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What Scope of Practice?

By Ralph Stephens, BS, LMT, NCTMB

Most professions clearly stake out a scope of practice and then work to expand it. They work to plant it into law in each state and then grow it at every opportunity. Not the massage profession.

We have consistently avoided defining our scope of practice. Our national leadership has consistently refused to draft model legislation and work to pass a standard law in every state so practitioners can have mobility, and the public can depend on a massage professional to meet consistent competency standards. Instead, volunteer therapists in each state have written their own laws from scratch, with minimal, if any, guidance. In the last two years, both the AMTA and ABMP have published some models, but they are suggestions - more guidelines than goals to accomplish.

Most massage therapists do not understand the legislative process and the nuances of drafting practice legislation where words mean something and a lack of words means something; mistakes have been made, not learned from, and made over and over, wasting years, thousands of dollars, and countless hours of effort. For proof of this, consider the hodgepodge of inconsistent licensing laws that have been passed, some of which are more of an impediment than benefit to practicing professionals.

In some states, teaching a seminar entitled "Medical Massage" is against licensing regulations. Due to poorly written laws, in some states, massage therapists cannot practice CranialSacral Therapy; in other states, stretching and exercises have been removed from our scope of practice. Some of our best educators cannot teach in some states because the way they practice the strokes (the same used by all forms of touch therapy) is not described or titled "correctly." Quite honestly, this is an embarrassment.

Whenever we have been challenged, we have given up scope of practice. Our scope is now more restrictive than it was 20 years ago. Some of our licensing efforts have become nothing more than a tax to practice, in some cases a voluntary tax. Want a license? Here you go. Don't want one? Fine - do your thing. The few

good state licensing laws are constantly under attack, and there appears to be little effort by the professional associations to defend what we have, much less go for more.

Unfortunately, we are so politically correct that we dare not offend anyone. Since any time a group takes a stand on something - right or wrong - it offends someone or some other group, the massage profession has been very careful not to declare a meaningful scope of practice, a meaningful definition of our profession, or a meaningful piece of model legislation. The absence of leadership is not due to incompetence. Consciously or unconsciously, it is driven by money.

Nothing had better get in the way of the cash flow. The cash flow comes from anyone and everyone getting in easily and quickly. Zip them through school, sign them up in some association, sell them an insurance policy and maybe a license. In a few years most fail because of a lack of skills in both technique and business management; however, they are replaced by even more, quickly trained therapists.

The legal environment does not really matter; in fact, better for it to be muddled. As long as we can push some oil around and use the word "therapeutic," the system works very well for the system. "The mill" grinds up therapists, while the regulators, insurance vendors and associations fleece them. The 500-hour standard is a joke - it's not even long enough to be recognized as a profession by the government, which always sets the lowest possible standards for everything (well, except for taxes). Yet, a significant number of people in this profession feel 500 hours is too high.

The only thing saving this profession is the incredible power of caring touch, the good hearts and intentions of the majority of the people entering this profession, and the far too few excellent schools, whose owners really are dedicated to quality training and to the profession. Sadly, most of these owners have been therapist/educators for a long time and they are nearing retirement. When that generation hangs up their towels, I wonder who will carry on? Oh well, the cash flow won't go down without a fight. Corporations and bureaucracies are very good at maintaining the status quo. That said, may I suggest what I think our scope of practice should be? (Since it is my column, of course I can!)

The scope of the medical massage therapist or any massage therapist/bodyworker is simple. We should have the scope of practice to assess and treat - yes, treat - minor myofascial complaints. "Minor" meaning surgery is not required. (So the complaint can be major to the person with it! But surgical intervention is elective, not required.) Myofascial - meaning muscles, tendons, ligaments and fascia.

To do this we treat (there's that "T" word again) the soft tissues and the tonus mechanism (system) of the body using manual manipulation methods; stretching and movement; hydrotherapy; mechanical/electrical devices, which effect muscle tonus; nonprescription medications (homeopathy, herbals, supplements, etc.); and nonprescription topical applications. This is clear, simple, concise, and very open. If you think about this, you will realize what an incredible scope this would give us. I'll bet we could get that (and more) in every state with well-written legislation and the support of our patient base. Of course, to get it, we may have to increase training and competency. (Uh-oh. That will threaten cash flow. Sigh.)

Yes, this would probably mean a split in the profession to separate the amateurs from the professionals at both the school and therapist levels. The professionals might have to be divided into relaxation and therapeutic levels. Not necessarily, but probably. More training coupled to competencies, not just hours, will likely be required.

Obviously, this is an editorial / philosophy column. It is not intended to impose anything on anyone but to create awareness, plant seeds and encourage you to think. Keep thinking. I'll be back with more for May Day.

Try This: When faced with a complicated or seemingly difficult patient complaint with an intimidating diagnosis, approach the patient lovingly and respectfully, giving him/her your undivided attention.

Respecting all applicable contraindications without causing pain (discomfort is ok, but pain is not), work to reduce muscle tone, ischemia and trigger points, increase circulation, and restore range of motion. By normalizing soft-tissue and movement, it is amazing how many complaints quickly lessen or go away.

Click [here](#) for more information about Ralph Stephens, BS, LMT, NCTMB.



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