long chains, necklace or tie, a wide belt, or long sleeves). Consider clothing that allows your body heat to escape. Clothing made of natural fibers such as cotton is good. Some synthetic fabrics hold the heat of your body and can be uncomfortable for the physical exertion of this profession.

COMMUNICATION SKILLS

In addition to gaining the necessary technical skills as a professional massage practitioner, you must be able to understand your client's needs. This is the basis of all good human relations. A pleasant voice, good manners, cheerfulness, patience, tact, loyalty, empathy, and interest in the client's welfare are some of the desirable traits that help to build the client's confidence in you and your place of business (Figure 3-3).

FIGURE 3-3 Communication is the basis of all good human relations.



It is important to be able to interact with people without becoming too familiar. Often, clients will confide personal feelings and trust you not to betray the confidence put in your hands. This is where the art of listening is an invaluable asset. Listen with empathy, tactfully change the subject when necessary, and never betray the client's confidence in you.

The following rules for good human relations will help you interact successfully with people from all walks of life:

Tact: Tact is required with a client who is overly critical, finds fault, and is hard to please. It might be that the client simply wants attention. Tact helps you to deal with this client in an impersonal but understanding manner. To be tactful is to avoid what is offensive or disturbing and to do what is most considerate for all concerned. For example, you might discover that a client needs medical care and you feel you should suggest that he see a physician. You must approach this problem with the utmost tact and diplomacy.

Cheerfulness: A cheerful attitude and a pleasant facial expression go a long way toward putting a client at ease.

Patience: Patience is the ability to be tolerant under stressful or undesirable conditions. Your patience and understanding will be the best medicine when you work with people who are ill, agitated, or in pain. Patience helps you to change negative situations to more positive ones.

Honesty: To be honest does not mean that you must be brutally frank with a client. You can answer questions factually but tactfully. For example, if a client has unrealistic expectations about the benefits of a treatment, you can discuss what can or cannot be accomplished in a sincerely but conscientiously.

Intuition: Intuition is your ability to have insight into people's feelings. When you genuinely like people, it is easier to show sympathy and understanding for their problems. People often confide in you when their intuition tells them you are trustworthy. In turn, your own intuition will help you to avoid embarrassing situations and involving yourself in problems that you cannot solve. Remember, one of the primary reasons why your clients come to you is for relaxation. Keep conversations to a minimum to allow the client's maximum relaxation.

Sense of humor: It is important to have a sense of humor, especially when dealing with difficult people or situations. A good sense of humor helps you to remain optimistic, courteous, and in control.

Maturity: Maturity is not so much a matter of how old you are, but what you have gained from your life experience. Maturity is the quality of being reliable, responsible, self-disciplined, and well adjusted.

Self-esteem: Self-esteem is projected by your attitudes about yourself and your profession. If you respect yourself and your profession, you will be respected by others.

Self-motivation: Self-motivation is your ability to set positive goals and put forth the energy and effort required to achieve those goals. It means making sacrifices when necessary to save time and money and to achieve your goals.

BUILDING A PROFESSIONAL IMAGE

If you want to be successful in business, you must prepare for success. Preparation, planning, and performance are the assets that help you to do your job in the most professional manner. You should take every opportunity to pursue new avenues of knowledge. Attend professional seminars, read trade journals and other publications relating to your business, and become active in associations where you can exchange ideas with other dedicated people.

Your business image is important and should be built on good service and truth in advertising. A reliable reputation is particularly important in the personal service business because you are dealing with the health and well-being of people. Consistently high standards and good service are the foundations on which successful businesses are built. (Refer to Chapter 22 Business Practices, for more ideas on massage business management.)

YOUR BUSINESS NAME

Using appropriate wording in your business name in advertising helps you to establish a good reputation. You can see how the name “Smitty’s Massage Parlour” or “Smith Massage Clinic” can totally change how your business is perceived by potential clients.

Some massage professionals, especially those entering a new community, might think that advertising should state that only therapeutic and nonsexual massage is given. Keeping regular business hours, rather than late-night hours, also stresses your professional reputation.

Another point to remember is that using proper draping techniques to ensure your client’s privacy is very important in building a good reputation. Word of mouth is the massage professional’s best advertising. Satisfied clients will spread the message that you work in a professional manner.

QUESTIONS FOR DISCUSSION AND REVIEW

1. Why is it important to have a code of ethics for your business?
2. Why is a satisfied client your best means of advertising?
3. Why do successful business managers prefer employees who are concerned with personal and professional ethics?
4. What is the connection between boundaries and ethics?
5. Differentiate between personal and professional boundaries.
6. What are major areas to consider when establishing professional boundaries?
7. Who does the power differential favor in the therapeutic relationship?
8. What is the effect of a boundary’s being crossed?
9. What can a practitioner do to reduce the risk of crossing a client’s boundary?
10. Define transference and countertransference.
11. Whose responsibility is it to manage boundary issues and instances of transference or countertransference?
12. What constitutes a dual relationship in a therapeutic setting?
13. How should a practitioner respond if a client becomes sexually aroused?
14. What is supervision?
15. Why is it necessary for the massage practitioner to have strict personal hygiene and health habits?
16. What is meant by professional projection in attitude and appearance?

17. How do you define human relations as applied to working with or serving others?
18. Why is the practice of human relations so important to the massage practitioner?
19. When building your business (practice) image, how can you be sure that the public gets the right message?